Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

ations)

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 I	or the	2022 calenda	ar year, or tax year beginning 01/01/2022 and ending	12/	31/20	22	
В	Check if ap	plicable:	C Name of organization	D Emple	oyer id	entification number	
	Address cl	ss change THE OEIS FOUNDATION INC				0-0562250	
	Name cha	-	hone n	umber			
=	Initial retur	412-373-3894					
=	rınaı returi Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	ір Ехе	mption	
=	Application		WEST TRENTON, NJ 08628	Num	ber		
G /	Account	ing Method:	☐ Cash ☑ Accrual Other (specify): H (Check [if the	organization is not	
ı v	Vebsite	: oeisf.org				ach Schedule B	
			ck only one) — 🗹 501(c)(3) 🔲 501(c) () (insert no.) 🔲 4947(a)(1) or 🔲 527	(Form 99	90).		
K	orm of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other:				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total				
(Pa	rt II, colu	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		. \$	65,574	
Р	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the				
		Check if	the organization used Schedule O to respond to any question in this Part I			<u>/</u>	
	1	Contributio	ns, gifts, grants, and similar amounts received		1	60,879	
	2	Program se	ervice revenue including government fees and contracts	[2	0	
	3	Membersh	p dues and assessments	[3	0	
	4	Investment	income	[4	4,695	
	5a	Gross amo	unt from sale of assets other than inventory 5a	0			
	b	Less: cost	or other basis and sales expenses	0			
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c					
	6	Gaming and fundraising events:					
ine	а		ome from gaming (attach Schedule G if greater than	0			
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contribution	ns			
Be			aising events reported on line 1) (attach Schedule G if the				
		sum of suc	h gross income and contributions exceeds \$15,000) 6b	0			
	С		t expenses from gaming and fundraising events 6c	0			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract			
		,			6d	0	
	7a		s of inventory, less returns and allowances	0			
	b		of goods sold	0			
	С		t or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0	
	8		nue (describe in Schedule O)		8	0	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	65,574	
	10		similar amounts paid (list in Schedule O)		10	0	
	11		id to or for members		11	0	
Expenses	12		her compensation, and employee benefits		12 13	8,784	
en	13		al fees and other payments to independent contractors		14	13,013	
껐	14 15				15	0	
_	16	Printing, publications, postage, and shipping				12	
	17		,	· · ·	16 17	0	
	18	Evenes or	nses. Add lines 10 through 16		18	21,809	
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree		10	43,765	
SS			r figure reported on prior year's return)		19	402,770	
Net Assets	20	•	ges in net assets or fund balances (explain in Schedule O)		20	-57,144	
ž	21		or fund balances at end of year. Combine lines 18 through 20		21	389,391	
				-		337,371	

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Page 2

Pa	Balance Sheets (see the instructions f	,				_
	Check if the organization used Schedule	O to respond to ar	<u> </u>			•
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			402,770		389,391
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			402,770		389,391
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column	<u>, , </u>	,	402,770	27	389,391
Par	Statement of Program Service Accomplication Check if the organization used Schedule					Expenses
\A/ba	-		-	Part III U	(Rec	quired for section
		See Schedule O, Sta				(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplist leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			orga othe	anizations; optional for ers.)
28	Maintain OEIS website (oeis.org), used by scientists	world-wide.				
				<u></u> -		
		includes foreign gra	nts, check here .	📙	28a	13,025
29	Reach out to scientists world-wide to introduce them	to the OEIS.				
	·					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .		29a	8,784
30						
	(Create \$\) If this amount	in aludaa faraiga gra	nto obook boro		200	
21	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra			30a	1
31					١	
	(Carante & O) It this amount		nte chack hara		1373	1 A
32			nts, check here .		31a	
	Total program service expenses (add lines 28a t	hrough 31a)			32	21,809
32 Par	Total program service expenses (add lines 28a t	hrough 31a) Employees (list each	one even if not comp	ensated—see the i	32 nstruc	21,809 ctions for Part IV)
	Total program service expenses (add lines 28a t	hrough 31a) Employees (list each	one even if not comp ny question in this l	pensated—see the i	32 nstruc	21,809 ctions for Part IV)
	Total program service expenses (add lines 28a t	hrough 31a) Employees (list each O to respond to ar	one even if not comp	pensated—see the i	32 nstruc	21,809 ctions for Part IV)
Par	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week	one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	pensated—see the interpretation of the part IV	32 nstruc	21,809 ctions for Part IV)
Par N J A	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the part IV	32 nstruc	21,809 ctions for Part IV)
N J A	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the part IV	32 nstruc	21,809 ctions for Part IV)
N J A Chai Russ	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not compay question in this l (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the part IV	32 nstruc	21,809 ctions for Part IV)
N J A Chai Russ Pres	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title A Sloane Trustees, and Key Check if the organization used Schedule (a) Sloane Trustees, and Key Check if the organization used Schedule (b) Sloane Trustees, and Key Check if the organization used Schedule	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not compay question in this l (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	censated—see the incense of the ince	32 nstruc	21,809 ctions for Part IV)
N J A Chai Russ Pres Davi	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title A Sloane rman sell S Cox ident d L Applegate President	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 30.00	one even if not company question in this language. (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	censated—see the incense of the ince	32 nstruc	21,809 ctions for Part IV)
N J A Chai Russ Pres Davi Vice Alex	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title A Sloane rman sell S Cox ident d L Applegate President andar D Healy	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 30.00	one even if not company question in this language. (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	pensated—see the incommendate part IV	32 nstruc	21,809 ctions for Part IV)
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NJA Chai Russ Pres Davi Vice Alex Secr Robe	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title A Sloane rman sell S Cox ident d L Applegate President andar D Healy etary ert R Price surer	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 20.00 2.00 2.00 15.00	one even if not company question in this land (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 0	censated—see the interpretation of the part IV	32 nstruc	21,809 ctions for Part IV)
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N J / Chair Russ Press Davi Vice Alex Secr Trea Joer Trus Ray Trus Harv Tom	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title A Sloane rman sell S Cox ident d L Applegate President andar D Healy etary ert R Price surer g Arndt tee Chandler tee ey P Dale tee Duff	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 20.00 2.00 2.00 15.00 0.00	one even if not company question in this last compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 0 0 0	censated—see the interpretation of the part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	21,809 ctions for Part IV)
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N J / Chair Russ Press Davi Vice Alex Secr Rober Trea Joer Trus Ray Trus Harv Trus Tom Trus Char	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title A Sloane rman sell S Cox ident d L Applegate President andar D Healy etary ert R Price surer g Arndt tee Chandler tee ey P Dale tee Duff tee les R Greathouse	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 20.00 2.00 15.00 0.00 0.00 1.00	one even if not company question in this land company question in this land compensation (Forms W-2/1099-MISC/1099-NISC) (if not paid, enter -0-) 0 0 0 0 0 0	censated—see the interpretation of the part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	21,809 ctions for Part IV)
N J A Chai Russ Pres Davi Vice Alex Secr Robe Trea Joer Trus Ray Trus Trus Char Trus	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title A Sloane rman sell S Cox ident d L Applegate President andar D Healy etary ert R Price surer g Arndt tee Chandler tee ey P Dale tee Duff tee les R Greathouse	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 20.00 2.00 15.00 0.00 0.00 0.00 0.00	one even if not company question in this last compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 0 0 0 0 0	censated—see the interpretation of the part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	21,809 ctions for Part IV)

Part '	·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
00	detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
0.	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		~
35a	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)?	35a		~
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	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	05-		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		~
00	during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			
	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
70a	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		1
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			
الم	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
d	40c reimbursed by the organization			
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		1
41	List the states with which a copy of this return is filed: NJ			
42a	The organization's books are in care of: Robert R Price Telephone no.	412-37	3-389	4
	Located at: c o CT CORP SYSTEM 820 BEAR TAVERN, WEST TRENTON, NJ 08628 ZIP + 4	08		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	401	Yes	
	If "Yes," enter the name of the foreign country:	42b		~
	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? .	42c		~
	If "Yes," enter the name of the foreign country:			•
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
11 a	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	774		
~	completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
	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		
_	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	45h		./

-orm 99	10-EZ (21	J22)								P	age 🖣
										Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," c							46		~
Part '		Section 501(c)(3) Organizations							.0	l.	
		All section 501(c)(3) organizations		stions 47–49b ar	nd 52, and	d comp	lete th	e tab	les fo	or line	es
		50 and 51.	•		,	•					
		Check if the organization used Sch	nedule O to respond	to any question i	n this Par	VI .					П
		<u> </u>								Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec			_	tax [47		<i>y</i>
48	•	organization a school as described in						-	48		~
49a		ne organization make any transfers to						•	49a		~
b		es," was the related organization a se	· · · · · · · · · · · · · · · · · · ·	_					49b		
50		olete this table for the organization's								000	d kov
30		oyees) who each received more than									и кеу
	cmpic	Jyees) who each received more than	Troo,000 or comper	1				c, cit	Ci iv	oric.	
	(-)	Name and title of and amountains	(b) Average	(c) Reportable compensation		lealth ben tions to e		(e) Es	timate	d amou	int of
	(a)	Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MIS	SC/ benefit p	lans, and	deferred			pensati	
			devoted to position	1099-NEC)	cc	mpensati	on				
None											
f 51	Comp \$100,	number of other employees paid over plete this table for the organization' ,000 of compensation from the organ	s five highest compenization. If there is no	ensated independene, enter "None."		 ctors w					than
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	service		(c)) Comp	ensatio	on	
None											
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .							
52	Did t	the organization complete Schedu	le A? Note: All se	ction 501(c)(3) or	_		t attach		Yes		No
loci-	•										
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than						nowieag	ge and	bellet,	IT IS
				·							
Sign		Signature of officer				L Date					
Here		Robert Price, Treasurer									
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date			. F	PTIN		
Paid		Trans Type proparer 3 flame	, , ,				Check L elf-emplo	l if			
Prep		Figure's pages					•	,			
Use (Only	Firm's name				Firm's E					
\/av +h	291 AC	Firm's address discuss this return with the preparer	shown above? Soci	netructions		Phone r	10.		Yes		No
viay li	ic ii iO	alocado tillo retatti witti tile preparel	SHOWIT ADDVE: SEE I					 L l 	162		10

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

		FOUNDATION INC						62250
Pa	rt I	Reason for Public Cha	rity Status. (All	organizations mus	t comple	ete this p	oart.) See instruction	ons.
The o	organiz	zation is not a private founda	tion because it is	s: (For lines 1 through	12, chec	ck only or	ne box.)	
1		church, convention of churc					0(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E (Form 990).)							
3		hospital or a cooperative ho		<i>!</i>			,, ,, ,	
4		medical research organizationspital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5	☐ Ar	organization operated for ection 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6 7	✓ Ar	federal, state, or local govern n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	\square A	community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	or un	n agricultural research organ university or a non-land-gra iiversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	re su ac	n organization that normally in organization that normally is ceipts from activities related upport from gross investment is quired by the organization a	to its exempt fur t income and uni fter June 30, 197	nctions, subject to ce related business taxal 75. See section 509(a	rtain exce ble incom a)(2). (Cor	eptions; a ne (less se nplete Pa	and (2) no more than ection 511 tax) from art III.)	33 ¹ / ₃ % of its
11		n organization organized and	•	•	-			
12	on	n organization organized and ne or more publicly supported e box on lines 12a through 12	d organizations d	escribed in section 50	09(a)(1) ⊙	r section	509(a)(2). See secti	on 509(a)(3). Check
а		Type I. A supporting organithe supported organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b		Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same			
С		Type III functionally integ its supported organization						ally integrated with,
d		Type III non-functionally that is not functionally integrequirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ıtion requirement an	
е		Check this box if the organ functionally integrated, or	Гуре III non-func	tionally integrated sur				e II, Type III
f		er the number of supported o	-					
g	Prov	vide the following information	n about the supp		T			
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 55,097 59,649 57,486 192,505 60,879 425,616 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 0 0 **Total.** Add lines 1 through 3 59,649 4 55,097 57,486 192,505 60,879 425,616 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 425,616 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 55,097 59,649 57,486 192,505 60,879 425,616 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 2,697 1,589 4,695 16 18 9,015 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 434.631 Gross receipts from related activities, etc. (see instructions) 12 0 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 97.93 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. 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 10%-facts-and-circumstances test - 2021. 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 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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Schedule A (Form 990) 2022 Page **3**

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support					,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or 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						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		1	I	ı		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 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 on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
0 1:	organization, check this box and stop he						
	on C. Computation of Public Suppor			10 1 (f)		45	0/
15 16	Public support percentage for 2022 (line a Public support percentage from 2021 Scl		-				<u>%</u> %
16 Secti	on D. Computation of Investment In					16	70
17	Investment income percentage for 2022 (ov line 13 colu	ımn (f\)	17	%
18	Investment income percentage for 2022 (-			
19a	33 ¹ / ₃ % support tests—2022. If the organ						
·Ju	17 is not more than 331/3%, check this box						
b	331/3% support tests—2021. If the organiz		-	-		-	_
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	_	_	•	· · · · · · · · · · · · · · · · · · ·		

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

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

Se

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No 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 on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	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		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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 0 (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
THE OEIS FOUNDATION INC	30-0562250
Form 990-EZ, Part I, Line 20 - Unrealized losses on investments carried at market	value.

Schedule O, Statement 1 THE OEIS FOUNDATION INC

Form: Form 990-EZ (2022) EIN: 30-0562250

Page: 2 Part III

Primary Exempt Purpose

Maintain the OEIS website (oeis.org), used by scientists world-wide.

Primary Exempt Purpose

Schedule O, Statement 2 THE OEIS FOUNDATION INC

Form: **Form 990-EZ (2022)** EIN: **30-0562250**

Page: 2

Part IV

Officers, Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense
Name	Marc LeBrun	0.00	0		
Title	Trustee				
Name	Simon Plouffe	0.00	0		
Title	Trustee				
Name	Lara K Pudwell	0.00	0		·
Title	Trustee				
Name	Bridget E Tenner	0.00	0		
Title	Trustee				
Name	Michael De Vlieger	4.00	160	12	
Title	Employee				