



## **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-200 Short-Form Registration/Verification Statement**

Charitable organizations domiciled or doing business in the State of New Jersey, which receive gross contributions of \$25,000 or less per year, are required to submit an initial registration and to renew registration annually. In both circumstances this form may be used. In the event an organization receives gross contributions of less than \$10,000 per year and does not compensate anyone to solicit or perform fund-raising activities on its behalf, the organization is exempt from registration, but may still choose to register. The registration fee for charities with gross contributions between \$0 and \$25,000 is \$30, whether the fee is for an initial or renewal registration.

1. This statement is an Initial or Renewal Registration: **Renewal**
  - a) This statement contains the facts and financial information for the fiscal year ending:  
**12/31/2025**
2. Federal ID Number: **471279495**
  - a) N.J. Charities Registration Number: **CH3736200**
3. Full legal name of the registering organization: **COMPUTATIONAL COMPLEXITY  
FOUNDATION INC**

In care of:
4. Mailing Address:  
**80 RICHMOND DR  
SKILLMAN, NJ 08558**
5. Physical Address:  
**80 RICHMOND DR**

**SKILLMAN, NJ 08558**

6. Does the organization have any offices in New Jersey in addition to the one listed above? **No**
- a) 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, and phone of the person having custody of the organization's records, and to whom correspondence should be addressed.

**Eric Allender  
80 RICHMOND DR  
SKILLMAN, NJ 08558**

7. Organization's contact information:

Telephone: **(908) 904-4873**  
Email: **TREASURER@COMPUTATIONALCOMPLEXITY**  
Website: **http://COMPUTATIONALCOMPLEXITY.ORG**

8. The organization is eligible to file a Short Form Registration because:
- a) It did not receive gross contributions in excess of \$25,000 in the preceding fiscal year, AND all of the organization's functions, including fund-raising, are conducted by volunteers, members, officers or persons who are not compensated for soliciting contributions. **Yes**
- b) Is the organization a fraternal, patriotic, social or alumni organization, historical society or similar organization organized under the provisions of Title 15 of the New Jersey Revised Statutes or Title 15A of the New Jersey Statutes, and solicitation of contributions is confined to the organization's membership and performed by members of the organization? **No**
- c) Is the solicitation of contributions is confined to the organization's membership and performed by members of the organization?  
**No**
- d) Is the organization a local post, camp, chapter or similarly designated element or county unit, of a bona fide veterans' organization which issues charters to the local elements throughout New Jersey or to any veterans' organization chartered under federal law or a service foundation of such an organization recognized in the organization's by-laws? **No**
- e) Is the organization a private foundation that raised less than \$25,000 in public contributions?  
**Yes**
9. Have there been changes in the organization's name, address, Internal Revenue Service (I.R.S.) status, etc. since the date of your last reporting? **No**

a) Is the organization a chapter or local unit of a parent organization? **No**

Parent Organization:

b) Does the organization have chapter or local units?  
**No**

|                |
|----------------|
| <b>Chapter</b> |
|                |

10. Purpose for which the organization was created: **Organize and run an annual academic conference - Computational Complexity Conference (CCC)**  
**<https://computationalcomplexity.org/>**

a) Does the organization solicit or intend to solicit contributions from the general public in the State of New Jersey (including through the sale of merchandise)? **No**

**Providing open access to publications (proceedings of CCC)**

b) Does the organization solicit funds under any other name(s)? **No**

|            |
|------------|
| <b>DBA</b> |
|            |

11. Does the organization register or solicit in other states? **No**

If yes:

a) Has the organization ever been enjoined in any jurisdiction from soliciting contributions or has it been found to have engaged in unlawful practices in the solicitation of contributions or the administration of charitable assets? **No**

b) Has the organization's charity registration been denied, suspended or revoked by any jurisdiction or state? **No**

c) Has the organization voluntarily entered into an assurance of voluntary compliance agreement or any similar order or legal agreement with any jurisdiction, state or federal agency or officer? **No**

12. Is the organization currently I.R.S. tax-exempt? **Yes**

13. Has the organization's tax-exempt status been revoked, changed, or refused by the I.R.S.? **No**

14. Has the organization used an independent paid fund-raiser, fund-raising counsel or commercial co-venturer? **No**

If yes, for what purpose(s) are the funds being raised?

| PFR | PFR Have Custody to Org Funds |
|-----|-------------------------------|
|     |                               |

| Coventure Business |
|--------------------|
|                    |

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

| Name             | Title | Salary |
|------------------|-------|--------|
| Raghu Meka       |       | \$0.00 |
| Mahdi Cheraghchi |       | \$0.00 |
| Shachar Lovett   |       | \$0.00 |

DRAFT

**CRI-200 Short-Form Registration Verification Financial Statement**

**A. Revenue**

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

|  |                    |
|--|--------------------|
| A1a. Gross Direct Public Support.....  | <b>\$0.00</b>      |
| A1b. Gross Indirect Public Support (including donations from other charities)..... | <b>\$0.00</b>      |
| A1c. Gross Fund Raising and Gaming Income.....                                     | <b>\$0.00</b>      |
| A1d. Gross Contributions.....  | <b>\$0.00</b>      |
| Line A2 Government Grants.....   | <b>\$0.00</b>      |
| A3a. Program service revenue.....  | <b>\$23,278.00</b> |
| A3b. Other Support.....  | <b>\$0.00</b>      |
| Line A4. Total Gross Revenue.....  | <b>\$23,278.00</b> |

**B. Expenses**

|                                   |                   |
|-----------------------------------|-------------------|
| Line B1. Program Expenses.....    | <b>\$9,001.00</b> |
| Line B2. Management Expenses..... | <b>\$0.00</b>     |

|  |                   |
|--|-------------------|
| Line B3. Fund-raising Expenses.....                        | <b>\$0.00</b>     |
| Line B4. Affiliate Expenses.....                           | <b>\$0.00</b>     |
| Line B5. Total Expenses (add lines B1, B2, B3 and B4)..... | <b>\$9,001.00</b> |

**C. Net Assets**

|                          |                    |
|--------------------------|--------------------|
| Line C1. Net Assets..... | <b>\$65,948.00</b> |
|--------------------------|--------------------|

## 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.

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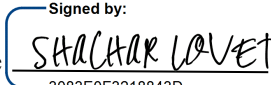
First Authorization:

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  DocuSigned by:  
Mahdi Cheraghchi  
5FB6970AE3F34D6... Name Mahdi Cheraghchi Title Treasurer - Corporate Date 3/22/2026

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  Signed by:  
Shachar Lovett  
3083E0F3218843D... Name Shachar Lovett Title President - Corporate Date 3/22/2026