FOR TAX YEAR 2020

PARAKALA LAKSHMIHAYAGRIVA MISSION USA

RCS Tax Solutions LLC 7220 Douglas Ave SE Snoqualmie, WA 98065 (425)830-1135

_	99	0		Datur	n of Ormonizati		-	-	Tax		OMB No. 1545-0047
Form	93	0		Retur	n of Organizatio	on Exempt r	-rom inc	ome	Tax		2020
			Unde	er section 501(c), 527, or 4947(a)(1) of	the Internal Reven	ue Code (ex	cept pr	ivate found	lations)	2020
Depar	ment of t	he Treasury		Do not	enter social security n	umbers on this for	m as it may	be mad	e public.		Open to Public
		le Service		► Got	o www.irs.gov/Form99	0 for instructions	and the late	st infor	mation.		Inspection
A F	or the	2020 calend	ar year,	or tax year be	ginning		, 2020 , a	Ind end	ing		, 20
B	heck if a	pplicable:	CN	Name of organizatior	PARAKALA LAKSHMI	IHAYAGRIVA MI	SSION US	А		D Emplo	oyer identification number
<u> </u>	ddress c	hange	0	Doing business as							47-1247265
<u> </u>	lame cha	inge	٢	Number and street (c	r P.O. box if mail is not delivered	d to street address)		Room/su	uite	E Telepl	hone number
<u> </u>	nitial retu	m	15	4 NORTHFIE	LD ROAD						(908)393-2822
E F	inal retur	n/terminated	C	City or town, state or	province, country, and ZIP or fo	reign postal code				G Gross	s receipts
<u> </u>	mended	return	BR	IDGEWATER,	NJ 08807					\$	87,053
<u> </u>	pplication	n pending	F١	Name and address o	f principal officer:				H(a) Is this a	group return f	for subordinates? Yes X No
						_			H(b) Are all	subordinate	es included? Yes No
<u> 1</u>	ax-exem	pt status: X	501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or	527		lf "No,"	attach a lis	st. See instructions
JΝ	Vebsite:			KALAMATHAM	ORG	1			H(c) Group	exemption	number 🕨
		rganization: X	Corporati	ion Trust	Association 🗌 Other 🕨		L Year of format	ion: 20	14 M	State of leg	al domicile: NJ
Pa	rt I	Summar	у								
	1	Briefly descr	ibe the c	organization's m	ission or most significant	activities: <u>TO I</u>	PROVIDE S	ERVIC	E AND F	ERFOR	M ACTIVITIES TO
-		MANY DEV	OTEES	IN THE FO	RM OF SEVA DINAM	M PROGRAM ANI	SUPPORT	ING 1	HE MANA	GEMEN	T OF ACTIVITIES O
nce		OUR PARE	NT IN	STITUTION	OF PARAKALA MUT	r and it's br	RANCHES I	N INC	IA THRC	UGH GI	RANTS.
Governance											
vel	2	Check this bo	ox ► 🗌	if the organization	tion discontinued its oper	ations or disposed	of more than	25% of	its net asse	ets.	
ള	3				overning body (Part VI, li					1 1	5
<u>م</u>	4		-	-	pers of the governing bo						0
Activities &	5		•	0	d in calendar year 2020 (5	0
ť	6			inteers (estimate						6	U
Ac					om Part VIII, column (C),					. 7a	0
					me from Form 990-T, Pa			••••		. 7a . 7b	0
		Net unrelate			me nomi i onn 330-1,1 a				 Dries Vees	1	
		Contributions	ond ar	onto (Dort \/III li	no 1h)				Prior Year		Current Year
•			-		ne 1h)				22.	L,494	87,053
nu	9	•			line 2g)						0
Revenue	10		`	,	n (A), lines 3, 4, and 7d)						0
Å	11				, lines 5, 6d, 8c, 9c, 10c,		• • • • • •				0
	12				1 (must equal Part VIII, o				223	L,494	87,053
	13				art IX, column (A), lines 1	-3)	• • • • • •	·	3:	2,855	6,339
	14				t IX, column (A), line 4)	•••••	• • • • • •	·			2,000
6			•		yee benefits (Part IX, col			•			20,217
Expenses					X, column (A), line 11e)				18	3,678	0
per					column (D), line 25) ►						
й	17	•			, lines 11a-11d, 11f-24e)				2'	7,955	24,468
	18	Total expens	es. Add	d lines 13-17 (m	ust equal Part IX, column	n (A), line 25)			79	9,488	53,024
	19	Revenue les	s expen	ses. Subtract li	ne 18 from line 12				14:	2,006	34,029
۲.								_	inning of Curr	ent Year	End of Year
Net Assets or Fund Balances	20	Total assets	(Part X,	line 16)					42	7,113	461,142
Ass	21	Total liabilitie	es (Part	X, line 26)	,						0
Pet	22	Net assets o	r fund b	alances. Subtra	act line 21 from line 20 .				42	7,113	461,142
Pa	rt II	Signatu	re Blo	ock							
Unde	r penaltie	es of perjury, I dec	lare that I	have examined this	return, including accompanying	schedules and statements	s, and to the best	of my kno	wledge and be	lief, it is	
true,	correct, a	and complete. Dec	claration of	r preparer (other than	officer) is based on all informat	ion of which preparer has	any knowledge.				
		VIJA	Y RAG	HAVAN							05-18-2021
Sig	n		e of officer							Dat	
Her	e	VIJA	Y RAG	HAVAN, PRE	SIDENT						
	-		print name	-							
		Print/Type pre			Preparer's signature		Date		Check	if	PTIN
Pai	4					+hivol		21			
	a parer			Senthivel	Rajachitra Ser	ICHTAGT	08-05-20		self-en	ipioyea	P00921645
			<u> </u>		x Solutions LLC				Firm's EIN 🕨		
USE	Only	Firm's address	s 🕨		ouglas Ave SE				Phone no.	4.5-	
					1mie WA 98065						830-1135
May	the IRS	o discuss this	return w	vith the preparer	shown above? (see inst	ructions)					X Yes 🔄 No

				onoqua			000
May the IDC	diaguag	this roturn	with the	nronoror	ahaun	ahayaa	(accinctructions)
may the IRS	aiscuss	this return	with the	preparer	snown	above?	(see instructions)

Form	1990 (2020) PARAKALA LAKSHMIHAYAGRIVA MISSION USA 47-2	L247265	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO PROVIDE SERVICE AND PERFORM ACTIVITIES TO MANY DEVOTEES IN THE FORM OF SEVA DI		
	SUPPORTING THE MANAGEMENT OF ACTIVITIES OF OUR PARENT INSTITUTION OF PARAKALA MUT	T AND I	r's
	BRANCHES IN INDIA THROUGH GRANTS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	Yes 2	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$48,459 including grants of \$6,338) (Revenue \$)
	DOLAI SERVICE IN AND AROUND CHARLOTTE ASHRAM.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			/
•			
4d	Other program services (Describe on Schedule O.)		
1-	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses 48,459		

Pa	art IV Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	. 1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	. 2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	. 5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	. 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			1
-	or in quasi endowments? If "Yes," complete Schedule D, Part V	. 10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
2	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	. 11a		x
ŀ	 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 	·		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		x
	c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. 11c		x
	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			A
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d		x
-	 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 			x
f				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 11f		x
12a				
120	Schedule D, Parts XI and XII	. 12a		x
b		. 120		
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			x
14a				x
b		. <u>1</u>	1	-
J	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. 14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	. 15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	. 15		<u>+</u>
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		v
17		. 10		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		v
12	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	. 17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines 1c and 832 if "Ves." complete Schedule C. Part II	10		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	X	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
~~				X
20 a				x
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. <u>20</u> b		+
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		X

PARAKALA LAKSHMIHAYAGRIVA MISSION USA

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Form 990 (2020)

		7-12472	65	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?	• • • • •	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I	• • • • •	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part				
	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV.		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
~ /	conservation contributions? If "Yes," complete Schedule M	••••	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	• • • • •	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
~~	complete Schedule N, Part II	• • • • •	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	• • • • •	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		24		
250	or IV, and Part V, line 1		34		
35a			35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		256		
26	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		26		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	• • • • •	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		27		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		20		
Der	19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance		38	x	
Par					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>			
10	Enter the number reported in Roy 3 of Form 1006 Enter 0 if not applicable	~		Yes	No
1a ⊾	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	-		
b		0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		10	x	
		••••	10	•	

Form 990 (2020) PARAKALA LAKSHMIHAYAGRIVA MISSION USA 47-1247265								
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	<u> </u>				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x				
b	If "Yes," enter the name of the foreign country							
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x				
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6 -						
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch						
7	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		v				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		x				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10						
C	required to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year	10						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8		x				
9	Sponsoring organizations maintaining donor advised funds.	-						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		 				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
	If "Yes," complete Form 4720, Schedule O.							

Form	990 (2020) PARAKALA LAKSHMIHAYAGRIVA MISSION USA 47-12472	265	Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	IS.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			~
14	one or more members of the governing body?	7a		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	10		х
D	stockholders, or persons other than the governing body?	7b		v
0	Did the organization contemporaneously document the meetings held or written actions undertaken during	70		x
8				
-	the year by the following:	00		
a ⊾	The governing body?	8a 01-	X	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9		9		
800	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
560	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		N	N -
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		х
b		106		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a		
11a ⊾	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	TIA	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120	v	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120	х	
С		100		
40	describe in Schedule O how this was done			x
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		х
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed North Carolina, New Jersey			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

Form 990 (20	20) PARAKALA LAKSHMIHAYAGRIVA MISSION USA	47-1247265	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employee	s, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with c	or within the	

organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

x Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

			((C)			
(A)	(B)			sition	(D)	(E)	(F)
Name and title	Average			nore than one rson is both an	Reportable	Reportable	Estimated amount
	hours			rector/trustee)	compensation	compensation	of other
	per week				from the	from related	compensation
	(list any	Inc	O ff	High	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	Institutional trustee Individual trustee or director	Officer	Highest compensated employee Key employee	(W-2/1099-MISC)		related organizations
	organizations	ona Jal ti Stor		t cor			
	below	trus		nper			
	dotted line)	e tee		nsate			
				ä			
(1) BHARATH SRIVATSA	2.00						
			x		0	o	0
DIRECTOR	2.00		^		0	0	0
(2) SRINIVAS KHEDAM	<u>2.0</u> 0						
DIRECTOR			x		0	0	0
(3) RANGA RAJ	2.00						
TREASURER			x		0	0	0
(4) VIJAY RAGHAVAN	<u>3.0</u> 0						
PRESIDENT			X		0	0	0
(5) RAGHAVAN_SREENIVAS	2.00						
SECRETARY			X		0	0	0
<u>(6)</u>							
[7]							
(8)							
(8)							
(9)							
(9)							
(10)							
<u>(10)</u>							
(11)							
<u>(11)</u>							
(12)							
<u>(12)</u>							
<u>(13)</u>							
<u>\``'/</u>							
(14)							
(14)							
	1						E arra 600 (0000)

	990 (2020) PARAKALA LAKSHMII	HAYAGRIVA	MIS	SIO	Ν	JSA				47-12	47265	Р	age 8
Part	VII Section A. Officers, Directors, Truste	es, Key Emp	oloyee	s, an	nd H	igh	est Co	omp	ensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box	unles er and	Pos eck m is per	son is	han one s both ar /trustee Highest compensated	n)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	cc	(F) mated am of other ompensati from the anization ed organiz	ion and
		below dotted line)	ustee	trustee		'ee	npensated	-					
(15)													
(16)													
<u>(17)</u>													
(18)													
(19)		·											
(20)													
(21)		·											
(22)		·											
(23)						-							
(24)													
(25)													
1b	Subtotal				•••		•••	· •					
C L	Total from continuation sheets to Part VII, Sec		• • •		•••	••	•••	• •					•
d 2	Total (add lines 1b and 1c))		0
-	reportable compensation from the organization		10100 0	0010	.,			u m					0
												Yes	No
3	Did the organization list any former officer, direct		•				-		•				
	employee on line 1a? If "Yes," complete Schedu										. 3		x
4	For any individual listed on line 1a, is the sum of r organization and related organizations greater th												
	individual										. 4		x
5	Did any person listed on line 1a receive or accrue												
	for services rendered to the organization? If "Ye	s," complete	Sched	lule J	l for	suc	h pers	son			. 5		х
	on B. Independent Contractors												
1	Complete this table for your five highest compensation												
	compensation from the organization. Report com (A)	pensation for	ine ca	enua	ar ye	are	inuing	With	(B)		(C)		
	Name and business addre	SS							Description of service	es	Compen		
								-					
2	Total number of independent contractors (includin	ng but not lim	ited to	those	e list	ted a	above) wh	0				

received more than \$100,000 of compensation from the organization

Form 9		20) PARAKALA LAKSHMI	HAY/	AGRIVA MISSIC	ON USA		47-12472	65 Page 9
Part	VIII	Statement of Revenue						
		Check if Schedule O contains a response	e or n	ote to any line in thi	s Part VIII	••••••		<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
	b	Membership dues	1b					
ants unts	с	Fundraising events	1c	82,963				
มียี	d	Related organizations	1d					
3ifts ar A	е	Government grants (contributions)	1e	4,090				
inil, C	f	All other contributions, gifts, grants,						
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above	1f					
oth Oth	g	Noncash contributions included in	_					
and		lines 1a-1f	1g					
	n	Total. Add lines 1a-1f			87,053			
	20			Business Code				
e	2a b							
ue vi	C C							
Program Service Revenue	d							
grar Rev	e							
Pro	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
		Investment income (including dividends, inte						
		other similar amounts)						
	4	Income from investment of tax-exempt bond	•					
	5	Royalties		· · · · · · • • •				
		(i) Real		(ii) Personal				
		Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)		(ii) Other				
	7a	Gross amount from (i) Securities sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
ð		and sales expenses 7b						
enu	с	Gain or (loss) 7c						
Rev	d	Net gain or (loss)		≻				
Other Revenue		Gross income from fundraising						
đ		events (not including \$ 82,963						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
		Less: direct expenses	8b	1				
		Net income or (loss) from fundraising events	\$. _	•••••				
	9a	Gross income from gaming activities, See Part IV, line 19	9a					
	h	Less: direct expenses	9a 9b					
		Net income or (loss) from gaming activities		· · · · · · ►				
	TUa	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
		Net income or (loss) from sales of inventory						
				Business Code				
SU	11a							
ano	b							
sells	c							
Miscellanous Revenue		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			87,053	0	0	0

PARAKALA LAKSHMIHAYAGRIVA MISSION USA

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all o	columns. All other orga	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	6,339	6,339		
4	Benefits paid to or for members	2,000	2,000		
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	13,829	13,829		
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,000	2,000		
10		4,388	4,388		
11	Fees for services (nonemployees): Management				
a b					
c		480		480	
d		400		400	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
y	(A) amount, list line 11g expenses on Schedule O.)	1,070		1,070	
12	Advertising and promotion	1,070		1,070	
13	Office expenses	791		791	
14	Information technology	615		615	
15	Royalties	015		010	
16	Occupancy				
17	Travel	1,609			1,609
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PLACE OF WORSHIP EXP	19,903	19,903		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	53,024	48,459	2,956	1,609
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here 🕞 🗌 if				
	following SOP 98-2 (ASC 958-720)				

Form	990 (20	20) PARAKALA LAKSHMIHAYAGRIVA MISSION USA	47	7-124726	5 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	<u></u>	<u></u> .	<u></u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	427,113	1	461,142
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	427,113	16	461,142
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
nc.	27	Net assets without donor restrictions	427,113	27	461,142
3ala	28	Net assets with donor restrictions		28	
Б		Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ast	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	427,113	32	461,142
	33	Total liabilities and net assets/fund balances	427,113	33	461,142
EEA					Form 990 (2020)

Form	990 (2020) PARAKALA LAKSHMIHAYAGRIVA MISSION USA	47-124726	5	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		87,	053
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		53,	024
3	Revenue less expenses. Subtract line 2 from line 1	. 3		34,	029
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		427,	113
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10		461,	142
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: 🕱 Cash 🛛 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2020)

			I					I	OMB No. 1545-0047
	SCHEDULE A Public Charity Status and Public Support (Form 990 or 990-EZ)					t	2020		
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable t						exempt charitable trus			
		of the Treasury enue Service	► Got		to Form 990 or Form orm990 for instructions		atest info	rmation	Open to Public Inspection
		e organization	P 601	.0 www.iis.gov/i c			atest mito	Employer identifica	•
		-	HAYAGRIVA MISS	ION USA				47-12472	
_	rt I				rganizations must c	complete	this par		
The	orga				s 1 through 12, check onl			,	
1	Х	A church, con	vention of churches, or	association of chu	urches described in sect	ion 170(b))(1)(A)(i).		
2		A school desc	ribed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)		
3		A hospital or a	a cooperative hospital	service organizatio	n described in section 1	70(b)(1)(A	()(iii).		
4		A medical rese	earch organization ope	erated in conjunctio	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
	_	hospital's nam	e, city, and state:						
5		An organizatio	on operated for the ben	efit of a college or u	university owned or opera	ated by a g	governmen	tal unit described in	
		•	b)(1)(A)(iv). (Complete						
6	Ц		•	•	init described in section				
7		0		•	t of its support from a gov	vernmental	unit or froi	m the general public	
_			ection 170(b)(1)(A)(vi	, , ,	,				
8		•	trust described in sect		,				
9		•	•		ion 170(b)(1)(A)(ix) ope			-	ege
		-	r a non-land-grant colle	ege of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	e of the college or	
40		university:	n that narmally reasing	a: (1) mars than 20	1/20/ of its support from	o oontributi	ana mamb	archip face and gree	
10		•	•	. ,	3 1/3% of its support from subject to certain excepti				5
		•							
					siness taxable income (le			Iom businesses	
			•		section 509(a)(2). (Com				
11		•	•	•	test for public safety. Se				
12		-		-	the benefit of, to perform				
				•	bed in section 509(a)(1)				
	•		-		he type of supporting orga				-
	а				vised, or controlled by its appoint or elect a major		-		ang
			•		IV, Sections A and B.				
	b				ontrolled in connection w	ith ite euor	orted orac	nization(s) by baying	n
	D				on vested in the same pe		-		-
			on(s). You must com			13013 1141		nanage the supported	4
	с				anization operated in cor	nnection w	vith and fu	nctionally integrated y	with
	U				u must complete Part l				with,
	d		-		g organization operated i				on(s)
	ŭ				generally must satisfy a d				
					e Part IV, Sections A a				-
	е				determination from the IF			Type II. Type III	
		—			ntegrated supporting orga)		
	f								
	g		lowing information abo						
	- (i	i) Name of supported	d organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10		ir governing	support (see	other support (see
					above (see instructions))	docum		instructions)	instructions)
						Yes	No		
(^									
(A)									
(B)									
(C)									

(D)

(E)

	,	LAKSHMIHAYA				47-124726	<u>v</u>
Pa	art II Support Schedule for Organiza						
	(Complete only if you checked th						ify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, ple	ease complet	te Part III.)	
	ction A. Public Support						
	lendar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
	lendar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10							
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10.						
	Gross receipts from related activities, etc. (s	ee instructions)			12	
	First five years. If the Form 990 is for the or)(3)
-	organization, check this box and stop here						
Se	ction C. Computation of Public Suppo	rt Percentag	e				<u> </u>
	Public support percentage for 2020 (line 6, c			column (f)) .		14	%
	Public support percentage from 2019 Sched					15	%
	a 33 1/3% support test - 2020. If the organiza					% or more, che	ck this
	box and stop here. The organization qualified	es as a publicly	v supported org	panization			· · · · ► 🗌
I	o 33 1/3% support test - 2019. If the organiza	ation did not ch	eck a box on li	ne 13 or 16a, a	and line 15 is 3	3 1/3% or more	
	this box and stop here. The organization qu	alifies as a put	olicly supported	d organization			· · · · ►
17a	a 10%-facts-and-circumstances test - 2020.	If the organiza	ation did not ch	ieck a box on li	ne 13, 16a, or	16b, and line 1	
	10% or more, and if the organization meets	the facts-and-c	ircumstances t	test, check this	box and stop	here. Explain in	า
	Part VI how the organization meets the facts				-		
	organization			-			_
I	o 10%-facts-and-circumstances test - 2019.	If the organiza	ation did not ch	eck a box on li	ne 13, 16a, 16	b, or 17a, and I	ine —
	15 is 10% or more, and if the organization m	eets the facts-	and-circumsta	nces test, chec	k this box and	stop here. Exp	olain
	in Part VI how the organization meets the factor	cts-and-circum	stances test. T	he organizatio	n qualifies as a	a publicly suppo	orted
	organization						ト 🗌
18	Private foundation. If the organization did r						
	instructions						► 🔲

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only fly our checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) - (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total I dits, grants, combustors, and methership lees methods and or services performed, or facilities methods and or services performed, or facilities methods and or services performed, or facilities furnished by a governmental unit to the organization schedit and ether paid to or services or facilities furnished by a governmental unit to the organization of intervices or Statistics for mothoding and method on lines 1.2, and 3 received from discualified persons	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. Bection A. Public Support Calendar year (or fiscal year beginning in)- teatward (nary activity relations), mechanids add or services parterned or facilities threshed (nary activity relations), mechanids add or services parterned or facilities threshed (nary activity relations), mechanids add or services parterned or facilities threshed (nary activity relations), mechanids add or services thresh and relation of the unrelated trade to business under section 513. (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 3 Gross receipts from advices that are not an unrelated trade to busines under section 513. (a) 2016 (b) 2017 (c) 2018 (d) 2019 (o) 2020 (f) Total 4 Tax revenue low of on the section flag. (a) 2016 (b) 2017 (c) 2018 (d) 2019 (o) 2020 (f) Total 5 The value of services or facilities turnished by a governmental unit to the organization without charge (a) 2016 (b) 2017 (c) 2018 (d) 2019 (o) 2020 (f) Total 6 Add lines 1 houghts 1	Sche			GRIVA MISS			47-124726	5 Page 3
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If the organization fails to qualify under the tests listed below, please complete Part II.) Calendar year (or fiscal year beginning in) - Gills gards, or the state of the organization's based in the state of the organization without charge	If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in)+ Gite, grans, contraduces, and mechanical environmentary lens reserved. (Donal inclute any 'unusual grans.) Caross receips from admission, mechanical and additional environmentary lens additional environmen		(Complete only if you checked t	he box on line	e 10 of Part I	or if the orga	nization failed	d to qualify und	ler Part II.
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	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions •	20		-	-	-	-		

Part	A (Form 990 or 990-EZ) 2020 PARAKALA LAKSHMIHAYAGRIVA MISSION USA 47-12472	-		age 4
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	I, com	plete	
ecti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3c		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) now the action was accomplished (such as by amendment to the organizing document).	5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	_		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990 or 990-EZ) 2020 PARAKALA LAKSHMIHAYAGRIVA MISSION USA	47-1247265	P	age 5
Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11	b and		
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, p	rovide		
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or	ne or		
more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of	ficers		

- more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a D The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

1

2

1

3

Yes No

Sched	Iule A (Form 990 or 990-EZ) 2020 PARAKALA LAKSHMIHAYAGRIVA MISSION USA		47-1247	265	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org				
1	Check here if the organization satisfied the Integral Part Test as a qualifying to				
	instructions. All other Type III non-functionally integrated supporting organization	atior	is must complete Section	-	
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Curre (optic	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Se	ction B - Minimum Asset Amount	·	(A) Prior Year	(B) Curre (optic	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Se	ction C - Distributable Amount			Curren	t Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally in	nteg	rated Type III supporting	organization	
	(see instructions).				

	Ile A (Form 990 or 990-EZ) 2020 PARAKALA LAKSHMIHAYAGRIVA				7265 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zations (continue	d)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - pr	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	organization is respons	sive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributio	ne	(iii) Distributable
000		Excess Distributions	Pre-2020		Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		F16-2020		Amount for 2020
	Underdistributions, if any, for years prior to 2020			-	
2	(reasonable cause required - <i>explain in Part VI</i>). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
	France 0045				
	From 2015				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount			_	
	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
•	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
_е	Excess from 2020				
FFA				Schoo	ule A (Form 990 or 990-EZ) 2020

Schedule A (For	m 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE F (Form 990)	Statement of Activities Outside the United States	s	OMB No. 1545-0047	
(► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 7	16.	2020	
Department of the Treasury	► Attach to Form 990.		Open to Public	
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection	
Name of the organization		Employer i	identification number	
PARAKALA LAKSHMI	IHAYAGRIVA MISSION USA	47-124	7265	
Part I General	Information on Activities Outside the United States. Complete if the organization a	answere	d "Yes" on	
Form 99	0, Part IV, line 14b.			
1 For grantmake	rs. Does the organization maintain records to substantiate the amount of its grants and			
other assistance	, the grantees' eligibility for the grants or assistance, and the selection criteria used to			
award the grants	s or assistance?		. 🗌 Yes 🗌 No	
2 For grantmake	rs. Describe in Part V the organization's procedures for monitoring the use of its grants and other	r assistan	ICE	

outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	rieuniaee per riegiena (rine renen			preated in data literial op dee ie ii		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)	•					
(9)						
(10)						
<u>(11)</u>						
<u>(12)</u>						
<u>(</u> 13)						
<u>(</u> 14)						
<u>(</u> 15)						
<u>(</u> 16)						
<u>(17)</u>						
3a	Subtotal					
b	Total from continuation					
	sheets to Part I					
с	Totals (add lines 3a and 3b)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE						
(1)			PACIFIC	CONSTRUCTION	6,338	WIRE			FAIR MARKE
(2)									
(3)									
(4)					2				
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
e	exempt 501(c)(3) organizatio	on by the IRS, or for whic	ove that are recognized as charit h the grantee or counsel has prov	vided a section 501(c)	(3) equivalency letter.				
EEA		-						Schedu	e F (Form 990) 2020

Schedule F (Form 990) 2020 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Part II

PARAKALA LAKSHMIHAYAGRIVA MISSION USA

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

47-1247265

Page 2

Schedule F (Form 990) 2020

EEA

PARAKALA LAKSHMIHAYAGRIVA MISSION USA

Page 3

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV,
				dissuredition	accionance		appraisal, other)
)							
)							
)							
)							
)							
)							
)							
)							<u> </u>

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 PARAKALA LAKSHMIHAYAGRIVA MISSION USA

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	5	a
	Corporation (see Instructions for Form 926)	es 🛛	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	es X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	es X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	es X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	es 🏻	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	es X	No
EEA	Schedule	F (Form	990) 2020

Page 4

47-1247265

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;
	amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and
	Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
	information. See instructions.

SCHEDULE G	Supplemen	tal Informatio	on Regard	ling Fund	raising or Gar	ning Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete	organization ente	ered more that	ın \$15,000 on	990, Part IV, line 17, Form 990-EZ, line 6	18, or 19, or a.	if the	2020
Department of the Treasury Internal Revenue Service	►G	► At	tach to Form	990 or Form	990-EZ. nd the latest informa			Open to Public Inspection
Name of the organization							Employer id	entification number
PARAKALA LAKSHMIH								47265
	-	•	-		wered "Yes" or	Form 99	0, Part IV	, line 17.
		required to com						
 Indicate whether the a Aail solicitations 	organization rais	ed funds through a	·	-	f non-government g			
b Internet and email	solicitations				f government grants			
c 🗌 Phone solicitation	s		_		aising events			
d 🗌 In-person solicitati								
2a Did the organization		-	-		-		□,	
or key employees list b If "Yes," list the 10 hi				•	•			′es ∐ No
compensated at leas			nulaisets) p	uisuani to ay				
			1		T			1
(i) Name and address or entity (fundra		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(or re fundrais	ount paid to tained by) ser listed in ol. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8				÷				
9								
10								
「otal				►				
3 List all states in which	-	is registered or lic	ensed to sol	icit contributi	ons or has been no	tified it is ex	empt from	
registration or licensin	g.	-						

Schedule G (Form 990 or 990-EZ) 2020 PARAKALA LAKSHMIHAYAGRIVA MISSION	USA
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47-1247265 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DOLAI 2019	SEVA DINAM	1_	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Ð						
Revenue	1	Gross receipts				
Sev						
ш	2	Less: Contributions				
		Gross income (line 1 minus				
	3	,				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Se	6	Rent/facility costs				
en se						
xpe	7	Food and beverages				
ЦШ		°,				
Direct Expenses	8	Entertainment				
Δ	Ŭ					
	•	Other direct expenses				
	9	Other direct expenses				
	10	Direct expense summary. Add lines				
_	11	Net income summary. Subtract line	10 from line 3, column (d)			
Pa	rt II		-	Yes" on Form 990, Part	IV, line 19, or reported i	more than
	1	\$15,000 on Form 990-EZ,	line 6a.			
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue				bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
Я	1	Gross revenue				
	2	Cash prizes				
ses		· · ·				
ens	2					
ax I		Noncash prizes				
	3	Noncash prizes				
sct I						
Direct I	4	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Direct I						
Direct I	4	Rent/facility costs Other direct expenses	Yes%	Yes%	%	
Direct 1	4	Rent/facility costs	Yes% No	│ Yes% │ No	□ Yes% □ No	
Direct 1	4	Rent/facility costs Other direct expenses Volunteer labor	No	No	□ No	
Direct I	4	Rent/facility costs Other direct expenses	No	No	□ No	
Direct 1	4 5 6	Rent/facility costs Other direct expenses Volunteer labor	No	No	□ No	
Direct	4 5 6	Rent/facility costs Other direct expenses Volunteer labor	S 2 through 5 in column (d)	□ No	□ No	
Direct 1	4 5 6 7	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines	S 2 through 5 in column (d)	□ No	□ No	
	4 5 6 7 8	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subt	No	No	□ No	
9	4 5 6 7 8 En	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subt ther the state(s) in which the organization	No 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activi	No	□ No	Yes 🗌 No
9 a	4 5 7 8 En	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subt her the state(s) in which the organization the organization licensed to conduct o	No 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activities gaming activities in each of	No	□ No	Yes . No
9	4 5 7 8 En	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subt her the state(s) in which the organization the organization licensed to conduct o	No 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activi	No	□ No	Yes 🗌 No
9 a	4 5 7 8 En	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subt her the state(s) in which the organization the organization licensed to conduct o	No 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activities gaming activities in each of	No	□ No	Yes No
9 a b	4 5 7 8 En 1 Is 0 If	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subt hter the state(s) in which the organization the organization licensed to conduct of the organization 'No," explain:	No 5 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activities gaming activities in each of	No mn (d)	□ No	
9 a b	4 5 7 8 9 If "	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subt hter the state(s) in which the organization the organization licensed to conduct of the organization licensed to conduct of the organization	No 5 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activities gaming activities in each of	No mn (d)	□ No	Yes No
9 a b	4 5 7 8 9 If "	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subt hter the state(s) in which the organization the organization licensed to conduct of the organization 'No," explain:	No 5 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activities gaming activities in each of	No mn (d)	□ No	
9 a b	4 5 7 8 9 If "	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subt hter the state(s) in which the organization the organization licensed to conduct of the organization licensed to conduct of the organization	No 5 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activities gaming activities in each of	No mn (d)	□ No	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

20 20 **Open to Public**

OMB No. 1545-0047

Inspection Employer identification number

47-1247265

PARAKALA LAKSHMIHAYAGRIVA MISSION USA

01. Form 990 governing body review (Part VI, line 11)

THE OFFICERS REVIEW AND SIGN THE TAX RETURN BEFORE IT IS FILED WITH THE IRS.

02. Governing documents, etc, available to public (Part VI, line 19)

THE TAX RETURN IS AVAILABLE TO PUBLIC IF THEY REQUEST THE MANAGEMENT.

Form 8879-EO	for an	Signature Authorization Exempt Organization	ОМВ	No. 1545-0047
		ginning, and ending nd to the IRS. Keep for your records.		2020
Department of the Treasury		v/Form8879EO for the latest information.	-	-020
Internal Revenue Service Name of exempt organization or pe	•	WF01110073E0 for the latest information.	Taxpayer identification numbe	
	AYAGRIVA MISSION USA		47-1247265	
Name and title of officer or person s			1/-121/205	
VIJAY RAGHAVAN, P				
	eturn and Return Information	n (Whole Dollars Only)		
check the box on line 1a , 2 blank, then leave line 1b , 2 return, then enter -0- on th	ta, 3a, 4a, 5a, 6a, or 7a, below, and the set of the se		with this form was entered -0- on the	
1a Form 990 check here		orm 990, Part VIII, column (A), line 12)		
2a Form 990-EZ check h		/ (Form 990-EZ, line 9)		
3a Form 1120-POL check		1120-POL, line 22)		
4a Form 990-PF check here		tment income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here		8868, line 3c)		
6a Form 990-T check her 7a Form 4720 check here	= .	0, Part III, line 1)		
		on of Officer or Person Subject to		
		the above organization or I am a person subject to		
(name of organization)				
· · · _		, (EIN) and that I ha atements, and, to the best of my knowledge and		
		art I above is the amount shown on the copy of the		
•		r electronic return originator (ERO) to send the		
•	•	ason for rejection of the transmission, (b) the re		
		f applicable, I authorize the U.S. Treasury and		
		to the financial institution account indicated in t	-	
•		the financial institution to debit the entry to this a		
		888-353-4537 no later than 2 business days pr		
		d in the processing of the electronic payment of		
		e issues related to the payment. I have selected	•	
Identification number (PIN)	as my signature for the electronic retu	im and, if applicable, the consent to electronic fu	nus withurawai.	
PIN: check one box only				
X I authorize <u>RCS</u>	Tax Solutions LLC ERO firm name	to enter my PIN 47124 Enter five numbers, but do not enter all zeros	_ as my signature	
state agency(ies)		ndicated within this return that a copy of the return Fed/State program, I also authorize the aforeme		
electronically filed	retum. If I have indicated within this re	organization, I will enter my PIN as my signature tum that a copy of the retum is being filed with a n, I will enter my PIN on the retum's disclosure c	state agency(ies)	
Signature of officer or person subje	ct to tax 🕨	Date 🕨	05-18-2021	
	ion and Authentication		-	
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identificatio	DN		
•	your five-digit self-selected PIN.	910	577 62474	
· · · · · · · · · · · · · · · · · · ·			Do not enter all zeros	3
La suffra that the			ted share 1 - C	
•		ature on the 2020 electronically filed return indication of Park.		
-	•	ents of Pub. 4163 , Modernized e-File (MeF) Inf	ormation for Authorized	
IRS <i>e-file</i> Providers for Bu	Siness Returns.			
ERO's signature Raja	chitra Senthivel	Date 🕨	08-05-2021	
		in This Form - See Instructions		
		n to the IRS Unless Requested To I	Do So	
For Paperwork Reduction	Act Notice, see instructions.		Form 8	3879-ЕО (2020)

990	Overflow Statement		2020 Page 1
Name(s) as shown on return <u>PARAKALA LAKSH</u>	IMIHAYAGRIVA MISSION USA	FEIN	47-1247265
Description TAXES AND LICE	ENSE To	\$ tal: \$	Amount 1,070 1,070
Description PAYPAL FEES	То		Amount 791 791
Description WEB HOSTING	То	tal: \$	Amount 615 615

Г