

Certification

Form CRI-1501, 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 Raghavan Sreenivas Name Raghavan Sreenivas Title Director/Secretary Date 06/28/2024

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 Vijayasharan Name VIJAYASHARAN Title PRESIDENT Date 06/28/2024



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: 6/28/2024

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 2023: Parakala Lakshmihayagriva Mission USA, Inc.

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 information for the fiscal year ending: 12 / 31 / 2023
month day year

2. Federal ID Number (EIN) 47- 1247265 2a. N.J. Charities Registration Number: CH- 3721100

3. Full legal name of the registering organization: Parakala Lakshmi Hayagriva Mission, USA Inc
 In care of: (if necessary, otherwise leave this line blank) _____

4. Mailing Address: 154 Northfield Road Bridgewater NJ 08807 Change of Address
Street Address City State ZIP Code

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.

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? 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.

Vijay Raghavan , 28413, NE 138th Place, Duvall WA 98019
Contact person Street address City State ZIP Code

425-466-2222 _____
Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:

425-466-2222 _____
Telephone number (include area code) Fax number (include area code)

vijaychak@hotmail.com _____
E-mail address Web site

www.parakalamatham.org

8. Type of organization (check one):

Nonprofit corporation Foundation Individual Association Society
 Partnership Trust Other (Specify) _____

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

Please 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.

Please 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 138th Place, Duvall, WA, 98019	425-466-2222	President	No
Srinivas Khedam	24201 SE, 10th Place, Sammamish, WA, 98075	425-445-4294	Director	No
Ranga Raj	26 Laconia St, Irvine, CA 92814	310-251-1557	Treasurer	No
Raghavan Sreenivas	154 Northfield Road, Bridgewater, NJ 08807	908-432-2421	Director/Secretary	No
Bharat Srivatsa	1917 N Akin DR, NE, Atlanta, GA 30245	678-491-9457	Director	No
Ranganath Srivatsa	10414 Kristens Mare Dr, Charlotte, NC 28272	917-379-7784	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 Lakshmi Hayagriva Mission, USA Inc</u>				
Fiscal year-end being reported: <u>12</u> / <u>31</u> / <u>2023</u>		Federal ID Number (EIN) <u>47-124765</u>		
Mailing address: <u>154 Northfield Road</u> <u>Bridgewater</u> <u>NJ</u> <u>08807</u>				
<small>Mailing Address</small>	<small>P.O. Box Number or Suite</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
Street address of the registering organization: <u>— Same as above —</u>				
<small>Street Address</small>		<small>City</small>	<small>State</small>	<small>ZIP Code</small>
New Jersey Charities Registration number: <u>CH 37211</u> <u>-00</u>		Telephone number: <u>908-432-2421</u>		
<small>(include area code)</small>				

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 A1a. 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.....	60,030
(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>(PAYPAL)</u>	40,904

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) 100,934

Line A1c. 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 A1c(1) thru A1c(3))..... —

Line A1e. Total Gross Contributions (add lines A1b and A1d) 100,934

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)..... INTEREST INCOME	1,005
Line A3e. Total Other Support (add the total of lines A3a thru A3d).....		1,005
Line A4. Total Gross Revenue (add lines A1e, A2e and A3e)		101,939

B. Expenses

Line B1.	Program expenses.....	26,051
Line B2.	Management and general expenses.....	29,958
Line B3.	Fund-raising expenses.....	
Line B4.	Payments to state/national affiliates (if applicable).....	
Line B5.	Total Expenses (add the totals of line B1 thru B4).....	56,009

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4)..... 45,930

D. Fund Balance

Line D1.	Net assets or fund balances at beginning of year.....	549,174
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) ...	595,104

Please Note: The amount of Gross Contributions (line A1e 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>Parakala Lakshmi Hayagriva Mission, USA Inc</u>		
N.J. Charities Registration Number: CII - <u>37211</u> -00	Federal ID Number (EIN) <u>47-1247265</u>	
Fiscal Year-End being reported: <u>12</u> / <u>31</u> / <u>2023</u>		
month day year		

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 [Handwritten Signature] Name VIJAY RAGHAVAN Title PRESIDENT Date 06/28/2024
 Signature [Handwritten Signature] Name Raghavan Sreenivas Title Director Date 06/28/2024

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 <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 लक्ष्मीहयग्रीव परब्रह्मणे नमः॥

॥श्रीमते भगवद् रामानुजाय नमः॥

॥श्रीमते निगमान्त महादेशिकाय नमः॥

॥श्रीमद अभिनव यागीश ब्रह्मतन्त्र स्वतन्त्र परकाल महादेशिकाय नमः॥

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 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

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 services 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 Brahmatastra 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 RAGHAVAN

Vijay Raghavan

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:

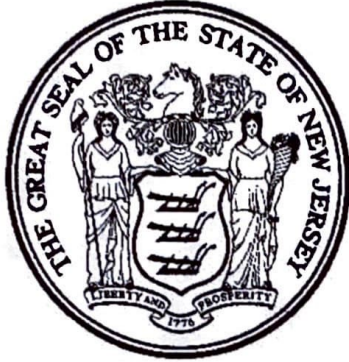
RAGHAVAN SREENIVAS

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*

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

Andrew P Sidamon-Eristoff

State Treasurer