

Unified Registration Statement (URS) for Charitable Organizations© (v. 4.02)

Initial registration Renewal/Update

This URS covers the reporting year which ended (day/month/year) N/A

Filer EIN 47-1279495

State NJ

State ID N/A

1. Organization's legal name Computational Complexity Foundation Inc.

If changed since prior filings, previous name used N/A

All other name(s) used N/A

2.(A) Street address 80 Richmond Dr

City Skillman

County Somerset

State NJ

Zip Code 08558

(B) Mailing address (if different) N/A

City _____

County _____

State _____

Zip Code _____

3. Telephone number(s) 908-904-4873 Fax number(s) 732-445-0537

E-mail treasurer@computationalcomplexity.org Web site computationalcomplexity.org

4. Names, addresses (street & P.O.), telephone numbers of other offices/chapters/branches/affiliates (attach list).

5. Date incorporated 07/08/2014 State of incorporation NJ

Fiscal year end: day/month 31/12

6. If not incorporated, type of organization, state, and date established N/A

7. Has organization or any of its officers, directors, employees or fund raisers:

A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? Yes No

B. Had its registration denied or revoked? Yes No

C. Been the subject of a proceeding regarding any solicitation or registration? Yes No

D. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency? Yes No

E. Applied for registration or exemption from registration (but not yet completed or obtained)? Yes No

F. Registered with or obtained exemption from any state or agency? Yes No

G. Solicited funds in any state? Yes No

If "yes" to 7A, B, C, D, E, attach explanation.

If "yes" to 7F & G, attach list of states where registered, exempted, or where it solicited, including registering agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

8. Has the organization applied for or been granted IRS tax exempt status? Yes No

If yes, date of application _____ OR date of determination letter 08/09/14

If granted, exempt under 501(c) (3). Are contributions to the organization tax deductible? Yes No

9. Has tax exempt status ever been denied, revoked, or modified? Yes No

10. Indicate all methods of solicitations:

Mail Telephone Personal Contact Radio/TV Appeals
Special Events Newspaper/Magazine Ads Other(s) (specify) WEB SITE OF THE FOUNDATION

11. List the NTEE code(s) that best describes your organization U41, _____, _____

12. Describe the purposes and programs of the organization and those for which funds are solicited (*attach separate sheet if necessary*).

Advance research and education in the subject within computer science and mathematics known as computational complexity theory, in particular through organizing an annual academic conference on that topic and providing open access to the proceedings.

13. List the names, titles, addresses, (street & P.O.), and telephone numbers of officers, directors, trustees, and the principal salaried executives of organization (*attach separate sheet*).

14.(A) (1) Are any of the organization's officers, directors, trustees or employees related by blood, marriage, or adoption to: (i) any other officer, director, trustee or employee OR (ii) any officer, agent, or employee of any fundraising professional firm under contract to the organization OR (iii) any officer, agent, or employee of a supplier or vendor firm providing goods or services to the organization? Yes No

(2) Does the organization or any of its officers, directors, employees, or anyone holding a financial interest in the organization have a financial interest in a business described in (ii) or (iii) above OR serve as an officer, director, partner or employee of a business described in (ii) or (iii) above? Yes No
(If yes to any part of 14A, *attach sheet* which specifies the relationship and provides the names, businesses, and addresses of the related parties).

(B) Have any of the organization's officers, directors, or principal executives been convicted of a misdemeanor or felony? (*If yes, attach a complete explanation.*) Yes No

15. *Attach separate sheet listing names and addresses (street & P.O.) for all below:*

Individual(s) responsible for custody of funds.	Individual(s) responsible for distribution of funds.
Individual(s) responsible for fund raising.	Individual(s) responsible for custody of financial records.
Individual(s) authorized to sign checks.	Bank(s) in which registrant's funds are deposited (<i>include account number and bank phone number</i>).

16. Name, address (street & P.O.), and telephone number of accountant/auditor.

Name N/A
Address _____
City _____ State _____ Zip Code _____ Telephone _____
Method of accounting _____

17. Name, address (street & P.O.), and telephone number of person authorized to receive service of process. *This is a state-specific item. See instructions.*

Name N/A
Address _____
City _____ State _____ Zip Code _____ Telephone _____

- 18.(A) Does the organization receive financial support from other nonprofit organizations (foundations, public charities, combined campaigns, etc.)? Yes No
- (B) Does the organization share revenue or governance with any other non-profit organization? Yes No
- (C) Does any other person or organization own a 10% or greater interest in your organization OR does your organization own a 10% or greater interest in any other organization? Yes No

(If "yes" to A, B or C, *attach an explanation* including name of person or organization, address, relationship to your organization, and type of organization.)

19. Does the organization use volunteers to solicit directly? Yes No

Does the organization use professionals to solicit directly? Yes No

20. If your organization contracts with or otherwise engages the services of any outside fundraising professional (such as a "professional fundraiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer"), *attach list* including their names, addresses (street & P.O.), telephone numbers, and location of offices used by them to perform work on behalf of your organization. Each entry *must include* a simple statement of services provided, description of compensation arrangement, dates of contract, date of campaign/event, whether the professional solicits on your behalf, and whether the professional at any time has custody or control of donations.

21. Amount paid to PFR/PS/FRC during previous year: \$ N/A

22.(A) Total contributions: \$ N/A

(B) Program service expenses: \$ N/A

(C) Management & general expenses: \$ N/A

(D) Fundraising expenses: \$ N/A

(E) Total expenses: \$ N/A

(F) Fundraising expenses as a percentage of funds raised: N/A %

(G) Fundraising expenses plus management and general expenses as a percentage of funds raised: N/A %

(H) Program services as a percentage of total expenses: N/A %

Under penalty of perjury, we certify that the above information and the information contained in any attachments or supplement is true, correct, and complete.

Sworn to before me on (or signed on) _____, 20 ____

Notary public (if required)

Dieter van Melkebeek
 Name (printed)

_____ - 8/23/2014
 Name (signature)

President
 Title (printed)

Eric Allender
 Name (printed)

_____ - 8/23/2014
 Name (signature)

Treasurer
 Title (printed)

Consult the state-by-state appendix to the URS to determine whether supporting documents, supplementary state forms or fees must accompany this form. Before submitting your registration, make sure you have attached or included everything required by each state to the respective copy of the URS.

Attachments may be prepared as one continuous document or as separate pages for each item requiring elaboration. In either case, please number the response to correspond with the URS item number.

Item 13 of the Unified Registration Statement for Charitable
Organizations
Computational Complexity Foundation Inc.
EIN 47-1279495

List of officers, directors, trustees, and principal salaried
executives.

Dieter van Melkebeek
Role: Trustee and President
Home address: 2606 Arbor Dr Apt 223, Madison, WI 53711
Daytime phone number: 608-262-4196

Eric Allender
Role: Trustee and Treasurer
Address: 80 Richmond Dr, Skillman, NJ 08558
Daytime phone number: 848-445-7296

Jeff Kinne
Role: Trustee and Secretary
Address: 121 Jackson Blvd, Terre Haute, IN 47803
Daytime phone number: 812-237-2136

Madhu Sudan
Role: Trustee
Address: 519 Pleasant St, Belmont, MA 02478
Daytime phone number: 857-453-6048

Venkatesan Guruswami
Role: Trustee
Address: 125 Techview Terrace, Pittsburgh, PA 15213
Daytime phone number: 412-268-3041

Osamu Watanabe
Role: Trustee
Address: Kugenuma Matsugaoka 4-7-2, Fujisawa, Kanagawa 251-0038, Japan
Daytime phone number: +81-3-5734-2688

Jacobo Toran
Role: Trustee
Address: Silvanerweg 12, 89075 Ulm, Germany
Daytime phone number: +49-731-50-24103

Item 15 of the Unified Registration Statement for Charitable
Organizations
Computational Complexity Foundation Inc.
EIN 47-1279495

Financial responsibilities

Responsible for custody of funds: Treasurer
Responsible for fund raising: President, Treasurer
Authorized to sign checks: Treasurer
Responsible for distribution of funds: President, Treasurer
Responsible for custody of financial records: Treasurer

President:
Dieter van Melkebeek
2606 Arbor Dr Apt 223, Madison, WI 53711

Treasurer:
Eric Allender
80 Richmond Dr, Skillman, NJ 08558

Bank info:
Name: TD Bank, N. A.
Address: Mount Laurel, NJ, 08054
Phone number: 856-470-3747
ABA routing number: 031201360
account number: 4305535572