

**** EFILE ONLY ****
2014 FORM 990-N SMALL EXEMPT ORGANIZATIONS ANNUAL E-POSTCARD

PARAKALA LAKSHMIHAYAGRIVA MISSION USA
47-1247265

Keep for your records

For calendar year 2014, or tax period beginning _____, and ending _____	
Name of Organization: PARAKALA LAKSHMIHAYAGRIVA MISSION USA	Employer Identification Number 47-1247265

Doing Business Name:

Street Address: 1 WOODS EDGE

City, State, and Zip code: ROBBINSVILLE NJ 08691

Telephone number: (425) 466-2222

Website address: WWW.PARAKALAMATHAM.ORG

Principal officer information:

Individual name: RAGHAVAN SREENIVAS

or

Business name:

Street Address: 1 WOODS EDGE

CLIENT COPY

U.S. Address of:

Zip code 08691

City ROBBINSVILLE

State NJ

or

Foreign Address:

City

Province or State

Country

Postal Code

Organization has terminated, or is terminating Yes No

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