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|------|------|--|
|      | uuli |  |
| 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<br>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<br>return   | Number and street (or P.O. box if mail is not delivered to street address)   | E Telephone number |                                     |                               |  |
|                                | Final   | 570-   | 402-1244           |                                     |                               |  |
| _                              | termir<br>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<br>tion<br>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<br>3,157,364.    |  |
| anc                            | 8   | Contributions and grants (Part VIII, line 1h)<br>Program service revenue (Part VIII, line 2g)  |                    | 0.                                  | 0.                            |  |
| Revenue                        |   | Program service revenue (Part VIII, line 2g)<br>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)<br>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<br>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<br>Here            | Signature of officer<br>JANET FALK, DIRECTOR<br>Type or print name and title |                         | Date             |                        |
|-------------------------|--|-------------------------|------------------|------------------------|
| Paid                    | Print/Type preparer's name<br>GREGORY S. EDE, CPA                            | Preparer's signature    | Date<br>08/08/16 | Check PTIN             |
| Preparer                | Firm's name STYER ASSOCIATES   |                         |                  | 's EIN ▶ 23-2076314    |
| Use Only                | Firm's address P.O. BOX 64080<br>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<br><b>S</b> | 16-15 LHA For Paperwork Reduction Act Notion<br>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:<br>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.<br>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<br>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 \$)   |
|      |  |
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|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
| 4c   | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$   |
| 10   | (Code:         ) (Expenses \$) (Revenue \$)  |
|      |  |
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|      |  |
|      |  |
|      |  |
|      | 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)  |

| -    | ~~~ | (001-) |   |
|------|-----|--------|---|
| ⊢orm | 990 | (2015) | ) |

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  |

Form **990** (2015)

532003 12-16-15

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| Form | 990 | (2015) |  |
|------|-----|--------|--|
|      | 330 | (2010) |  |

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<br>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<br>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)

532004 12-16-15

08030808 758577 3452

| 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<br>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<br>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) |
|-----------------|--------|
|-----------------|--------|

Page 5

532005 12-16-15

| Form | 990 | (2015) |
|------|-----|--------|
|------|-----|--------|

#### 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).<br>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<br>hours per<br>week   | box                            | not c<br>, unle       | Pos<br>heck<br>ss pe | more<br>rson | than<br>is bot<br>pr/trus       | h an   | Reportable<br>compensation<br>from     | Reportable<br>compensation<br>from related | Estimated<br>amount of<br>other  |
|----------------------------------|--|--------------------------------|-----------------------|----------------------|--------------|---------------------------------|--------|--|--|--|
|                                  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer              | Key employee | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)           | compensation<br>from the<br>organization<br>and related<br>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)   |

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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)<br>Name and title   | (B)<br>Average<br>hours per<br>week                                  | box<br>offi                    | not c<br>, unle        | Pos<br>heck | more<br>rson | than<br>is bot<br>pr/trus       | h an   | (D)<br>Reportable<br>compensation<br>from | <b>(E)</b><br>Reportable<br>compensation<br>from related |               | Estir<br>amo<br>of     | <b>F)</b><br>mated<br>unt of<br>her                  |                |
|                 |   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | In stitutional trustee | Officer     | Key employee | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC)    | organizations<br>(W-2/1099-MISC                          | )             | fror<br>orgar<br>and i | ensation<br>n the<br>nization<br>related<br>izations | I              |
|                 |   |  |                                |                        |             |              |                                 |        |   |  | +             |                        |  |                |
|                 |   |  |                                |                        |             |              |                                 |        |   |  | $\rightarrow$ |                        |  |                |
|                 |   |  |                                |                        |             |              |                                 |        |   |  | $\square$     |                        |  |                |
|                 |   |  |                                |                        |             |              |                                 |        |   |  | +             |                        |  |                |
|                 |   |  |                                |                        |             |              |                                 | _      |   |  | $\square$     |                        |  |                |
|                 |   |  |                                |                        |             |              |                                 |        |   |  | +             |                        |  |                |
|                 |   |  |                                |                        |             |              |                                 |        |   |  | +             |                        |  |                |
|                 |   |  |                                |                        |             |              |                                 |        |   |  | +             |                        |  |                |
|                 | <u></u>   |  |                                |                        |             |              |                                 |        | 151,033.                                  |  | 0.            |                        |  | ).             |
| С               | Sub-total<br>Total from continuation sheets to Part V   | II, Section A  |                                |                        |             |              |                                 |        | 0.  |  | 0.            |                        | 0  | ).             |
| d<br>2          | Total (add lines 1b and 1c)   |  |                                |                        |             |              |                                 | ho r   | 151,033.<br>eceived more than \$100       |  | •••           |                        | Ľ  | <u>/.</u><br>1 |
|                 | compensation from the organization  |  |                                |                        |             |              |                                 |        |   |  |               | Y                      | es N   | 0              |
| 3               | Did the organization list any <b>former</b> officer<br>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<br>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<br>1        | tion B. Independent Contractors<br>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)<br>Name and business  | address  | N                              | ONI                    | Ξ           |              |                                 |        | <b>(B)</b><br>Description of s            | services   | Сс            | (C)<br>mpens           | ation  |                |
|                 |   |  |                                |                        |             |              |                                 |        |   |  |               |                        |  |                |
|                 |   |  |                                |                        |             |              |                                 |        |   |  |               |                        |  |                |
|                 |   |  |                                |                        |             |              |                                 |        |   |  |               |                        |  |                |
|                 |   |  |                                |                        |             |              |                                 |        |   |  |               |                        |  |                |
|                 | Table and the second   | (  |                                |                        |             |              |                                 |        |   |  |               |                        |  |                |
| 2               | Total number of independent contractors (<br>\$100,000 of compensation from the organ                             | . e  | IOT II                         | rnite                  | a to        |              | se li:<br>0                     | STEC   | a above) who received h                   | nore than  | -             | ·                      | <b>90</b> (201                                       | 1.5.           |
| 53200<br>12-16- | 3<br>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><br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | ( <b>D)</b><br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| nts  | 1     | a Federated campaigns  | 1a                    |                     |                             |   |  |  |
| Contributions, Gifts, Grants and Other Similar Amounts |       | b Membership dues  |                       |                     |                             |   |  |  |
| S, G   |       | c Fundraising events   |                       |                     |                             |   |  |  |
| Sift<br>lar  |       | d Related organizations  |                       |                     |                             |   |  |  |
| ini<br>ini   |       | e Government grants (cor   |                       |                     |                             |   |  |  |
| tion<br>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<br>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<br>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,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>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<br>above. (List miscellaneous expenses in line 24e. If line<br>24e amount exceeds 10% of line 25, column (A)<br>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)  |                       |   |   |                                       |

532010 12-16-15

08030808 758577 3452

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

Form **990** (2015)

08030808 758577 3452

33

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.<br>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 |  |
|------------|--|
|------------|--|

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<br>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<br>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

13

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<br>ction C. Computation of Publ | o here<br>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 |           |  |  |  |

532022 09-23-15

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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<br>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,<br>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<br>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>                             |
| 3(        | 808 758577 3452  | 20                | 15.04010             | ALL INDIA              | MOVEMENT            | FOR S        | SEVA 3452                             |
|           |  | _ • •             |                      |                        |                     |              | · · · · · · · · · · · · · · · · · · · |

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

16

# 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.<br>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<br>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<br>2   | Activities Test. Answer (a) and (b) below.  | uctions  | ).<br>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<br>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     |
|          | 17  |          |           | , _0 10  |

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<br>(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<br>(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

532026 09-23-15

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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<br>(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<br>Pre-2015         Distributions<br>Amount for 2015           1         Distributions, if any, for years prior to 2015<br>(reasonable cause required-see instructions)  | 10    | Line 8 amount divided by Line 9 amount                        | i                            |                        |               |
| 2       Underdistributions, if any, for years prior to 2015<br>(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,<br>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<br>any. Subtract lines 4a and 4b from 14.       a         5 Remaining underdistributions for 2015. Subtract lines 3h<br>and 4b from line 1 (if amount greater than zero, see<br>instructions).       a         6 Remaining underdistributions carryover to 2016. Add lines 3j<br>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,<br>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<br>any. Subtract lines 3g and 4a from line 2 (if amount<br>greater than zero, see instructions).       i         6 Remaining underdistributions for 2015. Subtract lines 3h<br>and 4b from line 1 (if amount greater than zero, see<br>instructions).       i         7 Excess distributions carryover to 2016. Add lines 3j<br>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,<br>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<br>any. Subtract lines 3g and 4a from line 2 (if amount<br>greater than zero, see instructions).         6 Remaining underdistributions for 2015. Subtract lines 3h<br>and 4b from line 1 (if amount greater than zero, see<br>instructions).         7 Excess distributions carryover to 2016. Add lines 3j<br>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,<br>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<br>any. Subtract lines 3g and 4a from line 2 (if amount<br>greater than zero, see instructions).         6 Remaining underdistributions for 2015. Subtract lines 3h<br>and 4b from line 1 (if amount greater than zero, see<br>instructions).         7 Excess distributions carryover to 2016. Add lines 3j<br>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,<br>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<br>any. Subtract lines 3g and 4a from line 2 (if amount<br>greater than zero, see instructions).          6       Remaining underdistributions for 2015. Subtract lines 3h<br>and 4b from line 1 (if amount greater than zero, see<br>instructions).          7       Excess distributions carryover to 2016. Add lines 3j<br>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

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| 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<br>nd 3; Part I\ | a, 6, 9a, 9b,<br>/, Section E, | lines 1c, | 2a, 2b | 0, 3a and 3 | b; Part V, lir | in B, intes<br>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.)         |                   |                               |                                |           |        |             |                |                             |                    |            |      |
|             |                             |                   |                               |                                |           |        |             |                |                             |                    |            |      |
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|             |                             |                   |                               |                                |           |        |             |                |                             |                    |            |      |
|             |                             |                   |                               |                                |           |        |             |                |                             |                    |            |      |
| 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 [ | ) |
|------------|---|
|------------|---|

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><br>-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<br>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<br>basis (investr |               | <b>(b)</b> Cost<br>basis ( |               |             | ccumulate<br>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)<br>(L)   |                       |   |                      |                                       |
| (H)<br>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)<br>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)<br>(3)   |                       |   |                      |                                       |
| (2)<br>(3)<br>(4)  |                       |   |                      |                                       |
| (2)<br>(3)<br>(4)<br>(5)   |                       |   |                      |                                       |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)  |                       |   |                      |                                       |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)   |                       |   |                      |                                       |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)  |                       |   |                      |                                       |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(9)<br>(otal. (Column (b) must equal Form 990, Part X, col. (B) line   | 15.)                  |   |                      |                                       |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.  |                       | ne 11e or 11f See Form                            | 990 Part X line 25   |                                       |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o   |                       |   | 990, Part X, line 25 |                                       |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o<br>(a) Description of liability   |                       | ne 11e or 11f. See Form<br>( <b>b)</b> Book value | 990, Part X, line 25 |                                       |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o<br>(1) Federal income taxes   |                       |   | 990, Part X, line 25 |                                       |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o<br>(a) Description of liability<br>(1) Federal income taxes<br>(2)  |                       |   | 990, Part X, line 25 |                                       |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o<br>. (a) Description of liability<br>(1) Federal income taxes<br>(2)<br>(3)   |                       |   | 990, Part X, line 25 |                                       |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o<br>. (a) Description of liability<br>(1) Federal income taxes<br>(2)<br>(3)<br>(4)   |                       |   | 990, Part X, line 25 |                                       |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o<br>. (a) Description of liability<br>(1) Federal income taxes<br>(2)<br>(3)<br>(4)<br>(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.

28

| 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<br>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<br>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<br>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 .          |                      |
|   |                    |                            |  | ,<br>SELF-SUFFIC | •                 |                      |
| INDIA   | 0                  | 0                          | PEOPLE IN REMOTE                         | CULTURAL VI      |                   | 2,425,593.           |
|   |                    |                            |  |                  |                   |                      |
|   |                    |                            |  |                  |                   |                      |
|   |                    |                            |  |                  |                   |                      |
|   |                    |                            |  |                  |                   |                      |
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|   |                    |                            |  |                  |                   |                      |
|   |                    |                            |  |                  |                   |                      |
|   |                    |                            |  |                  |                   |                      |
| 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<br>(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<br>non-cash<br>assistance | <b>(h)</b> Description<br>of non-cash<br>assistance | <b>(i)</b> Method of<br>valuation (book, FMV,<br>appraisal, other) |
|---|---|---------------------------|--------------------------------|---------------------------------|--|---|---|--|
|   |   |                           | TO FUND ONGOING<br>PROGRAMS OF |                                 |  |   |   |  |
|   |   |                           | LITERACY, HEALTH, SELF-        |                                 |  |   |   |  |
|   |   | INDIA                     | AND CULTURAL                   | 2425593.                        | WIRE TRANSFER                          | 0.                                      |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
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|   |   |                           |                                |                                 |  |   |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
|   |   |                           |                                |                                 |  |   |   |  |
| 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<br>"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see<br>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<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service |   | <b>Go</b><br>Compl   | arants and Oth<br>vernments, an<br>ete if the organizatio | nd Individual<br>n answered "Yes"<br>Attach to For | l <b>s in the Ŭn</b> i<br><sup>1</sup> on Form 990, Pa<br>m 990. | ited States<br>rt IV, line 21 or 22.                                  | 0                                      | OMB No. 1545-0047<br><b>2015</b><br>Open to Public<br>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<br>ward the grants or assist<br>IV the organization's pro- | stance?              |   |  |  |   |  | tion<br>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<br>/ernment   | <b>(b)</b> EIN       | (c) IRC section<br>if applicable                          | (d) Amount of cash grant                           | <b>(e)</b> Amount of<br>non-cash<br>assistance                   | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                             |
| MAI FAMILY SERVIC<br>32401 W. EIGHT MI<br>LIVONIA, MI 48152                        | LE ROAD   | 38-2659685           | 501 (C) (3)   | 5,000.   | 0.   |   |  | ASSISTANCE TO ASIAN<br>INDIAN FAMLIES AND<br>INDIVIDUALS IN NEED. |
|  |   |                      |   |  |  |   |  |   |
|  |   |                      |   |  |  |   |  |   |
|  |   |                      |   |  |  |   |  |   |
|  |   |                      |   |  |  |   |  |   |
|  |   |                      |   |  |  |   |  |   |
| 3 Enter total numb   | er of section 501(c)(3) a<br>er of other organization<br>Reduction Act Notice         | s listed in the line | 1 table   |  |  |   |  | ▶ <u>1.</u><br>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-<br>cash assistance | (e) Method of valuation<br>(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<br>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<br>b  |   | e payment or change-of-control payment?<br>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<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(i)-(D)           | in column (B)<br>reported as deferred<br>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<br>(Form 990 or 990-EZ)     | Complete if the   | organization an<br>28b, or 28c, o<br>▶ Atta         | swere<br>or Forr<br>ach to | d "Yes<br>m 990<br>Form | Interestee<br>s" on Form 990, Pa<br>EZ, Part V, line 38<br>990 or Form 990-F<br>EZ) and its instruction | art I\<br>8a oi<br>EZ. | V, line 25a, 25b, 2<br>r 40b. |        |                | O                 | ив No.<br><b>20</b><br>Den Tr<br>spect | <b>1</b> 5<br>• 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<br>n the       | (e) Original  |                        | (f) Balance due               |        | ) In           | (h) App<br>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<br>X               | 6,300   |                        | 0.                            | Yes    | No<br>X        | Yes<br>X          | No                                     | Yes<br>X            | No      |
|  |                   |   |                            | - 23                    | 0,500   | •                      |                               |        | - 23           | - 23              |  | - 23                |         |
|  |                   |   |                            |                         |   |                        |                               |        |                |                   |  |                     |         |
|  |                   |   |                            |                         |   |                        |                               |        |                |                   |  |                     |         |
|  |                   |   |                            |                         |   | +                      |                               |        |                |                   |  |                     |         |
|  |                   |   |                            |                         |   |                        |                               |        |                |                   |  |                     |         |
|  |                   |   |                            |                         |   |                        |                               |        |                |                   |  |                     |         |
|  |                   |   |                            |                         |   |                        |                               |        |                |                   |  |                     |         |
|  |                   |   |                            |                         |   |                        |                               |        |                |                   |  |                     |         |
| Total<br>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<br>interested pers<br>the organiza | son an                     |                         | <b>(c)</b> Amount of assistance   | f                      | <b>(d)</b> Type<br>assistan   |        |                |                   | ) Purp<br>assista                      |                     | of      |
|  |                   | ~   |                            |                         |   |                        | +                             |        | -+             |                   |  |                     |         |
|  |                   |   |                            |                         |   |                        |                               |        |                |                   |  |                     |         |
|  |                   |   |                            |                         |   |                        |                               |        |                |                   |  |                     |         |
|  |                   |   |                            |                         |   |                        |                               |        |                |                   |  |                     |         |
|  |                   |   |                            |                         |   |                        | +                             |        |                |                   |  |                     |         |
|  |                   |   |                            |                         |   |                        |                               |        |                |                   |  |                     |         |
|  |                   |   |                            |                         |   |                        |                               |        |                |                   |  |                     |         |
|  |                   |   |                            |                         |   |                        |                               |        |                |                   |  |                     |         |
| LHA For Paperwork Reduc                | tion Act Notic    | e, see the Instruc                                  | tions                      | for Fo                  | rm 990 or 990-EZ  |                        | Sch                           | edule  | <br>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<br>organization<br>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<br>(Form 990 or 990-EZ)<br>Department of the Treasury<br>Internal Revenue Service | Supplemental Information to Form 990 or 990<br>Complete to provide information for responses to specific questions on<br>Form 990 or 990-EZ or to provide any additional information.<br>► Attach to Form 990 or 990-EZ.<br>Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/f | <b>ZU15</b><br>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<br>in service | (business/i      | e instructions)      | (d) Recovery<br>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<br>12-28 | 51<br>-15 LHA For Paperv           | vork Reduction          | Act Notice, see           | separate in      | structions.<br>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><br>Type of property<br>(list vehicles first)   |                      | (c)<br>Business/<br>investment<br>e percentag |            | <b>(d)</b><br>Cost or<br>her basis | (bus       | (e)<br>sis for depressiness/invesuse only | stment              | <b>(f)</b><br>Recovery<br>period | Me         | <b>g)</b><br>thod/<br>ention | Depre          | <b>h)</b><br>eciation<br>uction | Eleo<br>sectio   | <b>(i)</b><br>cted<br>on 179<br>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<br>wab 07 E                                 | -          |                                    |            |   |                     |                                  | S/L -      | 28                           |                |                                 |                  |                                     |
| 29 Add amounts in column (<br>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<br>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

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| 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<br>File by the<br>due date for<br>filing your<br>return. See<br>instructions. | ALL INDIA MOVEMENT FOR SEVA, INC.  | 11-3573392                             |  |  |  |  |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br>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<br>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<br/>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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