Full legal name and street address of the organization

Full legal name: **Computational Complexity Foundation**

Fiscal year-end being reported: **12/31/2017**

Federal ID Number (EIN): **47-1279495**

Mailing address:

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>P.O. Box Number or Suite</th>
<th>City</th>
<th>State</th>
<th>ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 Richmond dr</td>
<td></td>
<td>Skillman</td>
<td>NJ</td>
<td>08558</td>
</tr>
</tbody>
</table>

Street address of the registering organization:

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
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<td>80 Richmond dr</td>
<td>Skillman</td>
<td>NJ</td>
<td>08558</td>
</tr>
</tbody>
</table>

New Jersey Charities Registration number: **CH 3736200-00**

Telephone number: **908-904-4873**

### A. Revenue

**Line A1.** Contributions & Donations: Includes but is not limited to individual and corporate contributions, donations, legacies, bequests and gross receipts from fundraising:

- **Line A1c. Gross Contributions** (add lines 1a and 1b) ...........................................

**Line A2.** Government Grants ..............................................................

**Line A3.** Other Income

- **Line A3b. Interest and dividends** ..........................................
- **Line A3c. Program service revenue** ........................................
- **Line A3d. Gain from sale of assets** ...........................................
- **Line A3e. Other income (please specify on a separate statement):** ..............
- **Line A3f. Donations from founder(s) of private foundation** ...........
- **Line A3g. Total other income** ...........................................

**Line A4.** **Total Gross Revenue** (add lines A1c, A2 and A3g). ...........................................

**1527.76**

### B. Expenses

**Line B1.** Program ..............................................................

**Line B2.** Management, office and general expenses ...........................................

**Line B3.** Fund-raising expenses ..............................................................

**Line B4.** Payments to state/national affiliates (if applicable)...........................................

**Line B5.** **Total Expenses** (add lines B1, B2, B3 and B4). ...........................................

**925.59**

### C. Excess or Deficit

**Line C1.** **Excess or deficit for the year-end noted above** (subtract line B5 from A4):.....

**602.17**

**Please Note:** The amount of Gross Contributions (line A1c on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than $10,000. Further information for charity registrants may be found on our Web site: [http://www.njconsumeraffairs.gov/ocp/charities.htm](http://www.njconsumeraffairs.gov/ocp/charities.htm)