



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: <u>12/31/2016</u> <small>month day year</small>
2.	Federal ID Number (EIN) <u>47-1247265</u> 2a. N.J. Charities Registration Number: CH- <u>3721100</u>
3.	Full legal name of the registering organization: <u>PARAKALA LAKSHMI HAYAGRIVA MISSION USA INC</u> In care of: (if necessary, otherwise leave this line blank) _____
4.	Mailing Address: <u>154 NORTHFIELD ROAD, BRIDGEWATER, NJ 08807</u> <input checked="" type="checkbox"/> Change of Address <small>Street Address City State ZIP Code</small>
<i>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.</i>	
5.	The principal street address of the registering organization _____ <input checked="" type="checkbox"/> Same as Mailing Address <small>Street Address City State ZIP Code</small>

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.

<u>VIJAY RAGHAVAN</u> <small>Contact person</small>	<u>28413, NE 138th Place</u> <small>Street address</small>	<u>DUVALL</u> <small>City</small>	<u>WA</u> <small>State</small>	<u>98019</u> <small>ZIP Code</small>
<u>425-466-2222</u> <small>Telephone number (include area code)</small>	_____ <small>Fax number (include area code)</small>			

7. Organization's contact information:

<u>425-466-2222</u> <small>Telephone number (include area code)</small>	<u>www.parakalamatham.org</u> <small>Web site</small>
<u>vijaychak@hotmail.com</u> <small>E-mail address</small>	

8. Type of organization (check one):

<input checked="" type="checkbox"/> Nonprofit corporation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Individual	<input type="checkbox"/> Association	<input type="checkbox"/> Society
<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> Other (Specify) _____		

9. Where and when was the organization legally established? Date: 7/25/2014 State: NEW JERSEY
 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.

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.
SEE ATTACHED

- 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.
SEE ATTACHED

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
VIJAY RAGHAVAN	28413, NE 138 th Place, DUVALL, WA 9A019	425-466-2222	PRESIDENT	"No"
SRINIVAS KHEDAM	24201, SE 10 th Place, SAMMAMISH, WA 9A075	425-445-4294	DIRECTOR/VP	"No"
RANGARAJ	26, LACONIA ST, IRVINE CA 92614	310-251-1157	DIRECTOR	"No"
RAGHAVAN SREENIVAS	154, NORTHFIELD RD, BRIDGEWATER, NJ 08807	908-393-2822	DIRECTOR	"No"
BHARATH SRIVATSA	1917, N AEW DR OVE, ATLANTA, GA 30345	404-679-4542	"DIRECTOR"	"No"

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: <u>PARAKALA LAESMI HAYAGRIVA MISSION VJA</u>				
Fiscal year-end being reported: <u>12/31/16</u>		Federal ID Number (EIN) <u>47-1247265</u>		
Mailing address: <u>154 NORTHFIELD ROAD, BRIDGEWATER, NJ 08807</u>				
Mailing Address	P.O. Box Number or Suite	City	State	ZIP Code
Street address of the registering organization: _____				
New Jersey Charities Registration number: CH <u>37211-00</u> Telephone number: <u>609-433-2719</u>				
(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 A 1a. Direct Public Support received from the following sources:

- | | | |
|------|--|------------------|
| (1) | Direct mail | |
| (2) | Telephone solicitation | |
| (3) | Commercial co-venture | |
| (4) | Gross receipts from fund-raising events | <u>76,049.19</u> |
| (5) | Canisters, counter cards, door to door etc. | |
| (6) | Corporations and other businesses | |
| (7) | Foundations and trusts | |
| (8) | Donated land, buildings, property, equipment and materials | |
| (9) | Legacies and bequests | |
| (10) | Membership dues solely resulting from solicitations | |
| (11) | Other support (specify) <u>RAXPOL</u> | <u>679.47</u> |

Line A 1b. Total Direct Public Support (add lines A 1a(1) through A 1a(11)) 76,728.66

Line A 1c. Indirect Public Support received from the following sources:

- | | | |
|-----|--|--|
| (1) | Federated fund-raising organization | |
| (2) | From an affiliated organization | |
| (3) | From another fund-raising organization | |

Line A 1d. Total Indirect Public Support (add lines A 1c(1) thru A 1c(3))

Line A 1e. Total Gross Contributions (add lines A 1b and A 1d) 76,728.66

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).....

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

Line A4. Total Gross Revenue (add lines A 1e, A2e and A3e) 76,728.66

B. Expenses

Line B1. Program expenses..... 14,530.88

Line B2. Management and general expenses..... 9,722.15

Line B3. Fund-raising expenses..... 5,192.57

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

Line B5. Total Expenses (add the totals of line B1 thru B4)..... 29,435.60

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4)..... 47,293.06

D. Fund Balance

Line D1. Net assets or fund balances at beginning of year..... 99,296

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) ... 146,589

Please Note: The amount of Gross Contributions (line A 1e 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: <u>PARAMELA LAKSHMIHAYAGRIVA MISSION USA INC</u>	
N.J. Charities Registration Number: CH - <u>372-11</u> -00	Federal ID Number (EIN) <u>47-124265</u>
Fiscal Year-End being reported: <u>12</u> / <u>31</u> / <u>16</u> <small>month day year</small>	

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 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? Yes No
 - 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? 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 [Signature] Name VIJAY RAGHAVAN Title PRESIDENT Date 9/25/17
 Signature [Signature] Name RAGHAVAN SREENIVAS Title SECRETARY Date 9/25/17

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.



Sri Lakshmi Hayagreeva Parabrahmane Namah
Srimad Abhinava Vageesha Brahmatantra Parakala Maha Deshikaya Namah

Parakala Lakshmihayagriva Mission, USA, Inc.

154 Northfield Road, Bridgewater, NJ 08807

Phone (908) 432 2421

E-mail: plm@parakalamatham.org

A 501 c (3) Non-Profit Organization
Incorporated in the State of New Jersey in July 2014 ID No. 0400675686
EIN: 47-1247265

Vijay Raghavan Director & President Tel: (425) 818-1956	Srinivas Khedam Director & Vice President Tel: (425) 445-4294	Raghavan Sreenivas Director & Secretary Tel: (908) 393-2822	Ranga Raj Director & Treasurer Tel: (310) 251-1557	Bharath Srivatsa Director & Member Tel: (404) 679-4542
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FORM CRI- 300 R (Questions 14 & 14a)

14) What is the charitable purpose or purposes for which the organization was formed?

Parakala Lakshmihayagriva Mission, USA Inc, mission is to bring together devotees and disciples of the Matham and celebrate 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 initiation 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.