



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-300R
Long-Form Renewal Registration/Verification Statement
(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 12 / 31 / 2016
month day year

2. Federal ID Number (EIN) 300562250 2a. N.J. Charities Registration Number: CH- 3228900

3. Full legal name of the registering organization: THE OEIS FOUNDATION INC
In care of: (if necessary, otherwise leave this line blank) N. J. A. SLOANE, PRESIDENT

4. Mailing Address: 11 SO. ADELAIDE AVE, HIGHLAMP PARK NJ 08904 Change of Address
Street Address City State ZIP Code

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization _____
 Same as Mailing Address Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above? Yes No
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the of the organization's records, and to whom correspondence should be addressed.

_____	_____	_____	_____	_____
<small>Contact person</small>	<small>Street address</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
_____	_____	_____	_____	_____
<small>Telephone number (include area code)</small>	<small>Fax number (include area code)</small>			

7. Organization's contact information:

<u>732 828 6098</u>	<u>—</u>
<small>Telephone number (include area code)</small>	<small>Fax number (include area code)</small>
<u>president@oeisf.org</u>	<u>http://oeisf.org</u>
<small>E-mail address</small>	<small>Web site</small>

8. Type of organization (check one):

Nonprofit corporation
 Foundation
 Individual
 Association
 Society
 Partnership
 Trust
 Other (Specify) _____

9. Where and when was the organization legally established? Date: 4/18/2009 State: NJ
As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? Yes No
If "Yes," indicate all of the other names used: _____

11. Does the organization intend to solicit contributions from the general public? Yes No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions? Yes No
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.
ALL STATES

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? Yes No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.
TO MAINTAIN AND SUPPORT THE ON-LINE ENCYCLOPEDIA OF INTEGER SEQUENCES

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.
WEB HOSTING, MATHEMATICAL SOFTWARE, EXHIBITS AT MATHEMATICAL CONFERENCES

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? Yes No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? Yes No
If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? Yes No
If "Yes," please explain: _____

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? Yes No
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. Yes No
b. Has a tax exemption been granted under another I.R.S. code? Yes No
If "Yes," advise which one: _____
c. Has an I.R.S. tax exemption been refused, changed or revoked? Yes No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

- 18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? Yes No
If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.
- 19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? Yes No
If "Yes," please attach to this registration the relevant document.
- 20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? Yes No
If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
- 21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. Yes No
- 22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. Yes No
If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
PLEASE SEE ATTACHED LIST OF 13 TRUSTEES.				
THE TRUSTEES DO NOT RECEIVE A SALARY.				
THERE ARE NO PAID STAFF.				

Board of Trustees of The OEIS Foundation Inc.

As of November 13, 2016 there are thirteen trustees.
The trustees do not receive a salary.

Applegate, David L.
626 Prospect St, Maplewood, NJ 07040, USA
Tel.: 973 763 3009 (h), 973 951 1260 (c), 973 360 7127 (o)
(david@bcda.us)

Chandler, Ray (Treasurer)
7000 Briercliff Ct, Fort Worth, TX 76132, USA
Tel.: 817-370-7772
(rayjchandler(AT)sbcglobal.net)

Cox, Russ
378 Broadway #1, Cambridge, MA 02139, USA
Tel.: 617 669 8617 (cell)
(rsc(AT)swtch.com)

Cuyler, Susanna Stevens (Secretary)
11 South Adelaide Avenue, Highland Park, NJ 08904, USA
Tel.: 732 828 6098
(SusannaCuyler(AT)gmail.com)

Dale, Harvey P.
University Professor of Philanthropy and the Law
Director, National Center on Philanthropy and the Law
139 MacDougal Street, Room 110
New York, N.Y. 10012-1076
Tel.: 212-998-6161
(hpd1@nyu.edu)

Duff, Tom
3111 Deakin Street, Berkeley, CA 94705-1950, USA
Tel: 510 703 8195 (cell)
(td(AT)pixar.com)

Graham, Ronald L.
Irwin and Joan Jacobs Professor,
Department of Computer Science and Engineering
Univ. California San Diego
1555 Coast Walk, La Jolla, CA 92037, USA
Tel.: 858-551-1077 (H), 858 534-2086 (O) and 858-254-5945 (C).
(graham(AT)ucsd.edu)

Greathouse, Charles, IV. (Vice-president)
3214 Whitethorn Rd., Cleveland Heights, OH 44118, USA
Tel: 216-368-6951
(oeis(AT)crg4.com)

Guy, Richard K.
Professor Emeritus,
Dept. of Math. & Statist., University of Calgary,
2500 University Dr NW, Calgary, Alberta, CANADA T2N 1N4
Tel.: 403-282-0485 (h), 403-220-6314 (o)
(rkg(AT)cpsc.ucalgary.ca)

LeBrun, Marc

80 Saddle Wood Dr, Novato, CA 94945, USA
Tel.: 415-215-0355 (cell)
(mlb(AT)well.com)

Munafo, Robert
Student, Dept. of Electrical and Computer Engineering, Boston University
10 Linwood St., Unit 304, Malden MA 02148
Tel.: 617-335-1321 (mobile)
(rmunafo(AT)bu.edu)

Plouffe, Simon
Chateau Bois Briand, 10 Rue du Bois Briand, 44300 Nantes, FRANCE
Tel.: +33 970 460 350 (home)
(simon.plouffe(AT)gmail.com)

Sloane, Neil James Alexander (President)
11 South Adelaide Avenue, Highland Park, NJ 08904, USA
Tel.: 732 828 6098
(njasloane(AT)gmail.com)

(Last revised Nov 13 2016)

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.
Please report all figures as GROSS, not NET.

Full legal name and street address of the organization

Full legal name: THE OEIS FOUNDATION INC

Fiscal year-end being reported: 12 / 31 / 2016 Federal ID Number (EIN) 30-0562250
month day year

Mailing address:
1150 ADELAIDE AVE, HIGHLAND PARK, NJ 08904
Mailing Address P.O. Box Number or Suite City State ZIP code

Street address of the registering organization: (same)
Street Address City State ZIP Code

New Jersey Charities Registration number: CH 32289 -00 Telephone number: 732 828 6098
(include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

(1)	Direct mail <u>INCLUDING PAY-PAL</u>	<u>26,048.06</u>
(2)	Telephone solicitation.....	<u>-</u>
(3)	Commercial co-venture.....	<u>-</u>
(4)	Gross receipts from fund-raising events.....	<u>-</u>
(5)	Canisters, counter cards, door to door etc.....	<u>-</u>
(6)	Corporations and other businesses.....	<u>-</u>
(7)	Foundations and trusts.....	<u>-</u>
(8)	Donated land, buildings, property, equipment and materials.....	<u>-</u>
(9)	Legacies and bequests.....	<u>-</u>
(10)	Membership dues solely resulting from solicitations.....	<u>-</u>
(11)	Other support (specify).....	<u>-</u>

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) 26,048.06

Line A1c. Indirect Public Support received from the following sources:

(1)	Federated fund-raising organization.....	<u>-</u>
(2)	From an affiliated organization.....	<u>-</u>
(3)	From another fund-raising organization.....	<u>-</u>

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3))..... -

Line A1e. Total Gross Contributions (add lines A1b and A1d) 26,048.06

Line A2. Government grants including purchase of service contracts (specify agency)

a.

b.

c.

d.

Line A2e. Total Government Grants (add lines 2a thru 2d).....

Line A3. Other Support

a. Bona fide membership

b. Program service revenue.....

c. Professional services rendered by volunteers.....

d. Miscellaneous income (specify)..... INTEREST 17.11

Line A3e. Total Other Support (add the total of lines A3a thru A3d)..... 17.11

Line A4. Total Gross Revenue (add lines A1e, A2e and A3e) 26,065.17

B. Expenses

Line B1. Program expenses..... 7302.08

Line B2. Management and general expenses..... 2457.11

Line B3. Fund-raising expenses..... 5108.24

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

Line B5. Total Expenses (add the totals of line B1 thru B4)..... 14,867.43

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4)..... 11,197.74

D. Fund Balance

Line D1. Net assets or fund balances at beginning of year..... 84,479.65

Line D2. Other changes in net assets or fund balances (attach explanation)..... -

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) ... 95,677.39

Please Note: The amount of Gross Contributions (line A1e 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>.

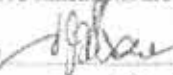
Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information

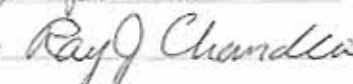
Organization's Name:	THE OREIS FOUNDATION INC		
N.J. Charities Registration Number:	CH-32289-00	Federal ID Number (EIN):	30 056 2260
Fiscal Year-End being reported:	12	31	2016

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:
- a. each other? Yes No
 - b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? Yes No
 - c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or its shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? Yes No
 - d. If you answered "Yes" to questions 24a, b, or c, please provide a statement explaining these relationships.
(a) PRESIDENT AND SECRETARY ARE HUSBAND AND WIFE
25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes No
If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature  Name NEIL J. A. SLOANE Title PRESIDENT Date 12/24/2017

Signature  Name Ray J. Chandler Title Treasurer Date 12-24-2017

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer

Note: Form CRI-300RC must be filed with Form CRI-300R.

**Renewal registrants who are required to file the
Long-Form Renewal Registration/Verification Statement CRI-300R/RC
must submit the following:**

- (1) A fully completed Long-Form Renewal Statement CRI-300R along with the CRI-300R Financial Statement, the CRI-300RC Confidential Information Statement (with signatures), and all lists, statements and attachments as may be required by answers to the form's questions.
- (2) All charity registrants in New Jersey must pay a registration fee based on gross contributions. Please visit our Web site at www.njconsumeraffairs.gov for a complete schedule of registration fees due. A check or money order for the registration fee due, made payable to the New Jersey Division of Consumer Affairs, must accompany the registration form. Cash or credit card payments cannot be accepted. Initial registrations must be submitted prior to soliciting in the State of New Jersey. Registrations must be renewed annually, and are due within six months of the fiscal year-end. Extensions of time to file cannot be granted on initial (first-time) registrations.
- (3) Charity registrants with total gross revenue in excess of \$500,000 annually are required to submit a certified audit (including any management letters) which has been prepared by a certified public accountant.
- (4) Please write the organization's charities registration number on all checks, forms, and copies of documents submitted.
- (5) If the charity was required by the Internal Revenue Service to file an IRS-990 form for the organization's fiscal year-end being reported, a copy, including Schedule A, must be submitted with the registration form.
- (6) Photocopies of any orders, judgments, agreements or other documents which show the final disposition of any civil or criminal actions brought against the organization or its board members, must be marked with the related question number and the charities registration number.
- (7) Only initial registrants must submit photocopies of the organization's bylaws, the certificate of incorporation and the I.R.S. determination letter. *However, copies of these documents must be resubmitted each time they are amended.*
- (8) Mail the completed registration, enclosures and any attachments to the:

*New Jersey Division of Consumer Affairs
Charities Registration & Investigation Section
P.O. Box 45021
Newark, NJ 07101*

Should you have questions regarding charities registration in New Jersey, please visit our Web site at <http://www.njconsumeraffairs.gov/ocpl/charities.htm> where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.

Certification


Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

First Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.


I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature  Name NEIL J. A. SLOAN Title PRESIDENT Date 12/24/17

Second Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.


Signature  Name Ray J. Chautler Title Treasurer Date 12-24-2017

Certification

Form CRI-150I, CRI-300R, CRI-200

I, as principal officer of the applicant organization, understand that this registration will be accepted only if the requirements of the CRI Act are met. I agree to cooperate fully with any request by the Attorney General of the Division of Consumer Affairs to inspect the records of this organization in order to ascertain compliance with the statute and all pertinent regulations. I certify that the above statements made by me are true. I am aware that if any of the above statements made by me are willfully false, I am subject to punishment.

NEIL J. A. SLOANE
Name (Type or Print)


Signature

PRESIDENT
Title

12/24/2017
Date

NOTE:
The above certification is to be signed by the chief executive officer, president or authorized representative officer of the organization.

Electronic Notice (e-Postcard)

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2016

Open to Public Inspection

A For the 2016 Calendar year, or tax year beginning 2016-01-01 and ending 2016-12-31

B Check if available
Terminated for Business
Gross receipts are normally \$50,000 or less

C Name of Organization: THE OEIS FOUNDATION INC
11 South Adelaide Ave.
HIGHLAND PARK, NJ, US.
08904

D Employee Identification
Number 30-0562250

E Website:

F Name of Principal Officer: N.J.A.SLOANE
11 South Adelaide Ave.
HIGHLAND PARK, NJ, US.
08904

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.