

Parakala Lakshmihayagriva Mission, USA, Inc. 154, Northfield Road, Bridgewater, NJ 08807. Phone (908) 393 2822 E-mail: plm@parakalamatham.org

A Non-Profit Corporation incorporated in the State of New Jersey in July 2014, ID No. 0400675686 FEIN: 47-1247265

Vijay Raghavan President vijay@parakalamatham.org P (425) 466-2222

Raghavan Sreenivas Resident Agent/Secretary raghavan@parakalamatham.org P (908) 393-2822

Ranga Raj Treasurer rangaraj@parakalamatham.org P (310) 251-1557

Bharath Srivatsa Director bharath@parakalamatham.org P: (404) 679-4542

Srinivas Khedam Director srinivas@parakalamatham.org P (425) 445-4294 Date: 10/22/2019

New Jersey Division of Consumer Affairs Charities Registration & Investigation Section PO Box 45021 Newark, NK 07101

Respected Sir/Madam,

Subject: Long Form Renewal Registration Statement-Form CRI-300RC

Please find enclosed the completed Long Form CRI-300 RC for our charitable organization, for Fiscal year 2018: Parakala Lakshmihayagriva Mission, USA, Inc.

Our organization functions are run by unpaid volunteers who are spread across the USA and due to various circumstances did not comply to the 6/30/2019 renewal date, this year as well. Going forward, we will change a few aspects within our management processes to make sure to file the yearly renewal notice with the NJ consumer affairs in a timely manner.

Thanking you, Truly,

Vijay Raghavan President/Director

Lehjayaylarn

PLM USA



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.I.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.

ŀ	This statement contains the facts and		for the fiscal year ending	g: <u>[2</u>]	31/ 2	018	
1,	Forderick ID Normalian (FIN) 47-12	247265		month	day yea	r	
2.	Federal ID Number (EIN)	2a. N.	J. Charities Registration	Number: CH	<u> </u>	- ((0 0	·
3.	Full legal name of the registering of	organization:	Shmi Hayag	න∨ය !'	u ssion	AZU	1N C
	In care of (if paceceary otherwise le	anua thia lina blank)					
4.	Mailing Address: 154 Nor	thfield Road	Bridgewater	TUN	08803) — Change o	f Address
	Street Ac	ddress	City State	Z	IP Code		
NO:	TE: If " in care of," a postal, private of	r rural delivery mail be	ox number is used, the str	eet address oj	f the charity	must be gi	ven below.
5.	The principal street address of the re	gistering organization					
	☑ Same as Mailing Address		Street Address	Ci	ty S	tato 2	ZIP Code:
6.	Does the organization have any office If "Yes," attach a list giving the stre	es in New Jersey in ac et address and telepho	ldition to the one listed a	boye? in New Jerse	:V.	☐ Yes	□No
6a.	If the street address listed above is no office in New Jersey, indicate the name records, and to whom correspondent	re full address phone	and fax number of the par	can baying a	otade aftha	does not n	naintain an
•	records, and to whom correspondence Vijay Rathavan 28			JVALL	WA	q	8019
١	Vijay Rathavan 285 425-466-2222		8 Place, Durer address	JV ALL City	WA	ZIP Co	8019
•	Vijay Rathavan 285 425-466-22-2 Telephono number (include area code)	Si		City	W.A.	q	8019
7.	425-466-2222	Fa	reet address	Čity —	Stare	G ZIP Co	8019
7.	$\frac{42S - 466 - 2222}{\text{Telephone sumber (include area code)}}$ Organization's contact information: $42S - 466 - 2222$	Fa	r giumber (include area ende)	Čity —	Stare	G ZIP Co	8019

9.	Where and when was the organization legally established? Date: 7/25/2614 State:	LI	
	As required by the C.R.I. Act (N.I.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization instrument of organization (that is, the organization's charter, articles of incorporation or organization, agree instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year between the constitution of trust, or constitution only if the document has been issued or amended during the fiscal year between the constitution of trust.	zation's b	ssociation
10.	Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? If "Yes," indicate all of the other names used:	□Yes	⊠No.
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? If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.	□Yes	I¥No
13.	Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number	☐ Yes er for eac	IVNo h one.
14.	What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separ registration. See attached	ate stater	nent to this
14a.	What are the specific programs and charitable purposes for which contributions are used? For each program already exists or is planned. Only major program categories need be listed. If necessary, attach a separa registration. See Atached	am, state te statem	whether it
15.	Does the organization use an independent paid fund-raiser or fund-raising counsel? If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their fundament, fax number, registration number in New Jersey, and a contact person's name.	□ Yes ll address	DNo , telephone
15a.	Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization?		
	If "Yes," please describe the situation.	□Yes	⊠ No
16.	Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co- fiscal year-end being reported? If "Yes," please explain:	-venturer □Yes	
17.	Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3 a. If "No," has an application been filed which is still pending? If so, please attach a copy of the)? 🗆 Yes	□No
	I.R.S. 1023 form filed.b. Has a tax exemption been granted under another I.R.S. code?	□Yes □Yes	_
	If "Yes," advise which one: c. Has an I.R.S. tax exemption been refused, changed or revoked? If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. det notification and provide a detailed explanation of the circumstances on a separate sheet of paper.		⊠No on letter of

18.	organization ever entered If "Yes," attach to this re	into any voluntary agreement of di gistration a copy of the denial, susp	scontinuance with any governmension, revocation or voluntary	rrevoked in any jurisdiction or has the tental entity? Yes No agreement of discontinuance. If the this registration an explanation on a	
19.	19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (include not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) value jurisdiction, state or federal agency or officer? [Yes] [Yes]				
20.	Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engage unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from solic contributions, or are such proceedings pending in this or any other jurisdiction? If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative of judgment, formal notice, written assurance or other document) which show the final disposition of the matter.				
21.	convicted of any criminal criminal or civil offense fitness to perform activi	al offense committed in connection involving untruthfulness or dishor	with the performance of activenesty or any criminal offense i	executive staff employees ever been ities regulated under this act or any relating adversely to the registrant's intendere or any similar disposition \(\sum \text{Yes} \)	
22.	in any administrative or ci of liability in an administr in an unlawful practice in	ivil action involving theft, fraud, or d ative or civil action shall include, but relation to the solicitation of contri vidual(s) below and attach to this res	eceptive business practices? For t is not limited to, any finding or a butions or the administration of	staff employees been adjudged liable purposes of this question a judgment admission that the individual engaged charitable assets. Yes No algment or other documents indicating	
23.	Provide the following in employees:	iformation for each officer, direct	or, trustee and the five most-	highly compensated executive staff	
	Name	Business address	Telephone number	Title Salary ,	
\	rijay Ragharan	28413,NE138 17 Place	(include area code) DUVAU, 425-416 WA-98019 - 222	President "NO	
	rindias Kheolam	24201 Seid Place	L SAMMANISH, LIA	-98676	
		1 4 %	15-445-4294	Direcom/VP "NO"	
Re	ones Raj	26, Lacoma St,	Irvine, CA 92	814	
Das	a. Man Company	31 as 154 Northfield	0-251-1557	Treasur "No"	
NOS	NBV STEERIN		Rd, Bosderwater 432-2421	Director NO	
Bha	ath Srivatsa	1917 NO Arin Dr N	E AHMED CA-30	SUT Director 1500	
Ran	nganalh Snniv	cra 10414 Knistens 1	More Dr, Charlotte,	Director 'wo'	
		917	011 1107		

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.

	1				
Full legal name and street	address of the organization				
	la Lakshmi Haya				
Fiscal year-end being repor	ted: $\frac{12}{\text{month}} \frac{31}{\text{day}} \frac{2018}{\text{year}}$ Federa	al ID Number (1	EIN) 147-	1247	65
Mailing address 154	Northfield Rd	Bridge	cweter	LV	0880
Mailing Address	P.O. Box Number or Suite		City	State	ZIP code
Street address of the registe		mo 29 -	above -	****	>
New Jersey Charities Regis	tration number: CH 3781	treet Address -00 T	City Felephone number:	908 -4:	ZIP Code 32-242 de area coda)
Attach to this registration the	most recent Internal Revenue Servi	ce Form 990 and	d Schedule A (990)	if the organiza	tion has filed those
forms. Attach a copy if the received gross revenue in	organization's annual financial repeaces of \$500,000. Note: If the certified by the organization's pre-	oort included an ne organization	n audited financial n received gross	statement, or revenue of les	if the organization ss than \$500,000.
☐ In lieu of completing the C indicated above.	RI-300R Financial Statement pages,	attached please f	ind a copy of the LR	S. 990 filing fo	r the fiscal year-end
A. Receipts					
Line Ala. Direct Public	Support received from the follow	ind sources:			
(1)	Direct mail				
(2)	Telephone solicitation			***************************************	•
(3)	Commercial co-venture				-
(4)	Gross receipts from fund-raisin	o events	Q	611.00	•
(5)	Canisters, counter cards, door t	o door etc		BU UU	•
(6)	Corporations and other busines				-
(7)	Foundations and trusts				-
(8)	Donated land, buildings, proper materials	rty, equipment a	and		,
(9)	Legacies and bequests			1	•
(10)	Membership dues solely resulti solicitations		******		•
(11)	Other support (specify)	y.p.al	<u>Q</u> I.	50.00	-
Line Alb. Total Direct	Public Support (add lines A1a(1) th	rough Ala(11)	<u>8</u> -	7,761.0	ď
Line A1c. Indirect Publ	ic Support received from the follow	wing sources:			
(1)	Federated fund-raising organiza				
(2)	From an affiliated organization.				
(3)	From another fund-raising orga				
Line A1d. Total Indirec	et Public Support (add lines Alc(1)	thru A1c(3))	<u></u>	PA-	
Line A1e. Total Gross	Contributions (add lines Alb and	l Ald),	8-	1 761.0	ט

		nment grants including purchase of service contracts (specify ager a. b. c. d.	ncy) — NA —
Lin	ie A2e, Total i	Government Grants (add lines 2a thru 2d)	
Lin	ne A3. Other	Support	- NA -
		 a. Bona fide membership b. Program service revenue c. Professional services rendered by volunteers d. Miscellaneous income (specify) 	
Lin	ne A3e, Total	Other Support (add the total of lines A3a thru A3d)	
Lin	ne A4. Total	Gross Revenue (add lines A1e, A2e and A3e)	87,761.00
B. Ex	kpenses		
Lin Lin Lin	ne B1. ne B2. ne B3. ne B4. ne B5.	Program expenses	16,613.00
	xcess or I	Deficit ar-end (subtract line B5 from line A4)	56,648.00
D. Fu	ınd Balaı	nce	
Lin	ne D1. ne D2. ne D3.	Net assets or fund balances at beginning of year	228,459.00 -NA -NA -NA -NA -NA -NA -NA -NA -NA -NA

Please Note: The amount of Gross Contributions (line Ale 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: Parakala Lakehmi Hayagor a Mussim, USA IN C
	N.J. Charities Registration Number: CH-37211 -00 Federal ID Number (EIN)
	Fiscal Year-End being reported: 12 /31 / 20 18
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? b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? 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 to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.
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? 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.
of mic	nderstand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all ent regulations. We also understand that we may be required to provide additional information if requested.
or me	above statements are willfully false, we are subject to punishment.
Signat Signat	nure Name Name VIJAY RAGHANAV Title President Date 10 30/2019 Name Raghanan Greenivas Title Director Date 10/22/2019
	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.
- 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/ocp/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.



।।श्री लक्ष्मीहयशीव परब्रह्मणे नम।।: ।।धीमते भगवद् रामानुजाय नम्॥: ।।श्रीमते निगमान्त महादेशिकाय नम।।: ।।श्रीमद अभिनज वागीश ब्रह्मतन्त्र स्वतन्त्र परकाल महादेशिकाय नम्।।:

Parakala Lakshmihayagriva Mission, USA, Inc.

1 Woods Edge, Robbinsville, NJ 08691-3098. Phone (609) 433 2719 E-mail: plm@parakalamatham.org

A Non-Profit Corporation incorporated in the State of New Jersey in July 2014, ID No. 0400675686 FEIN: 47-1247265

FORM CRI- 300 R (Questions 14 & 14a)

Vijay Raghayan President vijay@parakalamatham.org P (425) 466-2222

Raghavan Sreenivas Resident Agent/Secretary raghavan@parakalamatham.org P (908) 393-2822

Ranga Raj Treasurer rangaraj@parakalamatham.org P (310) 251-1557

Bharath Srivatsa Director bharath@parakalamatham.org P: (404) 679-4542

Srinivas Khedam Director srinivas@parakalamatham.org P (425) 445-4294

14) What is the charitable purpose or purposes for which the organization was formed? Parakala Lakshmihaygriva Mission, USA Inc, mission is to bring together devotees and disciples of the Matham and colebrate functions and festivals of interest to the Matham in their homes and Neighborhoods across the US.

Parakala Lakshmihayagriva Mission, USA, Inc provides worship services as well as special services for Weddings, funerals, spiritual initation and other purification rituals of the Sri Vaishnava faith such as First hair cutting, first grains ceremony, and the ceremony of departed relatives. We host our services at a facility, which we do not own, but use free to the organization,

Currently, we are performing the weekly servies and eventually be able to have them daily. We also hope one day to obtain our own facility to operate out of. Parakala Lakshmihayagriva Mission, USA Inc is close to Sri Brahmatantra Swatantra Parakala Mutt, situated in Mysore City, Karnataka, India. Many of our customs and the nature of our services are derived from this organization. All of our Services are free and open to those who practice our faith.

14a) What are the specific programs and charitable purposes for which constitutions are used? Parakala Lakshmihayagriva Mission USA, Inc currently organizes community service projects and brings our religious services to the homes of devotees when requested. Our organization will be marketed primarily through word of mouth, but we also look into other forms of advertisements such as a website, social media, business cards, pamphlets and fliers.

PRINT NAME: VIJAY RAZHAVAN Llyggaylaran