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Form	330	

### EXTENDED TO AUGUST 15, 2016

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

A	For th	e 2015 calendar year, or tax year beginning and	ending			
B	Check if applicab	e: C Name of organization		D Employer identifie	cation number	
	Address         ALL INDIA MOVEMENT FOR SEVA, INC.           Name         Doing business as         11-3573392					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number			
	Final	570-	402-1244			
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,157,675.	
	Amen	SATLORSBORG, PA 10555		H(a) Is this a group re	eturn	
	Applie tion pendi	F name and address of principal officer: O ANE 1 F ADA			? Yes X No	
	•	° P.O. BOX 639, SAYLORSBURG, PA 18353		<b>H(b)</b> Are all subordinates in		
		empt status: $X 501(c)(3) 501(c) ( ) < (insert no.) 4947(a)(1) c$	or 🛄 527		list. (see instructions)	
-		te: WWW.AIMFORSEVA.ORG		H(c) Group exemption		
		forganization: X Corporation Trust Association Other	<b>L</b> Year (	of formation: 2000 N	State of legal domicile: NY	
Pa	art I	Summary				
9	1	Briefly describe the organization's mission or most significant activities: TO EI		EVERY CHIL	DACROSS	
an		INDIA THROUGH THE CONCEPT OF A FREE STUDI				
Governance	2	Check this box      if the organization discontinued its operations or disposed in the organization of the			_	
ğ	3				5	
ø	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	
ties	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			<u> </u>	
Activities &	6	Total number of volunteers (estimate if necessary)			0.	
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	a	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>			
		Contributions and grants (Dart)/III line 1b)		Prior Year 396, 427 •	Current Year 3,157,364.	
anc	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		67.	311.	
Å	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		396,494.	3,157,675.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,032,923.	2,433,593.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,913.	205,964.	
Expenses				0.	0.	
be	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	88.			
ŵ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		26,092.	309,338.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,068,928.	2,948,895.	
	19	Revenue less expenses. Subtract line 18 from line 12		-672,434.	208,780.	
ces				ginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)		385,152.	590,253.	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		7,377.	3,698.	
		Net assets or fund balances. Subtract line 21 from line 20		377,775.	586,555.	
	art II	Signature Block				
Und	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	/ knowledge and belief, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JANET FALK, DIRECTOR Type or print name and title		Date	
Paid	Print/Type preparer's name GREGORY S. EDE, CPA	Preparer's signature	Date 08/08/16	Check PTIN
Preparer	Firm's name STYER ASSOCIATES			's EIN ▶ 23-2076314
Use Only	Firm's address P.O. BOX 64080 SOUDERTON, PA 18	964	Phor	ne no.(215)723 0974
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
532001 12-1 <b>S</b>	16-15 LHA For Paperwork Reduction Act Notion EE SCHEDULE O FOR ORGANIZ	· ·	IENT CONT	Form <b>990</b> (2015)

Par	1990 (2015) ALL INDIA MOVEMENT FOR SEVA, INC. 11-3573392 Page
. ai	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 REACH AND EDUCATE EVERY CHILD ACROSS INDIA THROUGH THE CONCEPT OF A
	FREE STUDENT HOME AND TO OFFER PRIMARY HEALTH CARE TO RURAL AND TRIBAL
	POPULATION THROUGH HOSPITALS, CLINICS AND MOBILE MEDICAL UNITS. THE
	MISSION EXTENDS TO CONDUCTING WOMEN EMPOWERMENT PROGRAMS AND COMMUNITY
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	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 \$ 2,548,776 • including grants of \$ 2,433,593 • ) (Revenue \$
	TO REACH AND EDUCATE EVERY CHILD ACROSS INDIA THROUGH THE CONCEPT OF A
	FREE STUDENT HOME AND TO OFFER PRIMARY HEALTH CARE TO RURAL AND TRIBAL
	POPULATION THROUGH HOSPITALS, CLINICS AND MOBILE MEDICAL UNITS. THE
	MISSION EXTENDS TO CONDUCTING WOMEN EMPOWERMENT PROGRAMS AND COMMUNITY
	TRAINING TO ENCOURAGE AND TO DEVELOP SELF-SUFFICIENCY AMONG RURAL AND TRIBAL POPULATIONS. ASSISTANCE IS ALSO PROVIDED IN THE U.S. AND AROUND
	THE WORLD TOWARD DISASTER REVOVERY EFFORTS AND TOWARD OTHER EFFORTS
	CONSISTENT WITH OUR MISSION.
4b	(Code:         ) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
10	(Code:         ) (Expenses \$) (Revenue \$)
	Other program services (Describe in Schedule O.)
4d	
4d	(Expenses \$ including grants of \$ ) (Revenue \$ )
	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 2,548,776.
	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 2,548,776.         Form 990 (20)

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ALL INDIA MOVEMENT FOR SEVA, INC.

Pa	rt IV Checklist of Required Schedules			
			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?	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		x
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		x
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		x
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 temporarily restricted endowments, permanent			
	endowments, or 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, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
b	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
с	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 reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "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	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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 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? If "Yes,"			
	complete Schedule G. Part III	19		x

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Form	990	(2015)	
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Part IV Checklist of Required Schedules (continued)

ALL INDIA MOVEMENT FOR SEVA, INC.

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Х	
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		x
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		X
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			37
_	Schedule K. If "No", go to line 25a	24a		X
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	0.51		x
00	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
	complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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, or IV, and			
	Part V, line 1	34		X
35a	5 5 (7,7)	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	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 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2015)

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Form	990 (2015) ALL INDIA MOVEMENT FOR SEVA, INC.	11-3573	392	P	age <b>5</b>
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming			
	(gambling) winnings to prize winners?		1c		
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 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
3a			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
ou	any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution		Ju		
D			6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		10		
C	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		х
-			7e 7f		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra-				- 23
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7b		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization and the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airp		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•	•		
•			8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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	1			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	90	14b		

Form <b>990</b>	(2015)
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Form	990	(2015)
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#### ALL INDIA MOVEMENT FOR SEVA, INC.

Check if Schedule O contains a response or note to any line in this Part VI

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			5	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing				
h	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	116	5		
	Enter the number of voting members included in line 1a, above, who are independent	<b>1</b> b	4		
2	officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or under th		-		
0	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 9				X
	Did the organization become aware during the year of a significant diversion of the organization's as				X
	Did the organization have members or stockholders?				X
	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
	Each committee with authority to act on behalf of the governing body?			Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
ect	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)			
				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
				X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				37
	in Schedule O how this was done			v	X
	Did the organization have a written whistleblower policy?			X	
	Did the organization have a written document retention and destruction policy?		14	X	
5	Did the process for determining compensation of the following persons include a review and approve				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45	x	
	The organization's CEO, Executive Director, or top management official		15a	X	
D	Other officers or key employees of the organization		15b		
6-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged	mont with a			
			16a		x
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		108		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate				
			16b		
ect	exempt status with respect to such arrangements?			1	I
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ PA , CA , GA , IL , M	A, MD, MI, NC, N	J.NY	, VA	, W7
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1				,
	for public inspection. Indicate how you made these available. Check all that apply.		, availat		
		in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	,	nd finar	ncial	
	statements available to the public during the tax year.	· · · · · · · · · · · · · · · · ·			
0	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records:			
	MANAGEMENT $-570-402-1244$				
	P.O. BOX 639, SAYLORSBURG, PA 18353				
	12-16-15		Forn	n <b>990</b>	(2015
2006	12-10-15				-

(A)

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contra	ctors			

Check if Schedule O contains a response or note to any line in this Part VII

(R)

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 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(C)

(ח)

(E)

Т

(E)

(A)	(D)	(0)	(D)	(5)
Check this box if neither the organization no	or any related	organization compensat	ed any current officer,	director, or trustee

Name and Title	Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PIYUSH SHAH	1.00									
PRESIDENT/BOARD MEMBER		X		Х				0.	0.	0.
(2) ARUN PURANIK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) L. SHANTI KUMAR	1.00									
SECRETARY/TREASURER/BOARD MEMBER		Х		Х				0.	0.	0.
(4) SANJIV AHUJA	1.00									
BOARD MEMBER		X						0.	0.	0.
(5) PRAMOND DESHMUKH	1.00								_	_
BOARD MEMBER		х						0.	0.	0.
(6) JANET FALK	40.00									
DIRECTOR					X			25,200.	0.	0.
(7) SRINIVASAN V. RAMAN	40.00							405 000		
CHIEF OPERATING OFFICER		-			X			125,833.	0.	0.
		-			-					
532007 12-16-15	1	I			I	L		I		Form <b>990</b> (2015)

08030808 758577 3452

7

2015.04010 ALL INDIA MOVEMENT FOR SEVA 3452\_\_\_1

	990 (2015) ALL INDI	A MOVEM	EN'	ΓI	FOF	R S	SEV	VA	, INC.	11-35	733	92	Page	<b>8</b> (
Par	t VII Section A. Officers, Directors, Trus		ploy	vees			ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos heck	more rson	than is bot pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		Estir amo of	<b>F)</b> mated unt of her	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	)	fror orgar and i	ensation n the nization related izations	I
											+			
											$\rightarrow$			
											$\square$			
											+			
								_			$\square$			
											+			
											+			
											+			
	<u></u>								151,033.		0.			).
С	Sub-total Total from continuation sheets to Part V	II, Section A							0.		0.		0	).
d 2	Total (add lines 1b and 1c)							ho r	151,033. eceived more than \$100		•••		Ľ	<u>/.</u> 1
	compensation from the organization											Y	es N	0
3	Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>				-	-	-		highest compensated e		[	3	X	ζ
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual	-	[	4	2	ζ
5	Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i>					-			-			5	Х	ζ
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	bensa	tion fro	m	
	the organization. Report compensation for								n the organization's tax					
	(A) Name and business	address	N	ONI	Ξ				<b>(B)</b> Description of s	services	Сс	(C) mpens	ation	
	Table and the second	(												
2	Total number of independent contractors ( \$100,000 of compensation from the organ	. e	IOT II	rnite	a to		se li: 0	STEC	a above) who received h	nore than	-	·	<b>90</b> (201	1.5.
53200 12-16-	3 15										F	0111 <b>3</b>	JU (201	10)

			L INDIA MOV	/EMENT FC	R SEVA, IN	iC.	11-3573	392 Page 9
Pa	rt V	III Statement of F	levenue					
		Check if Schedule (	) contains a response	e or note to any li				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
nts	1	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues						
S, G		c Fundraising events						
Sift lar		d Related organizations						
ini ini		e Government grants (cor						
tion r S		F All other contributions, gift						
the		similar amounts not includ	ed above   1f  3	,157,364.				
d Ort		g Noncash contributions included	in lines 1a-1f: \$					
an Co		h Total. Add lines 1a-1f			3,157,364.			
				Business Code				
e	2	a						
ervi		b						
enu		c						
Program Service Revenue		d						
б		e						
Ē		f All other program servic	e revenue					
		g Total. Add lines 2a-2f						
	3	Investment income (incl						
		other similar amounts)			311.			311.
	4	Income from investmen	-	-				
	5	Royalties		. <u></u>				
			(i) Real	(ii) Personal	-			
		a Gross rents			4			
		b Less: rental expenses			-			
		c Rental income or (loss)			-			
		d Net rental income or (lo						
	7	a Gross amount from sale		(ii) Other	4			
		assets other than inven			-			
		b Less: cost or other basi						
		and sales expenses			-			
		c Gain or (loss)		L				
e		<ul> <li>d Net gain or (loss)</li> <li>a Gross income from function</li> </ul>		····· <b>•</b>				
Other Revenue		including \$						
Rev		contributions reported of	,					
ler		Part IV, line 18			-			
đ		b Less: direct expenses			-			
		Net income or (loss) from		····· ►				
	9	a Gross income from gam	•					
		Part IV, line 19			-			
		b Less: direct expenses			-			
		c Net income or (loss) from		······ <b>&gt;</b>				
	10	a Gross sales of inventory		.				
		and allowances b Less: cost of goods sole			-			
		c Net income or (loss) from		-				
		Miscellaneous R		Business Code				
	11							
		a						<u> </u>
		c						
		d All other revenue						
		e Total. Add lines 11a-11						
	12	Total revenue. See instruc			3,157,675.	0.	0.	311.
53200	9 12-							Form <b>990</b> (2015)

532009 12-16-15

9

Part IX Statement of Functional Expenses

ALL INDIA MOVEMENT FOR SEVA, INC.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,000.	8,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	2,425,593.	2,425,593.		
4	Benefits paid to or for members		_,,		
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	151,033.	61,867.	36,666.	52,500
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	39,677.		39,677.	
8	Pension plan accruals and contributions (include	,		,.	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	15,254.	4,948.	6,106.	4,200.
11	Fees for services (non-employees):	- , -	,		,
	Management				
b	Legal	14,187.		14,187.	
	Accounting	26,950.		26,950.	
	Lobbying	- ,		.,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	9,894.		9,894.	
12	Advertising and promotion	,		,	
13	Office expenses	9,740.	8,952.	788.	
14	Information technology				
15	Royalties				
16	Occupancy	12,128.	6,064.	6,064.	
17	Travel	170.	170.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	189,947.			189,947
20	Interest	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,269.	2,134.	2,135.	
23	Insurance	10,550.	5,275.	5,275.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BANK FEES	16,977.	16,977.		
b	POSTAGE	7,613.	3,072.		4,541.
c	PRINTING	4,535.	4,535.		_,
d	AUTO EXPENSE	2,378.	1,189.	1,189.	
e					
25	Total functional expenses. Add lines 1 through 24e	2,948,895.	2,548,776.	148,931.	251,188
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)				

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10 2015.04010 ALL INDIA MOVEMENT FOR SEVA 3452\_\_\_1

Form **990** (2015)

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34

377,775.

385,152.

33

34

3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compensation	ated em	ployees. Complete			
	Part II of Schedule L			5,000.	5	
6	Loans and other receivables from other disquali					
	section 4958(f)(1)), persons described in section	n 4958(c	)(3)(B), and contributing			
	employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
	employees' beneficiary organizations (see instr)	Comple	ete Part II of Sch L		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	96,676. 81,475.			
b	Less: accumulated depreciation	10b	81,475.	14,163.	10c	15,201.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line				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 equ			385,152.	16	590,253.
17	Accounts payable and accrued expenses			7,377.	17	3,698.
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
22	Loans and other payables to current and forme					
	key employees, highest compensated employee					
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
	Schedule D			חבר ה	25	3,698.
26	Total liabilities. Add lines 17 through 25			7,377.	26	5,090.
	Organizations that follow SFAS 117 (ASC 958		k here 🕨 🖾 and			
	complete lines 27 through 29, and lines 33 ar			239,796.		224,369.
	Unrestricted net assets			137,979.	27	362,186.
28	Temporarily restricted net assets			IJI, JIJ.	28	502,100.
29					29	
	Organizations that do not follow SFAS 117 (A	50 958	), cneck nere ▶ 📖			
00	and complete lines 30 through 34.				00	
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or ed				31	
32	Retained earnings, endowment, accumulated in	come, c	or other funds		32	

ALL INDIA MOVEMENT FOR SEVA, INC.

Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

Savings and temporary cash investments

Total net assets or fund balances

Total liabilities and net assets/fund balances

11-3573392 Page 11

(B)

End of year

547,009.

28,043.

586,555.

590,253.

Form **990** (2015)

(A) Beginning of year

116,450.

249,539.

1

2

Form 990 (2015)

1

2

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

Form	1 990 (2015) ALL INDIA MOVEMENT FOR SEVA, INC.	11-357	3392	Pag	ge <b>12</b>
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	3,157		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,948		
3	Revenue less expenses. Subtract line 2 from line 1	3			80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	377	7 <u>,7</u>	75.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	586	5,5	55.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
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	d 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 separat	e basis,			
	consolidated basis, or both:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•			37
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				L
			Form	44017	2015)

Form **990** (2015)

532012 12-16-15

SCHEDULE A	
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Department of the Treasury

(Form	990	or	990-	·ΕΖ

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2015
Open to Public

|--|

Internal	Reven	ue Service	Informati	ion about Schedu	le A (Form	990 or 990-EZ) and	l its instruct	tions is at W	/ww.irs.gov/fo	rm990.	Inspection
Nam	e of th	he organizat								-	identification number
			ALL	INDIA MC	VEMEN	T FOR SEV	/A, IN	iC.		1	1-3573392
Par	tl	Reason	for Public (	Charity State	<b>JS</b> (All org	anizations must o	omplete th	nis part.) S	ee instruction	S.	
The c	organia	zation is not a	a private found	dation because i	t is: (For lir	nes 1 through 11,	check only	one box.)			
1 [		A church, co	nvention of ch	urches, or asso	ciation of o	churches describe	ed in <b>sectio</b>	on 170(b)(	1)(A)(i).		
2 [		A school des	scribed in <b>sect</b>	ion 170(b)(1)(A)	(ii). (Attacł	n Schedule E (For	m 990 or 9	90-EZ).)			
з [						ion described in <b>s</b>			ii).		
4 [										(iii). Enter	the hospital's name,
		city, and stat	te:								
5 [		An organizat	ion operated fo	or the benefit of	a college (	or university owne	ed or opera	ted by a g	overnmental u	unit describ	ed in
		section 170	<b>(b)(1)(A)(iv).</b> (C	Complete Part II.	)						
6		A federal, sta	ate, or local go <sup>r</sup>	vernment or gov	ernmental	l unit described in	section 1	70(b)(1)(A)	)(v).		
7 [	Х	An organizat	ion that norma	ally receives a su	bstantial p	part of its support	from a gov	vernmenta	l unit or from t	he general	public described in
		section 170	( <b>b)(1)(A)(vi).</b> (C	omplete Part II.)							
8		A community	y trust describe	ed in <b>section 17</b>	0(b)(1)(A)(	vi). (Complete Pa	rt II.)				
9		An organizat	ion that norma	ally receives: (1)	nore than	33 1/3% of its su	pport from	contributi	ons, members	ship fees, a	nd gross receipts from
		activities rela	ated to its exen	mpt functions - s	ubject to d	certain exceptions	s, and (2) n	o more tha	an 33 1/3% of	its support	from gross investment
		income and u	unrelated busir	ness taxable inc	ome (less	section 511 tax) f	rom busine	esses acqu	uired by the or	ganization	after June 30, 1975.
r		See section	509(a)(2). (Cor	mplete Part III.)							
<b>10</b>		An organizat	ion organized a	and operated ex	clusively t	to test for public s	afety. See	section 5	09(a)(4).		
11		-	-	-	-		-			-	purposes of one or
				•		ection 509(a)(1)					heck the box in
		1	-	-		porting organizati		-		-	
а				-		rised, or controlled	•			•••••	
			•		-	y appoint or elect	a majority	of the dire	ctors or truste	es of the s	upporting
		1 -		complete Part I							
b						ontrolled in conne			•		-
			-		-	ion vested in the	same perso	ons that co	ontrol or mana	ige the sup	ported
		1 -		st complete Par							
с			-			anization operated				lly integrate	ed with,
		1	-		-	u must complete					
d			-			organization ope				-	
			-	-	-	generally must sa	•		-	a an attenti	veness
-		1 .	-		-	e Part IV, Sectior n determination fr					
е			•			integrated suppor			а турет, туре	п, туре п	
f	Ento	•	of supported			•	0 0				
				n about the sup		anization(s)					
<u> </u>		Name of supp	<u> </u>	(ii) EIN		ype of organization	(iv) Is the c	rganization	(v) Amount of	monetary	(vi) Amount of
		organization	n		· ·	cribed on lines 1-9		in your document?	support	(see	other support (see
					abov	e (see instructions))	Yes	No	instruct	ons)	instructions)
				1							
								1			

Form 990 or 990-EZ. 532021 09-23-15

LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

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Schedule A (Form 990 or 990-EZ) 2015

### Schedule A (Form 990 or 990-EZ) 2015 ALL INDIA MOVEMENT FOR SEVA, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	( <b>d)</b> 2014	(e) 2015	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1796541.	1638738.	2009363.	396,427.	3157364.	8998433.			
2	Tax revenues levied for the organ-									
	ization'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	1796541.	1638738.	2009363.	396,427.	3157364.	8998433.			
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)									
	Public support. Subtract line 5 from line 4.						8998433.			
	ction B. Total Support				r					
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
	Amounts from line 4	1796541.	1638738.	2009363.	396,427.	3157364.	8998433.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties	0.5.5	600		6.7	211	0 400			
	and income from similar sources $\dots$	866.	629.	529.	67.	311.	2,402.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on $\dots$									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						000000			
11	Total support. Add lines 7 through 10						9000835.			
12			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12				
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —			
Sec	organization, check this box and stor ction C. Computation of Publ	o here ic Support Pe	rcentage				▶∟			
-	Public support percentage for 2015 (			olumn (f))		14	99.97 %			
	Public support percentage from 2014					15	99.95 %			
	<b>33 1/3% support test - 2015.</b> If the o						,-			
	stop here. The organization qualifies									
b	<b>33 1/3% support test - 2014.</b> If the o									
	and <b>stop here.</b> The organization qual	-								
17a	10% -facts-and-circumstances tes									
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"									
b	10% -facts-and-circumstances tes	-	-							
~	more, and if the organization meets th	-								
	organization meets the "facts-and-cire									
18	Private foundation. If the organization									
	<u> </u>		, · · ·	. ,		dule A (Form 990				

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#### Schedule A (Form 990 or 990-EZ) 2015 ALL INDIA MOVEMENT FOR SEVA, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	015 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	·						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	, .						
•	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			1	1		
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	015 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	organization,
	check this box and stop here	a Ourse and Da				<u></u>	▶∟
	ction C. Computation of Publ					<u> </u>	
15	Public support percentage for 2015 (I			column (f))		15	
<u>16</u>	Public support percentage from 2014					16	
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	
19a	<b>33 1/3% support tests - 2015.</b> If the	organization did	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, ar	nd line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organizatio						
	23 09-23-15		, •	,,			orm 990 or 990-EZ) 20 <sup>-</sup>
_01				15	2011		, <b></b>
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		_ • •					· · · · · · · · · · · · · · · · · · ·

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing 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.
- 2 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** 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.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** 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.
- **c** 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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*
- 8 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).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more 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.**
- **b** 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.*
- c 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.**
- **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.* 
  - **b** 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.)

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Schedule A (Form 990 or 990-EZ) 2015

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# Schedule A (Form 990 or 990-EZ) 2015 ALL INDIA MOVEMENT FOR SEVA, INC. 11-3573392 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	tion B. Type I Supporting Organizations	TIC		
000	aon D. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		165	NU
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,	-		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Vee	Na
4	Ware a majority of the organization's directors or tructors during the tay year also a majority of the directors		Yes	No
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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion D. All Type III Supporting Organizations		Yes	No
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		res	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 <b>Part VI</b> how	0		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have 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 <b>Part VI</b> the role the organization's	0		
800	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a k	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see inst</i>	ructions		
c 2	Activities Test. Answer (a) and (b) below.	uctions	). Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Tes	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organization(s) to which the organization was responsive in res, then in rais or identity 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.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
D D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
d	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	50		
5	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
53202	5 09-23-15 Schedule A (Form 9		0-F7	2015
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2015.04010 ALL INDIA MOVEMENT FOR SEVA 3452\_\_\_1

### Schedule A (Form 990 or 990 EZ) 2015 ALL INDIA MOVEMENT FOR SEVA, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

## Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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, co	nservation, or		
maintenance of property held for production of ind	come (see instructions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 fr	om line 4) 8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use	assets (see		
instructions for short tax year or assets held for pa	art of year):		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exem	ot-use assets 2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2%	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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A	, line 8, Column A) 1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Sectio	n 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 organiz	ation's first as a non-functionally-integ	rated Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

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### Schedule A (Form 990 or 990-EZ) 2015 ALL INDIA MOVEMENT FOR SEVA, INC.

Section D - Distributions         Current Year           1         Anounts paid to supported organizations to accomplish exempt purposes of supported organizations.         Image: Complish accomplish exempt purposes of supported organizations.           3         Administrative expenses paid to accomplish exempt purposes of supported organizations.         Image: Complish exempt supports of complish exempt purposes of supported organizations.           4         Anounts paid to acquire exempt supports of supported organizations.         Image: Complish exempt supports of complish exempt purposes.           5         Oalfied estable amount (grow field estable amount Add lines 1) funding in the organization is responsive (growide details in Part V). See instructions.         Image: Complish estable amount for 2015 from Section C, line 6           9         Distribution Allocations (see instructions)         Excess Distributions         Image: Complish estable amount for 2015 from Section C, line 6           1         Distributions, I any, to 2015:         Image: Complish estable amount for 2015 from Section C, line 6         Image: Complish estable amount for 2015 from Section C, line 6           2         Underdistributions, I any, to 2015:         Image: Complish estable amount for 2015 from Section C, line 6         Image: Complish estable amount for 2015 from Section C, line 6           1         Distributions of any years prior to 2015;         Image: Complish estable amount for 2015;         Image: Complish estable amount for 2015;           1         Distribut	Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
2       Anounts paid to perform activity that directly furthers exempt purposes of supported organizations         3       Administrative expenses paid to accomplish exempt purposes of supported organizations         4       Announts paid to account we exempt use assets         5       Caudited set sadie amount (prior IRS approval required)         6       Other distributions (describe in Part VI). See instructions.         7       Total annual distributions. Add lines 11 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions different Section C, line 6         10       Line 8 amount divided by Line 9 amount         (i)       Excess Distributions         10       Distributable amount for 2015 from Section C, line 6         2       Underdistributions, if any, for years prior to 2015 (reasonable cause required see instructions)         3       Excess distributions of prior years         a       Applied to underdistributions of prior years         a       Applied to underdistributions of prior years         a       Applied to 2015 distributable amount         1       Distributable amount 4.         4       From 2014         5       Secons distributable amount         6       Cond and	Secti				Current Year
organizations, in excess of income from activity         Image: Comparison of the sempt purposes of supported organizations           4 Amounts paid to acquire exemptitue assets         Image: Comparison of Comparison of Supported Organizations           5 Outlified set aside amounts (prior IPS approval required)         Image: Comparison of Comp	1	Amounts paid to supported organizations to accomplish exe	empt purposes		
3       Administrative expenses paid to accomplish exempt purposes of supported organizations         4       Amounts paid to acquire exempt use assets         5       Qualified set aside amounts (prior IIPs apprval required)         6       Other distributions (describe in Part VI). See instructions.         7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distribution Allocations (see instructions)       Excess Distributions         10       Line 8 amount divided by Line 9 amount       (ii)         11       Distributable amount for 2015 from Section C, line 6       Iiii (iiii)         12       Inderdistributions, frany, for years prior to 2015       Excess distributions of prior years         1       Distributable amount for 2015       Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
4       Amounts paid to acquire exempt use assets       1         5       Qualified setaside amounts (prior rRB approval required)       1         6       Other distributions (accounce in Part VI). See instructions.       1         7       Total annual distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.       1         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.       1         9       Line 8 amount divided by Line 9 amount       (i)       (ii)         9       Line 8 amount for 2015 from Section C, line 6       1         1       Distributable amount for 2015 from Section C, line 6       1       1         2       Underdistributions, fary for years prior to 2015 (reasonable cause required see instructions)       1       1         3       Excess distributions of prior years       1       1       1         4       From 2013       1       1       1       1         6       From 2014       1 <t< th=""><th></th><th>organizations, in excess of income from activity</th><th></th><th></th><th></th></t<>		organizations, in excess of income from activity			
5       Qualified set aside amounts (prior IRS approval required)         6       Other distributions (describe in Part VI). See instructions.         7       Total annual distributions. Add lines 1 through 6.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions to attentive supported organizations to which the organization is responsive (inclusion details in Part VI). See instructions.         9       Distributable amount of 2015 from Section C, line 6         10       Line 8 amount divided by Line 9 amount         (I)       Excess Distributions         9       Distributable amount tor 2015 from Section C, line 6         2       Underdistributions, if any, for years prior to 2015 (reasonable cause required see instructions)         8       Excess distributions carryover, if any, to 2015:         a       Distributions carryover, if any, to 2015:         a       C         c       Grom 2013         e       From 2014         f       Total of lines 3a through e         g       Applied to 2015 distributable amount         1       Carryover from 2010 not applied (see instructions)         i       Carryover from 2010 not applied (see instructions)         i       Remaining underdistributions of pr	3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
6       Other distributions (describe in Part VI): See instructions.         7       Total annual distributions. Add lines 1 through 6.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributable amount for 2015 from Section C, line 6         10       Line 8 amount for 2015 from Section C, line 6         2       Underdistributions, far, for years prior to 2015 (reasonable cause required see instructions)         3       Excess distributions carryover, if any, to 2015:         a	4	Amounts paid to acquire exempt-use assets			
7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.         9       Distributable amount for 2015 from Section C, line 6         10       Line 8 amount divided by Line 9 amount         6       Distributable amount for 2015 from Section C, line 6         1       Distributable amount for 2015 from Section C, line 6         2       Underdistributions, if any, for years prior to 2015 (reasonable cause required see instructions)         3       Excess distributions carryover, if any, to 2015:         a       b         b       c         c       d From 2013         c       rem 2014         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to underdistributions of prior years         h       Applied to underdistributions of prior years         j       Remaining underdistributions of prior years         j       Applied to underdistributions of prior years         j       Applied to underdistributions of prior years         j	_5	Qualified set-aside amounts (prior IRS approval required)			
8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.       9         9       Distributable amount for 2015 from Section C, line 6       9         10       Line 8 amount divided by Line 9 amount       (i)       (ii)         10       Bistributable amount for 2015 from Section C, line 6       9         2       Underdistributions       Interview (provide details in provide details in provi	6	Other distributions (describe in Part VI). See instructions.			
g provide details in Part VD. See instructions.         9       Distributable amount for 2015 from Section C, line 6         10       Line 8 amount divided by Line 9 amount         (i)       Excess Distributions         9       Distributable amount for 2015 from Section C, line 6         1       Distributable amount for 2015 from Section C, line 6         2       Underdistributions, if any, for years prior to 2015 (reasonable cause required see instructions)         3       Excess distributions carryover, if any, to 2015:         a       b         b	7	Total annual distributions. Add lines 1 through 6.			
9       Distributable amount for 2015 from Section C, line 6       (i)       (ii)       (iii)       (iiii)       (iiii)       (iiii)       (iiii)       (iiii)	8	Distributions to attentive supported organizations to which t	e		
10       Line 8 amount divided by Line 9 amount       (i)       (ii)       (iii)         Section E - Distribution Allocations (see instructions)       Excess Distributions       Underdistributions       Distributable         1       Distributable amount for 2015 from Section C, line 6       Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		(provide details in Part VI). See instructions.			
(i)         (ii)         (iii)         (iii)         (iii)         (iii)         (iii)         (iii)         (iii)         Distributable           1         Distributable amount for 2015 from Section C, line 6             Amount for 2015            Amount for 2015           Amount for 2015            Amount for 2015               Amount for 2015 <td>9</td> <td>Distributable amount for 2015 from Section C, line 6</td> <td></td> <td></td> <td></td>	9	Distributable amount for 2015 from Section C, line 6			
Section E - Distribution Allocations (see instructions)         Excess Distributions         Underdistributions Pre-2015         Distributions Amount for 2015           1         Distributions, if any, for years prior to 2015 (reasonable cause required-see instructions)	10	Line 8 amount divided by Line 9 amount	i		
2       Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)         3       Excess distributions carryover, if any, to 2015:         a	Secti	on E - Distribution Allocations (see instructions)		Underdistributions	Distributable
(reasonable cause required see instructions)         3       Excess distributions carryover, if any, to 2015:         a	1	Distributable amount for 2015 from Section C, line 6			
3       Excess distributions carryover, if any, to 2015:         a	2	Underdistributions, if any, for years prior to 2015			
a       a         b       a         c       a         d From 2013       a         e From 2014       a         f Total of lines 3a through e       a         g Applied to underdistributions of prior years       b         h Applied to 2015 distributable amount       a         i Carryover from 2010 not applied (see instructions)       a         j Remainder. Subtract lines 3g, 3n, and 31 from 3f.       a         4 Distributions for 2015 from Section D, line 7:       \$         a Applied to underdistributions of prior years       a         b Applied to 2015 distributable amount       b         c Remainder. Subtract lines 4a and 4b from 4.       a         5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 4a and 4b from 14.       a         5 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).       a         6 Remaining underdistributions carryover to 2016. Add lines 3j and 4c.       a         8 Breakdown of line 7:       a         a       a         b       c         c Excess from 2013       a         d Excess from 2013       a		(reasonable cause required-see instructions)			
b	3	Excess distributions carryover, if any, to 2015:			
c       a         d From 2013       a         e From 2014       a         f Total of lines 3a through e       a         g Applied to underdistributions of prior years       b         h Applied to 2015 distributable amount       a         i Carryover from 2010 not applied (see instructions)       a         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.       a         4 Distributions for 2015 from Section D, line 7:       \$         a Applied to underdistributions of prior years       b         b Applied to 2015 distributable amount       c         c Remainder. Subtract lines 4a and 4b from 4.       c         5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).       a         6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 2 (if amount greater than zero, see instructions).       a         7 Excess distributions carryover to 2016. Add lines 3j and 4c.       a         8 Breakdown of line 7:       a         a       b       c         b       c       c         c Excess from 2013       c       c         d Excess from 2014       a       a	а				
d From 2013       image: structure in the structure	b				
e From 2014       f         f Total of lines 3a through e       g         g Applied to underdistributions of prior years       h         h Applied to 2015 distributable amount       i         i Carryover from 2010 not applied (see instructions)       j         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.       i         4 Distributions for 2015 from Section D, line 7:       \$         a Applied to underdistributions of prior years       a         b Applied to 2015 distributable amount       i         c Remainder. Subtract lines 4a and 4b from 4.       i         5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).       i         6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).       i         7 Excess distributions carryover to 2016. Add lines 3j and 4c.       i         8 Breakdown of line 7:       i         a       i         b       i         c Excess from 2013       i         d Excess from 2014       i	c				
f Total of lines 3a through e	d	From 2013			
g Applied to underdistributions of prior years	e	From 2014			
h Applied to 2015 distributable amount         i Carryover from 2010 not applied (see instructions)         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4 Distributions for 2015 from Section D,         line 7:       \$         a Applied to underdistributions of prior years         b Applied to 2015 distributable amount         c Remainder. Subtract lines 4a and 4b from 4.         5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).         6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).         7 Excess distributions carryover to 2016. Add lines 3j and 4c.         8 Breakdown of line 7:         a         b         c Excess from 2013         d Excess from 2014	f	Total of lines 3a through e			
i Carryover from 2010 not applied (see instructions)         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4 Distributions for 2015 from Section D, line 7:         s         a Applied to underdistributions of prior years         b Applied to 2015 distributable amount         c Remainder. Subtract lines 4a and 4b from 4.         5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).         6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).         7 Excess distributions carryover to 2016. Add lines 3j and 4c.         8 Breakdown of line 7:         a         b         c Excess from 2013         d Excess from 2014	g	Applied to underdistributions of prior years			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4 Distributions for 2015 from Section D, line 7:         a Applied to underdistributions of prior years         b Applied to 2015 distributable amount         c Remainder. Subtract lines 4a and 4b from 4.         5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).         6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).         7 Excess distributions carryover to 2016. Add lines 3j and 4c.         8 Breakdown of line 7:         a         b         c Excess from 2013         d Excess from 2014	h	Applied to 2015 distributable amount			
4       Distributions for 2015 from Section D, line 7:       \$         a       Applied to underdistributions of prior years          b       Applied to 2015 distributable amount          c       Remainder. Subtract lines 4a and 4b from 4.          5       Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).          6       Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).          7       Excess distributions carryover to 2016. Add lines 3j and 4c.          8       Breakdown of line 7:          a           b           c       Excess from 2013          d       Excess from 2014	i	Carryover from 2010 not applied (see instructions)			
line 7:       \$         a Applied to underdistributions of prior years	j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
a Applied to underdistributions of prior years	4	Distributions for 2015 from Section D,			
b Applied to 2015 distributable amount		•			
c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2015, if         any. Subtract lines 3g and 4a from line 2 (if amount         greater than zero, see instructions).         6         7       Excess distributions carryover to 2016. Add lines 3j         and 4c.         8       Breakdown of line 7:         a	-				
5       Remaining underdistributions for years prior to 2015, if         any. Subtract lines 3g and 4a from line 2 (if amount         greater than zero, see instructions).         6       Remaining underdistributions for 2015. Subtract lines 3h         and 4b from line 1 (if amount greater than zero, see         instructions).         7       Excess distributions carryover to 2016. Add lines 3j         and 4c.         8       Breakdown of line 7:         a	b	Applied to 2015 distributable amount			
any. Subtract lines 3g and 4a from line 2 (if amount         greater than zero, see instructions).         6       Remaining underdistributions for 2015. Subtract lines 3h         and 4b from line 1 (if amount greater than zero, see         instructions).         7       Excess distributions carryover to 2016. Add lines 3j         and 4c.         8       Breakdown of line 7:         a					
greater than zero, see instructions).       Image: see instruction of the second	5				
6       Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).         7       Excess distributions carryover to 2016. Add lines 3j and 4c.         8       Breakdown of line 7:         a					
and 4b from line 1 (if amount greater than zero, see instructions).       Image: construction of the set of the se					
instructions).       7       Excess distributions carryover to 2016. Add lines 3j and 4c.         8       Breakdown of line 7:       8         a       1       1         b       1       1         c       Excess from 2013       1         d       1       1	6	5			
7       Excess distributions carryover to 2016. Add lines 3j and 4c.         8       Breakdown of line 7:         a          b          c       Excess from 2013         d       Excess from 2014					
and 4c.     and 4c.       8     Breakdown of line 7:       a     a       b     a       c     Excess from 2013       d     Excess from 2014					
a	7				
b         Image: Constraint of the second secon	8	Breakdown of line 7:			
c         Excess from 2013	а				
d Excess from 2014	b				
	С	Excess from 2013			
e Excess from 2015	d	Excess from 2014			
	е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

19 2015.04010 ALL INDIA MOVEMENT FOR SEVA 3452\_\_\_1

08030808 758577 3452

Part VI	Supplemental	mormation	u provida ti	no ovpianatio	one roqui	rod hu						
	Part IV, Section A,	lines 1 2 2h 2	a $4b$ $4c$ $5c$	a 6 Qa Qh	9c 11a	11h o	nd 11c. Do	rt IV Sectio	n Blines	1 and 2. Part III,	V Section	
	line 1; Part IV, Section A,	tion D, lines 2 a	o, 40, 40, 5 nd 3; Part I\	a, 6, 9a, 9b, /, Section E,	lines 1c,	2a, 2b	0, 3a and 3	b; Part V, lir	in B, intes ie 1; Part \	, Section B, li	ne 1e; Par	t V.
	Section D, lines 5,	6, and 8; and P	art V, Sectio	on E, lines 2,	5, and 6	. Also	complete t	his part for a	any additio	onal informatio	n.	,
	(See instructions.)											
2028 09-23-	15								Schedu	le A (Form 99	0 or 990-E	EZ
						20						
30808	758577 34	52	20	15.040	)10 ⊅	т.т.	TNDTA	MOVEM	ENT F	OR SEVA	3452	

SCHEDULE [	)
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Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Name of the organization

ALL INDIA MOVEMENT FOR SEVA, INC.

Employer identification number 11-3573392 . . . . . . . .

Pai			or A	ACCOL	Ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6. (a) Donor advised funds		(b) Eur	ids and other accounts
		(a) Donor advised funds		( <b>b)</b> Fui	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	-			<b>— —</b>
	are the organization's property, subject to the organization's				Yes 📖 N
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	onfe	rring	<b>— —</b>
Dai					
	t II Conservation Easements. Complete if the or	•	art IV	, line /	
1	Purpose(s) of conservation easements held by the organizat				
	Preservation of land for public use (e.g., recreation or o				
	Protection of natural habitat	Preservation of a certif	ied h	Istoric	structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form c	faco	onserv	
	day of the tax year.				Held at the End of the Tax Yea
	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
	Number of conservation easements on a certified historic st			2c	
d	Number of conservation easements included in (c) acquired				
_	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	orgai	nizatio	n during the tax
	year ▶				
4	Number of states where property subject to conservation ea	asement is located <a></a>			
5	Does the organization have a written policy regarding the pe				
	violations, and enforcement of the conservation easements	it holds?			Yes 📖 N
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	ervati	ion eas	sements during the year
	►				
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	on ea	aseme	nts during the year
	►\$				
8	Does each conservation easement reported on line 2(d) abo				
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservat	•			
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes t	ne or	ganiza	tion's accounting for
_	conservation easements.			0	<b>A I</b>
a	t III Organizations Maintaining Collections o		ner	Simi	ar Assets.
	Complete if the organization answered "Yes" on Forn				
1a	If the organization elected, as permitted under SFAS 116 (As				
	historical treasures, or other similar assets held for public ex		ce of	public	service, provide, in Part XII
	the text of the footnote to its financial statements that descr	ribes these items.			
b	If the organization elected, as permitted under SFAS 116 (As	SC 958), to report in its revenue statement	and k	balanc	e sheet works of art, historic
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	lic se	ervice,	provide the following amoun
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			. 🕨	\$
	(ii) Assets included in Form 990, Part X			. 🕨	\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain,	provid	le
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1			. 🕨	\$
b	Assets included in Form 990, Part X			. 🕨	\$
	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.			Schedule D (Form 990) 20
205 <sup>.</sup> -02-	5				
		25			
30	308 758577 3452 2015.0	04010 ALL INDIA MOVEME	NT	FOI	R SEVA 3452

		IA MOVEMEN						11-35			age <b>2</b>
Par	t III   Organizations Maintaining C										
3	Using the organization's acquisition, access	on, and other record	ds, check a	any of the	following tha	at are a si	ignificant	use of its	collectio	n item	S
	(check all that apply):										
a	Public exhibition	C			nange progra						
b	Scholarly research	e	e ∟ Ot	her							
c	Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	t XIII.		
5	During the year, did the organization solicit of										٦.,
Do	to be sold to raise funds rather than to be m								Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the o	rganizatioi	n answered	"Yes" on	Form 990	), Part IV,	line 9, or		
12	Is the organization an agent, trustee, custod		diany for co	ntribution	s or other as	sets not	included				
Ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							····· ·		L	
D		and complete the id	nowing tai	Jie.					Amoun		
c	Beginning balance						1c		Amoun		
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • •				]
Par											
		(a) Current year	(b) Pric		(c) Two year			ears back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g,	column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	are held a	nd administe	ered for th	he organiz	zation	-		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment fui	nds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, I	ine 11a. S	ee Form 990	), Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr		<b>(b)</b> Cost basis (			ccumulate preciation	ed	( <b>d)</b> Bool	< value	э
1a	Land										
b	Buildings										
	Leasehold improvements				0,630.		29,9		_		30.
d	Equipment			6	6,046.		51,5	75.	1	4,4	71.
	Other										
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	0c.)				1	5,2	01.

Schedule D (Form 990) 2015

532052 09-21-15

(a) Description of security or category (including name of security)	(b) Book value	ne 11b. See Form 990, F		I-of-year market value
	(b) DOOK value			roryear market value
) Financial derivatives				
Closely-held equity interests				
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (L)				
(H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►				
Part VIII Investments - Program Related.				
	n Form 000 Dart IV		Dart V line 10	
Complete if the organization answered "Yes" o (a) Description of investment	(b) Book value			I-of-year market value
				l'or your market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990 Part IV li	ne 11d See Form 990 [	Part X line 15	
	escription		art X, into 10.	(b) Book value
(1)				(-)
(2)				
(2) (3)				
(2) (3) (4)				
(2) (3) (4) (5)				
(2) (3) (4) (5) (6)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8)				
(2) (3) (4) (5) (6) (7) (8) (9) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		ne 11e or 11f See Form	990 Part X line 25	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o			990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability		ne 11e or 11f. See Form ( <b>b)</b> Book value	990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (1) Federal income taxes			990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2)			990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) (3)			990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) (3) (4)			990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			990, Part X, line 25	· · · · · · · · · · · · · · · · · · ·
(2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" o         .         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)			990, Part X, line 25	
(2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" on the second			990, Part X, line 25	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ......▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

532053 09-21-15

#### Schedule D (Form 990) 2015 ALL INDIA MOVEMENT FOR SEVA, INC.

11-3573392 Page 3

Sche	dule D (Form 990) 2015 ALL INDIA MOVEMENT FOR SEV	A, INC.	11-	3573392 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per I		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	3,157,675.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,157,675.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		3,157,675.	
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe	r Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	2,948,895.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,948,895.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,948,895.
Pa	t XIII Supplemental Information.			
Drov	do the descriptions required for Part II, lines 3, 5, and 0. Part III, lines 1 a and 4. Part	IV lines 1b and 2b; Part V line	1. Dort	V line 2: Dert VI

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates	OMB No. 1545-0047
			n answered "Yes" on Form 990, Part			2015
		U	Attach to Form 990.			Open to Public
Department of the Treasury Internal Revenue Service	Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/f	orm990.	Inspection
Name of the organization					Employer ic	lentification number
ALL INDIA MOVEMENT FOR SEVA, INC.       11-3573392         Part I       General Information on Activities Outside the United States. Complete if the organization answered "Yes" on						
Form 990, Part I		Activities Ou	tside the United States. Comple	ete if the orgar	ization answe	red "Yes" on
		n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance	
-	-		the selection criteria used to award the			X Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistanc	e outside the
	he following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	1	vity listed in (d	) (f) Total
() 3	offices	employees, agents, and	(by type) (e.g., fundraising, program		gram service,	expenditures
	in the region	independent contractors	services, investments, grants to		e specific type	for and investments
		in region	recipients located in the region)	of servi	ce(s) in region	in region
		integion	GRANTS TO SUPPORT PROGRAMS			
			THAT BRIDGE THE GAP BETWEEN	LITERACY, H	IEALTH .	
				, SELF-SUFFIC	•	
INDIA	0	0	PEOPLE IN REMOTE	CULTURAL VI		2,425,593.
2 a Sub tatal		0				2 125 502
<b>3 a</b> Sub-total						2,425,593.
<b>b</b> Total from continuation	_	_				
sheets to Part I	0	0				0.
c Totals (add lines 3a	_	_				
and 3b)	0	0				2,425,593.

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

Schedule F (Form 990) 2015

532071 10-01-15

11-3573392

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			TO FUND ONGOING PROGRAMS OF					
			LITERACY, HEALTH, SELF-					
		INDIA	AND CULTURAL	2425593.	WIRE TRANSFER	0.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country,	recognized as tax-e	xempt by	1	ı
the IRS, or for which t	he grantee or counse	el has provided a sectior	n 501(c)(3) equivalency letter		-	►		
3 Enter total number of other organizations or entities								

SEE PART V FOR COLUMN (D) DESCRIPTIONS

11-3573392

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

**(h)** Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

Schedule F (Form 990) 2015

532073 10-01-15 Page 3

#### Schedule F (Form 990) 2015 ALL INDIA MOVEMENT FOR SEVA, INC. 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 Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>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; do not file with Form 990)</i>	Yes	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)	Yes	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? <i>If</i> "Yes," <i>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)</i>	Yes	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)	Yes	X 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; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

532074 10-01-15

PART I,	LINE 2:
AT THE	BEGINNING OF EVERY YEAR, EACH FSH TO BE SUPPORTED BY THE USA IS
IDENTIF	IED. A RECORD IS KEPT OF EACH INTERACTION. VISTORS, BOARD
MEMBERS	THE USA COO AND OTHERS VISIT AND COMMUNICATE WITH THE
ORGANIZ.	ATION VERBALLY OR IN WRITTEN FORM. VARIOUS PUBLICATIONS SUCA AS
MONTHLY	NEWSLETTER AND ANNUAL REPORTS ARE REVIEWED AND DETALED FINANCIA
RECORDS	ARE KETP.
PART II	, COLUMN (D):
REGION:	INDIA
(D) PUR	POSE OF GRANT: TO FUND ONGOING PROGRAMS OF
TTTERAC	Y, HEALTH, SELF-SUFFICIENCY AND CULTURAL VALIDATION
	Y, HEALTH, SELF-SUFFICIENCY AND CULTURAL VALIDATION
	Y, HEALTH, SELF-SUFFICIENCY AND CULTURAL VALIDATION
	Y, HEALTH, SELF-SUFFICIENCY AND CULTURAL VALIDATION
	Y, HEALTH, SELF-SUFFICIENCY AND CULTURAL VALIDATION
	Y, HEALTH, SELF-SUFFICIENCY AND CULTURAL VALIDATION
	Y, HEALTH, SELF-SUFFICIENCY AND CULTURAL VALIDATION
	Y, HEALTH, SELF-SUFFICIENCY AND CULTURAL VALIDATION
	Y, HEALTH, SELF-SUFFICIENCY AND CULTURAL VALIDATION
	Y, HEALTH, SELF-SUFFICIENCY AND CULTURAL VALIDATION
	Y, HEALTH, SELF-SUFFICIENCY AND CULTURAL VALIDATION
	Y, HEALTH, SELF-SUFFICIENCY AND CULTURAL VALIDATION
	Y, HEALTH, SELF-SUFFICIENCY AND CULTURAL VALIDATION
	Y, HEALTH, SELF-SUFFICIENCY AND CULTURAL VALIDATION
	Y, HEALTH, SELF-SUFFICIENCY AND CULTURAL VALIDATION

ALL INDIA MOVEMENT FOR SEVA, INC.

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of

Schedule F (Form 990) 2015

Part V Supplemental Information

11-3573392

Page 5

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		<b>Go</b> Compl	arants and Oth vernments, an ete if the organizatio	nd Individual n answered "Yes" Attach to For	l <b>s in the Ŭn</b> i <sup>1</sup> on Form 990, Pa m 990.	ited States rt IV, line 21 or 22.	0	OMB No. 1545-0047 <b>2015</b> Open to Public Inspection
Name of the organizati	on			(i offit 330) and its		tt www.ii3.gov/io/iii33		Employer identification number
		MOVEMENT	FOR SEVA,	INC.				11-3573392
Part I General In	nformation on Grants a	Ind Assistance						
criteria used to a	zation maintain records to ward the grants or assist IV the organization's pro-	stance?						tion X Yes No
	d Other Assistance to					anization answered "	/es" on Form 990. Par	IV. line 21. for any
	nat received more than \$							,
	dress of organization /ernment	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAI FAMILY SERVIC 32401 W. EIGHT MI LIVONIA, MI 48152	LE ROAD	38-2659685	501 (C) (3)	5,000.	0.			ASSISTANCE TO ASIAN INDIAN FAMLIES AND INDIVIDUALS IN NEED.
3 Enter total numb	er of section 501(c)(3) a er of other organization Reduction Act Notice	s listed in the line	1 table					▶ <u>1.</u> Schedule I (Form 990) (2015)

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

11-3573392

Page 2

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SC	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	15	
•		Compensated Employees		20	IJ	)
Dono	tmont of the Treesury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo	rm990.	Inspe	ction	
Nam	e of the organizatio	n		identificati		mber
		ALL INDIA MOVEMENT FOR SEVA, INC.	11-3	357339	2	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (e.g., maid, chauffeur, o	chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
		provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
-						
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	lion to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant				
	└── Form 990 of o	ther organizations Approval by the board or compensation of	committee			
4	During the year di	Lany parson listed on Form 000. Dart VII. Section A line 1a with respect to the filing				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
~	organization or a re			4a		x
a b		e payment or change-of-control payment? ceive payment from, a supplemental nonqualified retirement plan?				X
		ceive payment from, an equity-based compensation arrangement?				X
C		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		+0		
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
-	contingent on the r					
а	•			5a		Х
b	Any related organiz	ation?		5b		X
		r 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?	-		6a		X
b	Any related organiz	ation?		6b		X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed paymen	ts			
		nes 5 and 6? If "Yes," describe in Part III		7		Х
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х
9		d the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forr	n 990)	) 2015

532111 10-14-15

36 2015.04010 ALL INDIA MOVEMENT FOR SEVA 3452\_\_\_1

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JANET FALK	(i)	25,200.	0.	0.	0.	0.	25,200.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SRINIVASAN V. RAMAN	(i)	125,833.	0.	0.	0.	0.	125,833.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

532113 10-14-15 Schedule J (Form 990) 2015

SCHEDULE L (Form 990 or 990-EZ)	Complete if the	organization an 28b, or 28c, o ▶ Atta	swere or Forr ach to	d "Yes m 990 Form	Interestee s" on Form 990, Pa EZ, Part V, line 38 990 or Form 990-F EZ) and its instruction	art I\ 8a oi EZ.	V, line 25a, 25b, 2 r 40b.			O	ив No. <b>20</b> Den Tr spect	<b>1</b> 5 • Put	5
Name of the organization								· ·		r identi		on ni	umber
					SEVA, INC		a)(20) argonization			733	92		
					art IV, line 25a or 2					Ъ			
1	(h	Relationship bet			lified					50.	(d)	Corre	ected?
(a) Name of disqualified	person	person and or	rganiza	ation		(C) L	Description of tran	sactio	bn		Y	es	No
• Enter the emount of tax	incurred by the	organization man		or dia	nuclified persons d	Lurin.	a the year under						
2 Enter the amount of tax section 4958	-	-	-		quaimed persons d				▶ \$				
3 Enter the amount of tax,									<b>&gt;</b> \$				
		terre etc.d.D.e.r											
		nterested Per		-				- 00.	if +1				
-	-	90, Part X, line 5, 6			, Part V, line 38a oi	rFOr	111 990, Part IV, III	ie 20,	ornu	ie orga	mzau	on	
(a) Name of	(b) Relationshi	p (c) Purpose	(d) Lo	an to or n the	(e) Original		(f) Balance due		) In	(h) App by boa		ייטין	Vritten
interested person	with organization	on of loan	organia	zation?	principal amount				ault?	committ?		mittee? agreem	
JANET FALK		RTO FUND	То	From X	6,300		0.	Yes	No X	Yes X	No	Yes X	No
				- 23	0,500	•			- 23	- 23		- 23	
						+							
Total Part III   Grants or As	ssistance B	enefiting Inter	reste	d Pe	<b>&gt;</b> 3	\$							
		swered "Yes" on											
(a) Name of interested	person	(b) Relationship interested pers the organiza	son an		<b>(c)</b> Amount of assistance	f	<b>(d)</b> Type assistan				) Purp assista		of
		~					+		-+				
							+						
LHA For Paperwork Reduc	tion Act Notic	e, see the Instruc	tions	for Fo	rm 990 or 990-EZ		Sch	edule	 L (Fo	rm 990	) or 99	ЭО-Е2	Z) 2015

#### Schedule L (Form 990 or 990-EZ) 2015

#### SEE PART V FOR CONTINUATIONS

532131 10-02-15

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?	
				Yes	No
Part V Supplemental Information					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

#### SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: JANET FALK

(C) PURPOSE OF LOAN: TO FUND REPLACEMENT FURNITURE AND OTHER PERSONAL USES

Schedule L (Form 990 or 990-EZ) 2015

08030808 758577 3452

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/f	<b>ZU15</b> Open to Public
Name of the organization		Employer identification number 11-3573392
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
HEALTH CARE '	TO RURAL AND TRIBAL POPULATION, CONDUCT WOMEN	EMPOWERMENT

PROGRAMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TRAINING TO ENCOURAGE AND TO DEVELOP SELF-SUFFICIENCY AMONG RURAL AND

TRIBAL POPULATIONS. ASSISTANCE IS ALSO PROVIDED IN THE U.S. AND AROUND

THE WORLD TOWARD DISASTER REVOVERY EFFORTS AND TOWARD OTHER EFFORTS

CONSISTENT WITH OUR MISSION.

FORM 990, PART VI, SECTION B, LINE 11:

PRIOR TO FILING THE ORGANIZATION'S FORM 990 IT IS REVIEWED BY THE DIRECTOR,

PROFESSIONAL ADVISORS AND THE ENTIRE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS AND DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION HAS TYPICALLY MADE ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR ACCEPTING RESPONSIBILITY FOR THE AUDIT HAS NOT CHANGED.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) <sup>532211</sup> 9-02-15 41

08030808 758577 3452

2015.04010 ALL INDIA MOVEMENT FOR SEVA 3452\_\_\_1

Form	4562
	ment of the Treasury

# Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

5

Attach to your tax return.

Intern	al Revenue Service (99)	Information	about Form 456	2 and its se	eparate instru	ctions is at w	vw.irs.gov/for	m4562.	Sequence No. 179
Name	(s) shown on return				Busine	ess or activity to whi	ich this form relate	S	Identifying number
AL	L INDIA MOVE	MENT FOR	SEVA, I	NC.	FOR	M 990 P	AGE 10		11-3573392
Pa	rt I Election To Expen	se Certain Propert	y Under Section 1	79 Note: If ye	ou have any lis	sted property, o	complete Part	V before y	/ou complete Part I.
1	Maximum amount (see	instructions)						1	500,000.
2	Total cost of section 17	9 property place	d in service (see	instructions	s)			2	
3	Threshold cost of section	on 179 property l	pefore reduction	in limitation				3	2,000,000.
4	Reduction in limitation.	Subtract line 3 fr	om line 2. If zero	or less, ent	er -0-			4	
5	Dollar limitation for tax year. Su	btract line 4 from line	1. If zero or less, enter	-0 If married fi	ling separately, see	e instructions		5	
6		(a) Description of prop	perty		(b) Cost (busin	iess use only)	(c) Elected	d cost	
	Listed property. Enter tl								
	Total elected cost of se								
	Tentative deduction. En								
	Carryover of disallowed								
	Business income limitat								
	Section 179 expense de							12	
	Carryover of disallowed			,		🕨 13			
	e: Do not use Part II or		,						
		ciation Allowan		•	•				
14	Special depreciation all	owance for quali	fied property (oth	her than liste	ed property) pl	laced in service	during		
	Property subject to sec		ction						4 200
	Other depreciation (incl							16	4,269.
Ра	rt III MACRS Depr	eciation (Do not	include listed pr			.)			
				-	ection A				
17	MACRS deductions for	assets placed in	service in tax ye	ears beginnii	ng before 201	5		<b>17</b>	
18	If you are electing to group any								
	Sec	tion B - Assets I	(b) Month and		or depreciation	Using the Gen	eral Deprecia	ation Syst	em
	(a) Classification of pr	roperty	year placed in service	(business/i	e instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
e	15-year property								
f	20-year property								
g	25-year property					25 yrs.		S/L	
h	Residential rental p	roporty	/			27.5 yrs.	MM	S/L	
	nesidentiai rentai pi	roperty	/			27.5 yrs.	MM	S/L	
	Nonrosidantial real	proportiv	/			39 yrs.	MM	S/L	
i	Nonresidential real	,	/				MM	S/L	
	Sectio	on C - Assets Pl	aced in Service	During 201	5 Tax Year U	sing the Alterr	native Depred	iation Sys	stem
20a	Class life							S/L	
b	12-year					12 yrs.		S/L	
c			/			40 yrs.	MM	S/L	
Pa	rt IV Summary (See	e instructions.)							
21	Listed property. Enter a	mount from line	28					21	
22	Total. Add amounts fro	m line 12, lines 1	4 through 17, lin	es 19 and 2	0 in column (g	), and line 21.			
	Enter here and on the a	ppropriate lines	of your return. Pa	artnerships a	and S corpora	tions - <u>se</u> e instr	<u></u>	22	4,269.
	For assets shown above								
	portion of the basis attr	ibutable to section	on 263A costs			23			
51628 12-28	51 -15 LHA For Paperv	vork Reduction	Act Notice, see	separate in	structions. 42				Form <b>4562</b> (2015)

2015.04010 ALL INDIA MOVEMENT FOR SEVA 3452\_\_\_1

Form 4562 (2015)	ALL I												392	
Part V Listed Property		nobiles, ce	ertain oth	ner vehio	cles, cer	tain aircı	raft, ce	ertain com	puters, a	and prop	perty use	ed for en	tertainm	ent,
recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.											mns			
Section A - D	Depreciation a	nd Other	Informa	tion (Ca	aution: S	See the i	nstruc	tions for li	mits for	passeng	ger autor	nobiles.)		
24a Do you have evidence to su			nt use cl	aimed?	<b>Y</b>	es	No	24b If "Y	es," is th	ne evide	nce writt	ten?	Yes	No
<b>(a)</b> Type of property (list vehicles first)		(c) Business/ investment e percentag		<b>(d)</b> Cost or her basis	(bus	(e) sis for depressiness/invesuse only	stment	<b>(f)</b> Recovery period	Me	<b>g)</b> thod/ ention	Depre	<b>h)</b> eciation uction	Eleo sectio	<b>(i)</b> cted on 179 ost
25 Special depreciation allow	vance for qualif	ied listed	property	/ placed	in servio	ce during	g the ta	ax year an	d					
used more than 50% in a qualified business use														
26 Property used more than	50% in a qualit	fied busine	ess use:											
		9	6											
		9	_											
		9	-											
27 Property used 50% or les	· · · ·		_											
			6						S/L -					
	: :	9	_						S/L ·					
28 Add amounts in column (	: : :	9 wab 07 E	-						S/L -	28				
29 Add amounts in column ( 29 Add amounts in column (												29		
	i), iirie 20. Liitei			B - Infor								29		
Complete this section for veh	icles used by a					-			or related	d persor	n. If you	orovideo	l vehicles	s
to your employees, first answ														
5 1 5 7				,					5					
			(	a)	(	b)		(c)	((	d)	(	e)	(f	)
30 Total business/investment m	iles driven during	, the	Veł	nicle	Ver	nicle	V	ehicle	Veh	nicle	Veh	nicle	Veh	icle
year ( <b>do not</b> include commi	uting miles)													
31 Total commuting miles dr	iven during the	year												
32 Total other personal (non														
driven														
<b>33</b> Total miles driven during Add lines 30 through 32														
34 Was the vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?	•		103						103				103	110
35 Was the vehicle used prir														
than 5% owner or related														
36 Is another vehicle availab														
use?	•													
	Section C - Qu		or Emp	loyers V	Vho Pro	vide Vel	nicles <sup>·</sup>	for Use b	y Their E	Employe	es			
Answer these questions to de	etermine if you	meet an e	xceptior	n to com	pleting \$	Section	B for v	ehicles us	ed by er	nployee	s who <b>a</b>	r <b>e not</b> m	ore than	5%
owners or related persons.														
37 Do you maintain a written	policy stateme	ent that pro	ohibits a	all perso	nal use o	of vehicle	es, inc	luding cor	nmuting	, by you	r		Yes	No
employees?														<u> </u>
38 Do you maintain a written	policy stateme	ent that pro	ohibits p	personal	use of v	/ehicles,	excep	t commut	ing, by y	our				
employees? See the instr														┥
39 Do you treat all use of veh														
40 Do you provide more than														
the use of the vehicles, a														
41 Do you meet the requirem														<u> </u>
Note: If your answer to 3 Part VI Amortization	7, 36, 39, 40, 0	4115 10	s, don	or comp	nete Set		Srthed	covered v	enicies.					
(a)			(b)		(c)			(d)		(e)			(f)	
Description of costs Date amortization Amortizable Code Amortization Amortization begins amount section period or percentage for this year														
42 Amortization of costs that begins during your 2015 tax year:														
		<u> </u>												
43 Amortization of costs that	t began before	your 2015	i tax yea	ar							43			
44 Total. Add amounts in co											44			
516252 12-28-15												F	orm <b>456</b> 2	<b>2</b> (2015)

Form <b>8868</b>	
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(Rev. January 2014)

### Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

1

Department of the Treasury
Internal Revenue Service

► Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)**. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

#### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.
Enter filer's identifying number

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) o				
print File by the due date for filing your return. See instructions.	ALL INDIA MOVEMENT FOR SEVA, INC.	11-3573392				
	Number, street, and room or suite no. If a P.O. box, see instructions. 651 ROUTE 115 PO BOX 639	Social security number (SSN)				
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAYLORSBURG, PA 18353					

Enter the Return code for the return that this application is for (file a separate application for each return)	,	0
Enter the netalin bode for the retain that the application to for the a separate application for each retain		_

Application	Return	Application			Return	
Is For	Code	Is For	Code			
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-BL	02	Form 1041-A			08	
Form 4720 (individual)	03	Form 4720 (other than individual)	09			
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
• The books are in the care of $\blacktriangleright$ P.O. BOX 639 Telephone No. $\blacktriangleright$ 570-402-1244		Fax No. 🕨				
<ul> <li>If the organization does not have an office or place of busin</li> <li>If this is for a Group Return, enter the organization's four dig box  </li> <li>. If it is for part of the group, check this box  </li> </ul>	git Group Exe	emption Number (GEN) If thi	s is fo	r the whole gro		
<ul> <li>is for the organization's return for:</li> <li>alendar year 2015 or</li> <li>tax year beginning</li> </ul> 2 If the tax year entered in line 1 is for less than 12 months Change in accounting period	, an	- <u> </u>	ıl retur	_ ·		
<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 472 nonrefundable credits. See instructions.	20, or 6069,	enter the tentative tax, less any	3a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						
c Balance due. Subtract line 3b from line 3a. Include your	payment wit	h this form, if required,				
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$						
<b>Caution.</b> If you are going to make an electronic funds withdraw instructions.			B-EO ai	nd Form 8879-	EO for payment	
LHA For Privacy Act and Paperwork Reduction Act Notic	ce, see instr	uctions.		Form <b>88</b>	68 (Rev. 1-2014)	

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