#### 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 Resident Name VIJA / RAGINAVATURE DIRECTOR Date 12/10/23

#### 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 Name Title Director Secretary 12/8/23



#### 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) 432-2421

Ranga Raj Director & Treasurer Tel: (310) 251-1557 Bharath Srivatsa Director & Member Tel: (404) 679-4542

Date: 12/10/2023

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

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 2022: Parakala Lakshmihayagriva Mission USA, Inc.

Our organization core functions are run by unpaid volunteers who are spread across the USA and due to various circumstances and time constraints, we did not comply to the 6/30/2023 renewal date. However, we did file the IRS 990 form on time before 5/31 timeline for Fiscal year 2022.

Going forward, we will our best and change a few aspects within our management processes to make sure both the IRS 990 Form filing and also the renewal process for NJ consumer affairs are done 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.

1.	This statement contains the facts and financial info	rmation for the fiscal	year ending:		रे०वेवे	
2.	Federal ID Number (EIN) 47-1247265	2a. N.J. Charities R	egistration Numl	month day per: CH3_7	year 72110	00
3.	Full legal name of the registering organization:	la Lakshmi	Hayagriva	Missim, 1	USA J	INC
	In care of: (if necessary, otherwise leave this line b	lank)				
4.	Mailing Address: 154 Northfield Roa	d Bridgewa	ter NJ	08807	☐ Chan	ige of Address
	Direct / Montess	Chy	State	ZIPCode		
NO	TE: If " in care of," a postal, private or rural delivery	mail box number is	used, the street ac	idress of the cha	rity must	be given below.
5.	The principal street address of the registering array	igntion				
٦.	The principal street address of the registering organ Same as Mailing Address		treet Address	City	State	ZIP Code
6.	Does the organization have any offices in New Jers If "Yes," attach a list giving the street address and	ey in addition to the telephone number of	one listed above each office in N	? ew Jersey.		Yes No
6a.	If the street address listed above is not where the orgoffice in New Jersey, indicate the name, full address, records, and to whom correspondence should be address.	phone and fax numb dressed.	er of the person h	aving custody of	tion does f the of the	not maintain an e organization's
¥	ijay Raghavan, 28413, NE 138th	Street address	Juval	1 W F		ZIP Code
	425-466-2222	outer andress	City	State	•	Zir Cock
	Telephone number (include area code)	Fax number (include are	code)			
7.	Organization's contact information:					
	425-466-2222					
\	Telephone number (include area code)  Telephone number (include area code)	Fax number (include area c	alamathan	n.org		
8.	Type of organization (check one):					
	✓ Nonprofit corporation ☐ Foundation ☐ Partnership ☐ Trust	☐ Indivi ☐ Other	dual [	Association		Society

	Where and when was the organization legally established? Date: $\frac{7/25/2014}{}$ State:	LN	
	As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organizationstrument 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 beginning.	zation's b ment of a	ssociation,
0.	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
1.	Does the organization intend to solicit contributions from the general public?	Yes	□No
	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	₽No
3.	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	No n one.
	What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separ registration.  — Please See attached —		_
	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.  Please See attached	te statem	ent to this
	already exists or is planned. Only major program categories need be listed. If necessary, attach a separate	te statem  □ Yes	ent to this
5. 5a.	already exists or is planned. Only major program categories need be listed. If necessary, attach a separa registration.  Please See attached  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 fund-raiser(s).	☐ Yes	EVNo telephone
<ul><li>5a.</li><li>6.</li></ul>	already exists or is planned. Only major program categories need be listed. If necessary, attach a separa registration.  Pleage See attached  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 funumber, fax number, registration number in New Jersey, and a contact person's name.  Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's If "Yes," please describe the situation.  Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial cofiscal year-end being reported?	☐ Yes If address  's funds? ☐ Yes	No telephone
<ul><li>5a.</li><li>6.</li></ul>	already exists or is planned. Only major program categories need be listed. If necessary, attach a separa registration.  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 funumber, fax number, registration number in New Jersey, and a contact person's name.  Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's lf "Yes," please describe the situation.  Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co	☐ Yes If address If yes ☐ Yes ☐ Yes ☐ Yes	No telephone
<ul><li>5a.</li><li>6.</li></ul>	already exists or is planned. Only major program categories need be listed. If necessary, attach a separa registration.  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 fund number, fax number, registration number in New Jersey, and a contact person's name.  Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization' If "Yes," please describe the situation.  Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial cofiscal year-end being reported?  If "Yes," please explain:  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 If address  's funds? ☐ Yes  -venturer ☐ Yes	No telephone
<ul><li>5a.</li><li>6.</li></ul>	already exists or is planned. Only major program categories need be listed. If necessary, attach a separa registration.  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 fundmber, fax number, registration number in New Jersey, and a contact person's name.  Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization' If "Yes," please describe the situation.  Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial cofiscal year-end being reported? If "Yes," please explain:  Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)	☐ Yes If address If serventurer ☐ Yes	No telephone  MNo  during the MNo

or agreement (including, but mission of liability) with any Yes No een found to have engaged in een enjoined from soliciting Yes No rt order, administrative order, the matter.  Ye staff employees ever been gulated under this act or any adversely to the registrant's e or any similar disposition
een enjoined from soliciting  Yes No rt order, administrative order, the matter.  Ye staff employees ever been gulated under this act or any adversely to the registrant's
gulated under this act or any adversely to the registrant's
□Yes ☑No
ployees been adjudged liable es of this question a judgment on that the individual engaged ble assets.  Yes No or other documents indicating
compensated executive staff
Salary "No"
Director/rp "No"
Pasurer "No"
rectorceretary "NO"
Directo "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 of	a Lakshmi Hayappiva Missim, USA			
Fiscal year-end being reported: 12 /31 / 2022 Federal ID Number (EIN) 47 - 124765				
Mailing address:  154 Northfie  Mailing Address	ld Road Boildge water, NJ - 08807 P.O. Hollminumber or Soute	ZIP code		
	ng organization: — Same as above —	/JP Code		
New Jersey Charities Registr	ation number: CH 378 11 -00 Telephone number: 908-4-32-2			
forms. Attach a copy if the o	nost recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has rganization's annual financial report included an audited financial statement, or if the organization of \$500,000. Note: If the organization received gross revenue of less than certified by the organization's president or other authorized officer of the organization's be	ganization \$500,000,		
☐ In lieu of completing the CI indicated above.	RI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fisc	al year-end		
A. Receipts				
	Support received from the following sources:			
Line Ala. Direct Public (1)	Direct mail			
(2)	Telephone solicitation			
(3)	Commercial co-venture			
(4)	Gross receipts from fund-raising events			
• •	Canisters, counter cards, door to door etc			
(5) (6)	Corporations and other businesses			
(7)	Foundations and trusts			
(8)	Donated land, buildings, property, equipment and			
(8)	materials			
(9)	Legacies and bequests			
(10)	Membership dues solely resulting from			
(10)				
(11)	Solicitations			
Line Alb. Total Direct P	ublic Support (add lines A1a(1) through A1a(11) 155, 4)			
Line Alc. 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 A1d. Total Indirect	Public Support (add lines Alc(1) thru A1c(3))			
Line Ale. Total Gross	Contributions (add lines Alb and Ald)			

Line A2. Gov	enument grants including purchase of service contracts (specify age a. b. c.	ncy)
Line A2e. Tota	d.  I Government Grants (add lincs 2a thru 2d)	
Line A3. Oth	er Support	
lina 42a Tas	a. Bona fide membership b. Program service revenue c. Professional services rendered by volunteers d. Miscellaneous income (specify)	
	al Other Support (add the total of lines A3a thru A3d)	
Line A4. Tot	nl Gross Revenue (add lines Ale, A2e and A3e)	155,411
B. Expenses		
Line B1. Line B2. Line B3. Line B4. Line B5.	Program expenses.  Management and general expenses.  Fund-raising expenses.  Payments to state/national affiliates (if applicable)  Total Expenses (add the totals of line B1 thru B4)	25 513 34,741 60,254
C. Excess or For the fiscal y	Deficit rear-end (subtract line B5 from line A4)	95,157
D. Fund Bala	nnce	
Line D1. Line D2. Line D3.	Net assets or fund balances at beginning of year  Other changes in net assets or fund balances (attach explanation)  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/ocp/charities.htm">http://www.njconsumeraffairs.gov/ocp/charities.htm</a>.

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

	Organization's Name: Parakala Lakshini Hayagriva Missim, USA, Inc		
	N.J. Charities Registration Number: CH - 37211 -00 Federal ID Number (EIN)		
	Fiscal Year-End being reported: 12 / 20 22		
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		
	c. any chief executive employee any other and the state of the state o		
	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 with more than two (2)  d. If you answered "Yes," to questions 24e became also an also are released to the organization?  Yes No		
163, to questions 24a, b, or c, please provide a statement explaining these relationships.			
	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.		
	or any supplier or vendor providing goods or consist of independent paid fund-raiser under contract 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.		
We u	nderstand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees		
pertin	nent regulations. We also understand that we may be required to provide additional information if requested.		
We he	creby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any		
Signa	ture Raghovan Spenivas Title Director Date 11/20/2023		
Signa	Name Rachavan Streetivas Title Director Date 11/20/2023		
	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 <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 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

Srinivas Khedam Director & Vice President Raghavan Sreenivas Director & Secretary

Ranga Raj Director & Treasurer

Bharath Srivatsa Director & Member

Director & President Tel: (425) 818-1956

Tel: (425) 445-4294

Director & Secretary Tel: (908) 393-2822

Tel: (310) 251-1557

1557 Tel: (404) 679-4542

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 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 halr 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.

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

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

#### PARAKALA LAKSHMIHAYAGRIVA MISSION, USA, INC.

#### 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
BHARATH SRIVATSA
1917 N.ATKIN DRIVE
ATLANTA, GA 30345

#### 8. Incorporators:

RAGHAVAN SREENIVAS 154 NORTHFIELD ROAD BRIDGEWATER, NJ 08807

#### 9. Main Business Address:

1 WOODS EDGE ROBBINSVILLE, NJ 08691 3098

#### Signatures:

RAGHAVAN SREENIVAS

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

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

## PARAKALA LAKSHMIHAYAGRIVA MISSION, USA, INC.

0400675686



Certification# 133003268

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 25th day of July, 2014

Andrew P Sidamon-Eristoff

State Treasurer