

#### 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

Date: 12/28/2022

Newark, NJ 07101

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 New Jersey Division of Consumer Affairs Charities Registration & Investigation Section PO Box 45021

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 2021: Parakala Lakshmihayagriva Mission, USA, Inc.

Our organization functions are run by unpaid volunteers who are spread across the USA and due to various circumstances including Covid & delayed filing to IRS, did not comply to the 6/30/2022 renewal date. However, we did file an extension, once we knew we will be delayed.

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

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.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.

ł.	This statement contains the facts and financial information for the fiscal year ending: 12/31/2021
2.	This statement contains the facts and financial information for the fiscal year ending: \[ \lambda \] \[ \frac{31}{202} \rangle \]  Federal ID Number (EIN) \[ \frac{47-1247265}{202} \]  Parakala Lakshmi Hayafriva Missim, US A Inc.  Full legal name of the registering organization:  In care of: (if necessary, otherwise leave this line blank)
3.	Full legal name of the registering organization: Lakshmi Hayagriva Missim, USA Inc
	In care of: (if necessary, otherwise leave this line blank)
4.	In care of: (if necessary, otherwise leave this line blank)  Mailing Address: 154 North field Road, Bridgewater, NJ-088° 7  Change of Address
NO	Street Address City State ZIP Code  E: 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
NO	E. If the cure of, a position, 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?
	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 at
	office in New Jersey indicate the name, full address, phone and fax number of the person having custody of the of the organization.
	records, and to whom correspondence should be addressed.
\	Tipay Raghavan, 28413, NE 138" Place, Duvall WA 98019
	records, and to whom correspondence should be addressed.  The street address of the stre
	Telephone number (include area code) Fax number (include area code)
7.	Organization's contact informations
7.	Organization's contact information:
	425-4-66-2222
	Vijay chaka hot mail. com www. parakalamatham.org
	E-mail address Web site
8.	Type of organization (check one):
	Nonprofit corporation
	✓ Nonprofit corporation       ☐ Foundation       ☐ Individual       ☐ Association       ☐ Society         ☐ Partnership       ☐ Trust       ☐ Other (Specify)
	• • • • • • • • • • • • • • • • • • • •

9.	Where and when was the organization legally established? Date: 7/25/2014 State:	J	
<i>,</i>	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 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 be	zation's b ment of a	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	ĭ¥N₀
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	ĭ¥Ño
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 each	MNo one.
14.	What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separregistration.  — Please see attached ————————————————————————————————————		
14a.	What are the specific programs and charitable purposes for which contributions are used? For each program laready exists or is planned. Only major program categories need be listed. If necessary, attach a separa registration.  — Please see Stacked————————————————————————————————————	ite statem	
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 fundment, fax number, registration number in New Jersey, and a contact person's name.	□ Yes lll address	
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.	`s funds? □ Yes	No.
16.	Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial confiscal 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		
	I.R.S. 1023 form filed.  b. Has a tax exemption been granted under another I.R.S. code?  If "Yes" advise which const.	□ Yes □ Yes	□ No □ No
	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. de notification and provide a detailed explanation of the circumstances on a separate sheet of paper.	☐ Yes terminatio	

ishi ha	Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:  Name  Business address  Telephone number  Fittle  Salary  No  Fresident  No  WA  Rashavan 28413, NE 138 <sup>th</sup> Place, Duvall, WA  198019  128-411-2112  NO  Rashavan 24201 SE 10 <sup>th</sup> Lace, Sammanish, WA  198027 425-445-4284  Areator/VI: VNO  Rashavan Streenwas 154 Northfield Road, Bridgewater, NJ-08802 Director  NO  908-432-2421  VAS  STIVETED, 1917 NAGNDY, NE Ablanta, CA-30245 Director  NO  678-491-9457  Namall Structed 10414 Kristers Marc Dr, Charlett, NC-282-72  917-379-778 Pirector  NO  1907  1907  1908
Y Sr !a	Name  Business address  Telephone number  Jitle  Salary  (include area code)  Jay Raghavan 28413, N.E. 138th Place, Duvall, WA  198019  125-441-2222  11M CA Khedam 24201 SE 10th Lace, Sammanish, und 98875 425-445-4294  Director/VI VNO'  No Raj 26 Lacona St, Irvine CA 92814 310-251-1557 Treasurer "No"  avan Sreennas 154 Northfield Road, Bridgewater, No-0180+ Director "No"  908-432-2421
Y Sr !a	Name  Business address  Telephone number  Jitle  Salary  (include area code)  Jay Raghavan 28413, N.E. 138th Place, Duvall, WA  198019  125-441-2222  11M CA Khedam 24201 SE 10th Lace, Sammanish, und 98875 425-445-4294  Director/VI VNO'  No Raj 26 Lacona St, Irvine CA 92814 310-251-1557 Treasurer "No"  avan Sreennas 154 Northfield Road, Bridgewater, No-0180+ Director "No"  908-432-2421
v Sr	Name Business address Telephone number Title Salary "  ijay Ragharan 28413, NE 138th Place, Duvall, WA  138th Place, Duvall, WA  198019  1081-2112  1081-212  1
v Sr	Name Business address Telephone number Title Salary "  ijay Ragharan 28413, NE 138th Place, Duvall, WA  138th Place, Duvall, WA  198019  1081-2112  1081-212  1
V	Name Business address Telephone number Title Salary (include area code)  Tran Rachavan 28413 N.E. 138 Tiller Duvall was
V	Name Business address Telephone number Title Salary (include area code)  Tran Rachavan 28413 N.E. 138 Tiller Duvall was
V	Name Business address Telephone number Title Salary (include area code)  Tran Rachavan 28413 N.E. 138 Tiller Duvall was
	employees:
23.	
2.	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 You 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.
:1.	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.
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?   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.
	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 WNo  If "Yes," please attach to this registration the relevant document.
9.	

## **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 o	address of the organization  And And Provident Mars	sion USA
Full legal name: 1919 C 9	19 Farzum Halas	
Fiscal year-end being report	ed: 12 /3/ 202  Federal ID Number (EIN)	47-124765
Mailing address both	ed: 12/3/2021 Federal ID Number (EIN)  PO Box Number or Sustree  Address of the organization  Mass  Address of the organization  Mass  Mass  Mass  Address of the organization  Mass  Mass  Mass  Mass  Address of the organization  Mass  Mass	- 08807
Mathing Address	PO Bax Number or Suite City	Stat ZIP code
Street address of the register	ing organization: - Same 28 26018	***
New Jersey Charities Regist	ang organization:   - Same 28 above organization:   Succi Address (a) Telephone	number: 908 - 432 - 2 421
forms. Attach a copy if the received gross revenue in	most recent Internal Revenue Service Form 990 and Schedul organization's annual financial report included an audited excess of \$500,000. Note: If the organization received	financial statement, or if the organization d gross revenue of less than \$500,000
the financial reports must be	certified by the organization's president or other authorize	d officer of the organization's board.
In lieu of completing the C indicated above.	RI-300R Financial Statement pages, attached please find a copy	of the LR.S. 990 filing for the fiscal year-end
A. Receipts		
Line A1a. Direct Public	Support received from the following sources:	
(1)	Direct mail	W
(2)	Telephone solicitation.	And the second s
(3)	Commercial co-venture	07 017
(4)	Gross receipts from fund-raising events	47,017
(5)	Canisters, counter cards, door to door etc	
(6)	Corporations and other businesses	and the second of the second o
(7) (8)	Donated land, buildings, property, equipment and	and the second second
(6)	materials	
(9)	Legacies and bequests	
(10)	Membership dues solely resulting from	
, .		
(11)	solicitations Other support (specify). PAYPAL	33,430
Line A1b. Total Direct	Public Support (add lines Ala(1) through Ala(11)	,
		· · · · · · · · · · · · · · · · · · ·
Line A1c. Indirect Publ	ic Support received from the following sources:	
(1)	Federated fund-raising organization.	
(2)	From an affiliated organization	interioris : caracteris interioris interioris interioris interioris dell'anticoloris interioris int
(3)	From another fund-raising organization	
Line Ald. Total Indirec	t Public Support (add lines Alc(1) thru Alc(3))	The second se
Line Ale. Total Gross	Contributions (add lines A1b and A1d)	80,847

	Line A2.	Government grants including purchase of service contracts (specify age	ncy)
		<b>a</b>	
		ъ.	
		c	the same and the s
	Line A2e.	d.  Total Government Grants (add lines 2a thru 2d)	Nagarah 1
	Line A3.	Other Support	
		a. Bona fide membership	
		b. Program service revenue	
		e. 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 A1c, A2c and A3c)	80,847
В.	Expen	ses	
	Line B1.	Program expenses.	47293
	Line B2.	Management and general expenses.	47,393
	Line B3.	Fund-raising expenses.	<del></del>
	Line B4.	Payments to state/national affiliates (if applicable)	
	Line B5.	Total Expenses (add the totals of line B1 thru B4)	87,972
C	Fycess	or Deficit	
•		scal year-end (subtract line B5 from line A4)	7,125
D.	Fund I	Balance	·
	Line D1.	Net assets or fund balances at beginning of year	461,142
	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)	454,017

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. <a href="http://www.njconsumeraffairs.gov/oep/charities.htm">http://www.njconsumeraffairs.gov/oep/charities.htm</a>.

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

	Organ	hization's Name: Porokolo Lakshmi Hayagawa Missan, USA Inc. 47-1247265 Tharities Registration Number: CH-37211-00 Federal ID Number (EIN)
	N.J. C	Tharities Registration Number: CH - 37211 -00 Federal ID Number (EIN)
	1	Year-End being reported: 12 / 31 / 2021
24.		of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, 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?
	e.	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.
	or any If "Y	est in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, y supplier or vendor providing goods or services to the organization?
of the	Division	I that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees a may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all ations. We also understand that we may be required to provide additional information if requested.
of the	above st	tify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any atements are willfully false, we are subject to punishment.
Signa	ture 🛨	Name Raghavan Streenives Tille Director Date 12/27/22
Signa	ture	Name Raglavan Streenives Title Director Date 12/27/22
	Thi	s form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed  $\underline{\text{with}}$  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 <a href="http://www.njconsumeraffairs.gov/ocp/charities.htm">http://www.njconsumeraffairs.gov/ocp/charities.htm</a> 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.



#### Sri Lakihmi Hayagreeva Parabrahmana Namah Srimad Abhisava Vageesha Brahmatantra Parakala Maha Deshikaya Namah

#### Parakala Lakshmihayagriva Mission, USA, Inc.

154 Northfield Road, Bridgowater, NJ 08807
Phone (908) 432 2421
E-mail: plm@parakolamatham.orx

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

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

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 celebrate functions and festivals of interest to the Matham in their homes and Neighborhoods across the US

Parakala Laxshmihayagriva 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 services and eventually be able to have them dally. We also hope one day to obtain our own facility to operate out of Parakala Lakshmihayagriva Mission, USA Inc. is close to 5n Brahmatantra Swatantra Parakala Mult, 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? Parakela Lakshmihayagrive 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 primarity through word of mouth, but we also look into other forms of advertisements such as a website, social media, business cards, pamphlets and fliers.

#### NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES

#### CERTIFICATE OF INC. (NON PROFIT)

#### PARAKATA LAKSHMHLAYAGRIFA MISSION, USA, PMC 0400675686

The above-named DOMESTIC NON-PROFIT CORPORATION was duly filed in accordance with New Jersey state law on 07/25/2014 and was assigned identification number 0400675686. Following are the articles that constitute its original certificate.

#### 1. Name:

PARAKALA LAKSHMIHAYAGRIVA MISSION, USA, INC.

2. Registered Agent:

RAGHAVAN SREENIVAS

3. Registered Office:

154 NORTHFIELD ROAD BRIDGEWATER, NJ 08807

4. Business Purpose:

RELEGIOUS SERVICES

5. Method of electing Trustees as set forth herein:

AS SET FORTH IN THE BYLAWS

6. Asset Distribution:

AS SET FORTH IN THE BYLAWS

7. First Board of Trustees:

RAGHAVAN SREENIVAS 154 NORTHFIELD ROAD BRIDGEWATER, NJ 08807

VIJAY RAGHAVAN 28413 NE 138TH PLACE DUVALL, WA 98019

HMAEATH DRIVATOR 1917 N.ATKIN DRIVE ATLANTA, GA 30345

8. Incorporators:

RAGHAVAN SREENIVAS 154 NORTHFIFLD ROAD BRIDGEWATER, NJ 08807

9. Main Business Address:

1 WOODS EDGE ROBBINSVILLE, NJ 08691 3098

Signatures:

PAGEAVAN SREENLYAS

### NEW SERSES DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES

# CERTIFICATE OF INC, (NON PROFIT)

# PARAKALA LAKSHMIHAYAGRIVA MISSION, USA, INC.

CARRETTER



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 25th day of July, 2014

ARETH F SIGNMON-ENSIVE

State Frequerer

Certification= 133903268

Verify this certificate at bups / www listate at us TYTR StandargCert/ISP/Verify Cert.pp