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Form	-	Э	U

EXTENDED TO NOVEMBER 15, 2021

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.

OMB No. 1545-0047 2020 Open to Public

		of the Treasury enue Service Go to www.irs.gov/Form990 for instructions and the	it may b	e made public.	Open to Public
		and end		intormation.	Inspection
	Addre	ess Be ALL INDIA MOVEMENT FOR SEVA, INC.		D Employer identific	
	Initial	No. 5		11-357339	12
	Final return termir ated	651 ROUTE 115 PO BOX 639	m/suite	E Telephone number 570-402-1	.244
E	Amen			G Gross receipts \$	3,886,801.
	Applic tion pendin	Ga- ing F Name and address of principal officer: JANET FALK P.O. BOX 639, SAYLORSBURG, PA 18353 empt status: X 501(c)(3) 501(c) () ◄ (insert no.)		H(b) Are all subordinates inc	urn Yes X No Iuded? Yes No st. See instructions
		te: WWW.AIMFORSEVAUSA.ORG	_	H(c) Group exemption	
		forganization: X Corporation Trust Association Other ►			State of legal domicile: NY
Pa	rt I	Summary			Section Section 10.
Activities & Governance	2	Briefly describe the organization's mission or most significant activities: TO EDUC INDIA THROUGH THE CONCEPT OF A FREE STUDENT Check this box ▶ if the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a)	F HOM of more t	IE PROVIDE P han 25% of its net ass	RIMARY ets.
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1a)			5
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	••••••		5
Viti	6	Total number of volunteers (estimate if necessary)		6	3
Act	/ a	Total unrelated business revenue from Part VIII, column (C), line 12		79	0.
-	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		4,525,983.	3,886,478.
Revenue	9	Program service revenue (Part VIII, line 2g)	UN TO	0.	0.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,024.	323.
	11 0	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)		4,527,007.	3,886,801.
	14 1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,351,247.	2,604,115.
	15 5	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	160	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		225,322.	227,194.
per	b	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ш	17 (Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	665,705.	005 141
	18 1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			225,141.
	19 F	Revenue less expenses. Subtract line 18 from line 12		4,242,274. 284,733.	3,056,450.
Ces	100			ning of Current Year	830,351.
Fund Balances	20 1	Total assets (Part X, line 16)		1,806,259.	End of Year 3,028,167.
	21 1	Total liabilities (Part X, line 26)		360,256.	751,813.
	22 M	Net assets or fund balances. Subtract line 21 from line 20		1,446,003.	2,276,354.
-	τII	Signature Block		A CONTRACTOR OF THE OWNER OWNER OF THE OWNER OWNE OWNER OWNE	and a start of the start
nder ue. c	penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and it, and complete. Declaration of proparer (other than officer) is based on all information of which pr	statemen	ts, and to the best of my k	nowledge and belief, it is
		VI M AT FILLER	reparer ha	is any knowledge.	7001-
ign		Signature of officer		Date/24/0	
-		· · · · · · · · · · · · · · · · · · ·		Land	

Here	JANET FALK, DIRECTOR Type or print name and title		Date
Paid Preparer Use Only	GREGORY S. EDE, CPA	P.C.	te Check PTIN if print
May the I	RS discuss this return with the preparer shown above?	See instructions	
032001 12-	23-20 LHA For Paperwork Reduction Act Notice, s	see the separate instructions.	Form 990 (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	INALINING TO ENCOURAGE	NDUCTING WOMEN EMPOWER		
	TRAINING TO ENCOURAGE	NDUCTING WOMEN EMPOWET	MOBILE MEDICAL UNITS. TH	
	INALINING TO ENCOURAGE		RMENT PROGRAMS AND COMMUN	ATTON
		AND TO DEVELOP SELF-9	SUFFICIENCY AMONG DUDAT	TTE
	INIDAL POPULATIONS. A	SSISTANCE IS ALSO PROV	TDED IN THE ILC AND AD	OTTAT
	THE WORLD TOWARD DISA	STER REVOVERY EFFORTS	AND TOWARD OTHER EFFORT	S
	CONSISTENT WITH OUR M	ISSION.		
				-
41				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
				-
40				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
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) (Revenue \$	
	Other program services (Describe on Sched	lule O.)		
łd	Other program services (Describe on Sched	lule O.)) (Revenue \$)	

Form 990 (2	2020)
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Form 990 (2020) ALL INDIA MOVEMENT FOR SEVA, INC. Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	Yes	No
	If "Yes," complete Schedule A	1	x	
2	Same and a to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</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			1.0
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	4		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5	-	X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	-	X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	X
8	Schedule D, Part III	8		x
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	as applicable.	10		-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		v	
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	<u>11a</u>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	<u>11b</u>		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	11c	-	X
e	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	-	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			v
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f	v	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	-
	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	100	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		v	
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	14b	X	-
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	X	1.50
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u>X</u>
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
19	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
00	complete Schedule G, Part III	19	()	X
204	bid the organization operate one or more nospital facilities? If "Yes," complete Schedule H	20a	1.0	X
D	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		171	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	2020)

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Form 990 (2020) ALL INDIA MOVEMENT FOR SEVA, INC.
Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants on other states and the	-	Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 22. /f "Yes." complete Schedule L Parts (and W)	1.5		12.3
23	Part IX, column (A), line 2? // "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	-	X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes " complete			
24	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	-	X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			X
	any tax-exempt bonds?	24b		
c	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	-	-
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	240 25a		x
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	25b		X
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26	-	x
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III	27		x
28	was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
b	A ranny member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		100
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	bid the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	Check if Schedule O contains a response or note to any line in this Dat V			
-	encer in consume o contains a response or note to any line in this Part V	1		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2	-	Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x	
132004	12-23-20	Form		0000

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20	Enter the number of employees reported on E-	-	Yes	N
	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 war ensured by the			
b	filed for the calendar year ending with or within the year covered by this return	3	1.20	
-	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
b	summer during the vear?	3a		X
	solution of this year in two to line 3D, provide an explanation on Schedule O	3b		122
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account in a foreign country (such as a bark account in a signature or other authority over, a			1
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
			1	
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1	X
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	1	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable cantributions 0	1.5.4	111	
b	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X
	were not tax deductible?		111	
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		_
a	- section 170(c).			
b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	-	X
c	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
-	to file Form 8282?	isti	1	
d	to file Form 8282?	7c	-	X
e	Did the organization receive any funds, directly or indirectly to now promiume and a new promiume of a			
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		-
-	sponsoring organization have everes husing a half and a hard a hard and a hard a h			
9	Sponsoring organization have excess business holdings at any time during the year?	8	_	_
a	Did the sponsoring organization make any tayable distributions under section 40000			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a	-	_
0	Section 501(c)(7) organizations. Enter:	9b	-	_
a	Initiation food and constal contributions included and an annual second se			
b				
1	Section 501(c)(12) organizations. Enter:			
	Gross income from members of sharehold and			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from thom)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		-	
b	If "Yes," enter the amount of tax avament interest rescind and the second states of the secon	12a	-	-
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?		-	_
	Note: See the instructions for additional information the organization must report on Schedule O.	13a	-	-
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified backto stars			
c	Enter the amount of reserves on hand			
la	Did the organization receive any payments for indoor tanning services during the tax year?			v
b	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a	-	X
5	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b	-	_
1.4	excess parachute payment(s) during the year?	40		v
3	f "Yes," see instructions and file Form 4720, Schedule N.	15	-	X
	s the organization an educational institution subject to the section 4968 excise tax on net investment income?	40		v
	f "Yes," complete Form 4720, Schedule O.	16	-	x

Form 990 (2020)

032005 12-23-20

-	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 to to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule Check if Schedule O contains a response	O. See	Instructions		COR.	
Se	Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management					
		-		_	Yes	Л
12	Enter the number of voting members of the governing body at the end of the tax year	1a		5	Tea	4
	If there are material differences in voting rights among members of the governing body, or if the governing	100		-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O					
b	and the set of the set	1b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other	-		
	onicer, director, trustee, or key employee?			2		1
3	and the organization delegate control over management duties customarily performed by or under the	o diract	suponvision			1
13	of officers, directors, trustees, or key employees to a management company or other person?			3	-	
4	bid the organization make any significant changes to its governing documents since the prior Form of	DON WOR	filedo			1
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5	10.00	1
6	Did the organization have members or stockholders?			6	1.11	1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or an	noint c	ne or			1
	more members of the governing body?			7a	1.1	
b	has any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders or	14		1
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hy the	following	10	-	t
а	The governing body?	a by the	ionowing.		v	1
b	Each committee with authority to act on behalf of the governing body?			<u>8a</u>	X	ł
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	chod of	the	8b	•	ł
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	cried at	ule		1.1	l
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	wanua	Code)	9	-	1
		venue	Code.)	-		Т
10a	Did the organization have local chapters, branches, or affiliates?				Yes	ł
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch			10a	-	ł
	and branches to ensure their operations are consistent with the organization's exempt purposes?	apters,	annates,	1		l
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		filles the fame	10b		╞
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Delore	tiling the form?	<u>11a</u>	X	ł
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13					ŀ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	X	╞
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	to contil	CIS?	12b	X	┞
	in Schedule O how this was done	es," des	cribe			
13				12c	_	-
14	Did the organization have a written whistleblower policy?			13	X	
15	Did the organization have a written document retention and destruction policy?			14	X	
	Did the process for determining compensation of the following persons include a review and approval	by ind	ependent			l
а	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
h	The organization's CEO, Executive Director, or top management official			15a	X	
~	Other officers or key employees of the organization			15b	X	
69	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1		
ua	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with	па			
h	taxable entity during the year?			16a	-	
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its par	ticipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's	5			
act	exempt status with respect to such arrangements?			16b	-	
7	List the states with which a copy of this Form 990 is required to be filed PA, CA, GA, IL, MA	A, MD	,MI,NC,NJ	,NY	,VA	,
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T	(Section 501(c)(3)s only)	availa	al
	To public inspection. Indicate now you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain of	n Sche	dule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	flict of	interest policy, an	d finan	cial	
	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 boo	ks and	records 🕨			
	<u>MANAGEMENT - 570-402-1244</u>					1
_	P.O. BOX 639, SAYLORSBURG, PA 18353 12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES					
	12-23-20 SEE SCHEDULE O FOR FULL, LIST OF STATES				990 (1

Form 990 (2020)

Form 990 (Part VII	(2020) ALL INDIA MOVEMENT FOR SEVA, INC. 11-3	3573392	Page 7
÷	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII	1	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple ● List a Enter -0- in	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amou columns (D) (E) and (E) if no comparation was not defined as the second secon	ne organization's	s tax year. ation.

mns (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 report-able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box	o not o	SS D	more	n e than i is bo cor/tru:	th an	(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) SRINIVASAN V. RAMAN CHIEF OPERATING OFFICER	40.00				x	-		150,000.	0.	0.
(2) PIYUSH SHAH PRESIDENT/BOARD MEMBER	1.00	x		x				0.	0.	0.
(3) ARUN PURANIK BOARD MEMBER	1.00	x						0.	0.	0.
(4) L. SHANTI KUMAR SECRETARY/TREASURER/BOARD	1.00	x		x				0.	0.	0.
(5) PRAMOND DESHMUKH BOARD MEMBER	1.00	x						0.	0.	0.
(6) KRISHNA KUMAR DAVEY BOARD MEMBER	1.00	x						0.	0.	0.
			_							
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Form 990 (2020)

	art VII Section A. Officers, Directors, Tru (A) Name and title	Average hours per week	(do box offic	not c	Pos check iss pe	c) itior more	than	one th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		ated nt of
_		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compension from to organiza and relator organiza	sation the ation ated
												_	-
_													
16	Subtotal								1				
C	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but no	I, Section A							<u>150,000.</u> <u>0.</u> <u>150,000.</u> eived more than \$100,0	0 0 000 of reportable			00000
3	Did the organization list any former officer,	director, truste	e, ke	ey er	nplo	vee	, or h	niahe	st compensated emplo	N66 00		Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150	<i>uch individual</i> m of reportable	con	nper	nsati	ion a	and	other	compensation from th	organization			x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp tion B. Independent Contractors	ccrue compens	satio	n fro	om a	iny L	Inrel	ated	organization or individ	ual for services	4		x
1	Complete this table for your five highest con the organization. Report compensation for t	npensated inde he calendar ye	epen ar er	den	t cor g wit	ntra th or	ctors with	s that hin th	received more than \$ e organization's tax ye	100,000 of compen ar.	satior	n from	
_	(A) Name and business a		NOI						(B) Description of ser			(C) ensatio	n
_											_		
			-	-	-						_		-
			-		-			1					-

	-	-	-	-		-	-	-	-	-	-	-	 -	

9

_		Check if Schedule O co				(A) Total revenue	Related of exempt	(C) Unrelated business revenue	Revenue exclu
1	а	Federated campaigns	1a						000001010012
	b	Membership dues	1b			1			
	C	Fundraising events	1c						
	d	Related organizations	1d						
	e	Government grants (contrib	outions) 1e		36,545	· •			
		All other contributions, gifts, gr similar amounts not included al Noncash contributions included in lir	bove 1f		,849,933	<u>.</u>			
		Total. Add lines 1a-1f				3 006 170			
	-				Business Cod				
2	а				Dusiness Cou	-	15		
	b					-	-		
	c				-				
	d								_
2	e			-					
1.4	f	All other program service re-	venue		-				
	g	Total. Add lines 2a-2f			-				
3		Investment income (includin other similar amounts)	g dividends,	inter	est, and	323.			20
4 5		Income from investment of t Royalties	ax-exempt be	ond p	proceeds				32
			(i) Rea	l	(ii) Personal				_
6 :		Gross rents 6	a						
0			b						
			c		-				
7 :		Gross amount from sales of	(i) Securit	ties	(ii) Other				
÷.,		assets other than inventory 7	a						
		Less: cost or other basis							
		and sales expenses				_			
		Gain or (loss)							
		Net gain or (loss)			····· •				
8 8	i	Gross income from fundraising e ncluding \$ contributions reported on line	of						
		Part IV, line 18		8a	2				
b	, L	_ess: direct expenses		8b		-			
		Net income or (loss) from fun							
		Gross income from gaming a							
		Part IV, line 19							
b	. 1	ess: direct expenses	••••••	9a 9b		-			
c	. 1	Net income or (loss) from gar	ning activitio						
10 a	0	Gross sales of inventory, less	roturne	Ĩ					
1	a	and allowances	, otunio	10a					
b	L	ess: cost of goods sold		10a					
c	N	let income or (loss) from sale	es of inventor						_
		er (rees) nom date	o inventor	1	Business Code				
11 a									
b	_								
c	1								
d	A	Il other revenue		-					
e	Т	otal. Add lines 11a-11d		L	-				

Form 990 (2020)

Form 990 (2020) ALL INDIA MOVEMENT FOR SEVA, INC. Part IX Statement of Functional Expenses

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Form 990 (2020)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon on ot include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
-	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				and the second second
2		22,729.	22,729.	10000	
	individuals. See Part IV, line 22				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	2,581,386.	2,581,386.		
4	Benefits paid to or for members		2,501,500.		
5	Compensation of current officers, directors,				
	trustees, and key employees	175,200.	52,600.	52 600	
6	Compensation not included above to disqualified	115,200.	52,000.	52,600.	70,000
	persons (as defined under section 4958(f)(1)) and				
	persons described in castion (050/a)/0)/D)				
7	Other salaries and wages	36,200.	10 100	10.400	
8	Pension plan accruals and contributions (include	50,200.	18,100.	18,100.	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	15 704	E 004		and the second second
11	Payroll taxes Fees for services (nonemployees):	15,794.	5,284.	5,284.	5,226
a					
- 5		1 0.00			
b	• • • • • • • • • • • • • • • • • • • •	1,866.	933.	933.	
C	Accounting	22,492.	11,246.	11,246.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	2,614.	1,307.	1,307.	
12	Advertising and promotion	63,464.	63,464.		
13	Office expenses	7,062.	6,666.	396.	
14	Information technology				
15	Royalties				
16	Occupancy	15,822.	7,911.	7,911.	
17	Travel	2,979.	2,979.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	- Aller and a second			
19	Conferences, conventions, and meetings	38,532.			38,532
20	Interest				50,554
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,704.	852.	852.	
3	Insurance	13,814.	6,907.	6,907.	
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BANK FEES	41,510.	41,510.		
b	POSTAGE	9,850.	1,306.		0 644
c	AUTO EXPENSE	1,716.	858.	858.	8,544.
d	BOOKS AND SUBSCRIPTIONS	1,233.	1,233.	000.	
	All other expenses	483.	483.		
	Total functional expenses. Add lines 1 through 24e	3,056,450.	2,827,754.	106 204	100 000
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		4,041,134.	106,394.	122,302.

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Form 990 (2020) Part X Balance Sheet

ALL INDIA MOVEMENT FOR SEVA, INC.

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-		Check if Schedule O contains a response or no	te to any	line in this Part X			
_	1.				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,330,247	1	631,828
	2	oavings and temporary cash investments			440,156.		2,370,806
	3	Pleages and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	coarts and other receivables from any current o	r former o	officer, director.		1	
		trustee, key employee, creator or founder, subs	tantial co	ntributor, or 35%			
	6	controlled entity or family member of any of the	se persor	ns		5	
		Loans and other receivables from other disqual	fied pers	ons (as defined			
s	7	under section 4958(f)(1)), and persons describe	d in section	on 4958(c)(3)(B)		6	
Assets	8	Notes and loans receivable, net				7	
As	9	Inventories for sale or use		······		8	
		Prepaid expenses and deferred charges			31,136.	9	22,517
	IVa	Land, buildings, and equipment: cost or other		00.101			
	h	basis. Complete Part VI of Schedule D	10a	83,174.			
	11	Less: accumulated depreciation	10b	80,158.	4,720.	10c	3,016
	12	Investments - publicly traded securities				11	
	13	Investments - other securities. See Part IV, line 1	1			12	
	14	Investments - program-related. See Part IV, line		·····		13	
	15	Intangible assets				14	
	16	Other assets. See Part IV, line 11				15	
	17	Total assets. Add lines 1 through 15 (must equa	al line 33)		1,806,259.	16	3,028,167.
	18	Accounts payable and accrued expenses			360,256.	17	751,813.
	19	Grants payable			18		
	20	Deferred revenue	······		19		
	21	Tax-exempt bond liabilities		······		20	
0	22	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
tie	~~	Loans and other payables to any current or form	er officer,	director,			
Liabilities		trustee, key employee, creator or founder, subst.	antial con	itributor, or 35%			
Lia	23	controlled entity or family member of any of thes	e persons	3		22	
	24	Secured mortgages and notes payable to unrela	ted third	parties		23	
		Unsecured notes and loans payable to unrelated	third par	ties		24	
	20	Other liabilities (including federal income tax, pay	ables to i	related third			
		parties, and other liabilities not included on lines	17-24). C	omplete Part X			
-	26	of Schedule D Total liabilities. Add lines 17 through 25			250 055	25	
1		Organizations that follow FASB ASC 958, check	le hove 1	V	360,256.	26	751,813.
ces		and complete lines 27, 28, 32, and 33.	k nere j				
Net Assets or Fund Balances	27	Net assets without donor restrictions			1 446 000		
	28	Net assets with donor restrictions	••••••		1,446,003.	27	2,174,194.
		Organizations that do not follow FASB ASC 95	9 chock	hara N		28	102,160.
		and complete lines 29 through 33.	o, check	nere 🕨 🛄			
		Capital stock or trust principal, or current funds					
	30	Paid-in or capital surplus, or land, building, or equ	Ind		29		
	31	Retained earnings, endowment, accumulated inc	ome or a	ther funds	A 10 10 10 10 10 10	30	
	32	Total net assets or fund balances	0110, 01 0		1 446 000	31	0.074.07
	33	Total liabilities and net assets/fund balances	••••••		1,446,003.	32	2,276,354.
					1,806,259.	33	3,028,167. Form 990 (2020)

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Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities	1	3,8		F
Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments	1	3,8		
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments	2	3,8		-
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments	2	3.0		001
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	the second second second		56,0	1501
Net unrealized gains (losses) on investments		8	30,3	251
Net unrealized gains (losses) on investments	4	1,44	16 0	103
		1/11	±0,0	105
2 shallod borrious and use of facilities				
				-
				-
exter changes in her assets of fund balances (explain on Schedule O)	9			0
Net assets of fund balances at end of year. Combine lines 3 through 9 (must equal Part X line 32)				0
	10	2,27	16 3	
				134
Check if Schedule O contains a response or note to any line in this Part XII				x
			Yes	No
Accounting method used to prepare the Form 990: Cash X Accrual Other			100	1.0
If the organization changed its method of accounting from a prior year or checked "Other " overlain in Och	nedule O	-		
were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
in res, check a box below to indicate whether the financial statements for the year were compiled or rev	viewed on a	<u>Za</u>	-	
separate basis, consolidated basis, or both:	noned on a		1	
Separate basis Consolidated basis Both consolidated and separate basis				
were the organization's financial statements audited by an independent accountant?		2b	x	
res, check a box below to indicate whether the financial statements for the year were audited on a se	narate hasie	20	-	-
consolidated basis, or both:	sparato basis,			
X Separate basis Consolidated basis Both consolidated and separate basis				
If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	t of the audit			
review, or compilation of its financial statements and selection of an independent accountant?	t of the addit,	20	x	
in the organization changed either its oversight process or selection process during the tax year, explain or	n Schodula O	20	~	
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t	he Single Audit			
Act and OMB Circular A-133?	no olingie Audit			v
If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required audit	<u>3a</u>		X
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	required audit	3b		

Form 990 (2020)

032012 12-23-20

11120824 758577 3452

SCHEDULE A	
(Form 990 or 990-EZ)	Public Charit
	Complete if the survey

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support omplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public

20

	nonexempt		
Attach t	o Form 990	or Form	990-E7

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of	the organization	Go to www.irs	s.gov/Form990 for instru	ctions and	d the lates	t information.	-	Inspection
		T. TNDTA MO	VEMENT FOR SE					er identification numb
Part I	Reason for Publ	ic Charity Statu	us. (All organizations mus	t complete	NC.	Con instructio		11-3573392
The organ	nization is not a private for	undation because it	t is: (For lines 1 through 12	check	alv one her		ns.	
1	A church, convention of	f churches, or assoc	ciation of churches describ	ed in sec	tion 170/h	X.)		
2	A school described in se	ection 170(b)(1)(A)((ii). (Attach Schedule E (Fo	rm QQO or	000 EZ())()(A)(I).		
3	A hospital or a cooperat	tive hospital service	organization described in	section 1	390-EZ).)	VIIII		
4	A medical research orga	anization operated in	n conjunction with a hospi	tal describ	A)(I)(d)U)(III). Non 170/h)/d//d		
	city, and state:	1	and a noop	a describ	eu in seci		(III). Ente	ir the hospital's name,
5	An organization operate	d for the benefit of a	a college or university own	ed or ope	rated by a	governmental	unit descr	ribed in
6	section 170(b)(1)(A)(iv)							
7 X	A rederal, state, or local	government or gove	ernmental unit described i	n section	170(b)(1)(A)(v).		
	An organization that nor	mally receives a sub	ostantial part of its suppor	t from a go	overnment	al unit or from t	the genera	al public described in
8	section molp/ n/w/wit	(Complete Part II.)						
9 🗌	A community trust desci	ribed in section 170	0(b)(1)(A)(vi). (Complete Pa	art II.)				
9	An agricultural research	organization descrit	bed in section 170(b)(1)(A)(ix) opera	ated in con	junction with a	land-gran	it college
	or university of a non-lan	id-grant college of a	griculture (see instructions	s). Enter th	ne name, c	ity, and state o	f the colle	ge or
	university:							
10	An organization that nor	mally receives (1) m	ore than 33 1/3% of its su	pport from	n contribut	ions, members	hip fees, a	and gross receipts from
	activities related to its ex	tempt functions, sur	oject to certain exceptions	; and (2) n	o more th	an 33 1/3% of i	te sunnor	t from groop investment
	income and unrelated bu	isiness taxable inco	me (less section 511 tax)	from busir	nesses acc	uired by the or	ganization	after June 30, 1975.
. []]	See section 509(a)(2). (0	Jomplete Part III.)					2010	
1 []	An organization organize	ed and operated exc	lusively to test for public s	afety. See	e section &	509(a)(4).		
2	An organization organize	d and operated exc	lusively for the benefit of,	to perform	the funct	ions of, or to ca	arry out th	e purposes of one or
	more publicly supported	organizations desci	ribed in section 509(a)(1)	or section	1 509(a)(2)	. See section #	509(a)(3)	Check the box in
-	intes iza trirough izo th	at describes the typ	e of supporting organizati	on and co	mplete line	es 12e, 12f, and	112a	
a L	J Type I. A supporting or	rganization operated	d, supervised, or controlle	d by its su	pported or	rganization(s), t	vpically b	v aivina
	the supported organiza	ation(s) the power to	regularly appoint or elect	a majority	of the dire	ectors or truste	es of the	supporting
-	organization. You mus	t complete Part IV,	Sections A and B.					and a start of the
b L	J Type II. A supporting o	organization supervis	sed or controlled in conne	ction with	its suppor	ted organizatio	n(s), by h	aving
	control or management	t of the supporting of	organization vested in the	same pers	sons that c	ontrol or mana	ae the su	oported
-	organization(s). You mi	ust complete Part I	IV, Sections A and C.					
c L	Type III functionally in	tegrated. A suppor	ting organization operated	in conne	ction with.	and functional	lv integrat	ed with
-	its supported organizat	tion(s) (see instruction	ons). You must complete	Part IV, S	ections A	D. and E.		
d L	I Type III non-functiona	Illy integrated. A su	pporting organization ope	rated in co	onnection	with its suppor	ted organ	ization(s)
	that is not functionally i	integrated. The orga	inization generally must sa	tisfy a dis	tribution re	equirement and	an attent	tiveness
-	requirement (see instru	ctions). You must c	complete Part IV, Section	s A and D	, and Pari	tV.		
e	Check this box if the or	ganization received	a written determination from	om the IRS	S that it is	a Type I. Type	II. Type III	
	functionally integrated,	or Type III non-func	tionally integrated suppor	ting organ	ization			
f Enter	r the number of supported	d organizations						
g PIOV	ide the following informati Name of supported	on about the suppo	rted organization(s).					
0	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the org in your govern	anization listed ning document?	(v) Amount of	monetary	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions
			The second and					
					-	_		
				1				1
_			in the second se			_		
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		1						
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		4.44			· · · · ·			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 ALL INDIA MOVEMENT FOR SEVA, INC. <u>11-35733</u> 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 rails to qualify under the tests listed below, please complete Part III.) Section A Public Support

	endar year (or fiscal year beginning in)	(a) 2016	410047		1	1	
	Gifts, grants, contributions, and	(a) 2010	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	membership fees received. (Do not include any "unusual grants.")	4058376.	3127490.	4046544.	4525983.	3996479	10644071
2			012/1901		4525965.	3080478	.19644871.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	4058376.	3127490.	4046544.	4525983.	3886478	19644871.
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)					5000470.	19044071.
6	Public support. Subtract line 5 from line 4.						1004071
	ction B. Total Support						19644871.
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	4058376.	3127490.	4046544.	4525983.		19644871.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		1.67				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	57.	167.	341.	1,024.	323.	1,912.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						19646783.
12	Gross receipts from related activities,	etc. (see instructio	ons)			10	19040/03.
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, fo	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
1	organization, check this box and stop	here					
Sec	tion c. computation of Public	c Support Per	centage				
14	Public support percentage for 2020 (lin	1e 6, column (f), di	ivided by line 11, c	olumn (f))		14	99.99 %
160	Public support percentage from 2019	Schedule A, Part I	I, line 14		L	15	99.99 %
IUa	33 1/3% support test - 2020. If the or	ganization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
b	stop here. The organization qualifies a 33 1/3% support test - 2019. If the or	s a publicly suppo	check a bax on lin				X
1	33 1/3% support test - 2019. If the or and stop here. The organization qualif	ies as a publicly s	upported organizat	tion	ine 15 is 33 1/3%	or more, check th	his box
17a	10% -facts-and-circumstances test	- 2020, If the ords	anization did not ch	neck a box on line	12 165 or 166 o		▶∟
	and if the organization meets the facts	-and-circumstance	es test, check this l	hox and stop here	Fynlain in Part V	ha line 14 is 10%	or more,
	meets the facts-and-circumstances tes	t. The organizatio	n qualifies as a put	pliciv supported or			
b	10% -facts-and-circumstances test	- 2019. If the orga	nization did not ch	eck a box on line	13, 16a, 16b, or 1	7a. and line 15 is	10% or
	more, and if the organization meets the	acts-and-circum	stances test, chec	k this box and sto	p here. Explain in	Part VI how the	
	organization meets the facts-and-circur	mstances test. The	e organization qual	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	did not check a b	ox on line 13, 16a,	16b, 17a, or 17b.	check this box an	d see instructions	
					0.1		

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×.

Schedule A (Form 990 or 990-EZ) 2020 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 10 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.)

ection A. Public Support lendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Gifts, grants, contributions, and		And the second	1.1.1.1.1.1.1.1.1			
membership fees received. (Do not						
include any "unusual grants.")		-				
Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose		2				
Gross receipts from activities that						
are not an unrelated trade or bus-			1 0			
iness under section 513			1-2-2-0			
A REAL PROPERTY OF A REAP	100					
Tax revenues levied for the organ-						
ization's benefit and either paid to		· · · · ·		1.		
or expended on its behalf		-				
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 5				1.4		
a Amounts included on lines 1, 2, and						1
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					-	
c Add lines 7a and 7b	1					
8 Public support. (Subtract line 7c from line 6.)						
ection B. Total Support				1 constants		(D Tatal
alendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
na Gross income from interest,	1					
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources			1	10	1	
b Unrelated business taxable income		1				
(less section 511 taxes) from businesses					- Ye	MILL
acquired after June 30, 1975						1
	-					1
c Add lines 10a and 10b						
activities not included in line 10b,						1
whether or not the business is			1			
regularly carried on	1		-			
2 Other income. Do not include gain or loss from the sale of capital						-
assets (Explain in Part VI.)			-	-		
13 Total support. (Add lines 9, 10c, 11, and 12.)			1 C III COL L		501/o)/2) organiz	ation
I4 First 5 years. If the Form 990 is for th	ne organization's	first, second, thir	d, fourth, or fifth ta	ix year as a section	1 50 1(c)(5) 01ganiz	ation,
check this box and stop here						
Section C. Computation of Publ	lic Support P	rcentage			Leel	
15 Public support percentage for 2020 (
16 Public support percentage from 2019					. 16	
Section D. Computation of Inve						
17 Investment income percentage for 2						
18 Investment income percentage from	2019 Schedule	A, Part III, line 17			. 18	
19a 33 1/3% support tests - 2020. If the	organization die	d not check the bo	ox on line 14, and I	ine 15 is more than	n 33 1/3%, and line	e 17 is not
more than 33 1/3%, check this box a	and stop here. Th	ne organization qu	alifies as a publicly	y supported organi	ization	P
b 33 1/3% support tests - 2019. If the	e organization die	d not check a box	on line 14 or line 1	9a, and line 16 is r	more than 33 1/3%	, and
line 18 is not more than 33 1/3%, ch	eck this box and	stop here. The or	ganization qualifie	s as a publicly sup	ported organizatio	n 🕨
mie is is institute main os merel on			the extin sheet	this hay and see	instructions	
20 Private foundation. If the organization	an did not chool					

Schedule A (Form 990 or 990-EZ) 2020 ALL INDIA MOVEMENT FOR SEVA, INC.

V Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 line 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.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2020

10b

1

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17

Schedule A (Form 990 or 990-EZ) 2020 ALL INDIA MOVEMENT FOR SEVA, INC. Part IV Supporting Organizations (continued)

and the second se		-	Yes	No
11 Has the organization accepted a gift	or contribution from any of the following persons?			
a A person who directly or indirectly co	ontrols, either alone or together with persons described in lines 11b and			
11c below, the governing body of a		11a	1000	-
b A family member of a person describ	ped in line 11a above?	11b	-	
c A 35% controlled entity of a person detail in Part VI.	described in line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
	supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations	-		_
			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 Part VI how control			

the supported organization(s). Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	and the second	ad to acticly the Interval	Dort	Toot during the vertees instructions)	
-	Check the box next to the method that the organization u	ed to satisfy the integral	rail	rest during the yearsee mad decional	6.

- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

or management of the supporting organization was vested in the same persons that controlled or managed

~		The second				and the second sec
	-		Contractory of the state of the second		construction of the second	and a still a still a second section of the second
		The organization supported a govern	montal antity Day	coriba in Dart VI how	vou supported a dovern	mental entity (see instructions).
0		The ordanization subborted a dovert	mental entity. Dec	Schoe in Fail Vinow	you supported a goronn	for the strain of the strain o

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

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Schedule A (Form 990 or 990-EZ) 2020

Yes

2a

2b

3a

3b

No

Schedule A (Form 990 or 990-EZ) 2020 ALL INDIA MOVEMENT FOR SEVA, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1.	2.0	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructi	ions.
		All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	-

Net short-term capital gain Recoveries of prior-year distributions	1		
lecoveries of phot year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
	7		
	8		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
	-		
	1a		
Average monthly cash balances	1b		
	10		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
	2		
			110
	4		
	6		
	7		
	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
	3		
	4		
	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
	Aggregate fair market value of all non-exempt-use assets (see nstructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) on C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 an B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see nstructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prioryear distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 on C - Distributable Amount 2 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 <td< td=""><td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Aggregate fair market value of all non-exempt-use assets (see nstructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1a Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Monimum Asset Amount (add line 7 to line 6) 8 on C - Distributable Amount 2 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subjec</td></td<>	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Aggregate fair market value of all non-exempt-use assets (see nstructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1a Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Monimum Asset Amount (add line 7 to line 6) 8 on C - Distributable Amount 2 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subjec

instructions).

Schedule A (Form 990 or 990-EZ) 2020

	t V Type III Non-Functionally Integrated 509(Current Year
	on D - Distributions				Current rear
	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported			
-	organizations, in excess of income from activity		2		
	Administrative expenses paid to accomplish exempt purpose	s of supported organization	5		
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - pro	vide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		10	7	
8	Distributions to attentive supported organizations to which th	e organization is responsive		1.5	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		-	10	
IO Life 8 amount divided by line 5 amount (i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions Underdistribution Pre-2020					(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
-	able cause required - explain in Part VI). See instructions.			_	
3	Excess distributions carryover, if any, to 2020				
-	From 2015				
	From 2016				- Manufi
-	From 2017				
-	From 2018				
		The second se			
	From 2019				
_	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount			-	
1	Carryover from 2015 not applied (see instructions)				
1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				and the second s
4	Distributions for 2020 from Section D,				
-	line 7: \$		and the second sec		
	Applied to underdistributions of prior years				
_	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in</i> Part VI. See instructions.				-
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
-	Excess from 2016				
_	Excess from 2017				
-	Excess from 2018				
	Excess from 2019				
u	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

art VI	Form 990 or 990-EZ) 2020 ALL INDIA MOVEMENT FOR SEVA, INC. 11-3573392 Page Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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_	

Department of the Treasury Internal Revenue Service

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REALDR

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. Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

	ALL INDIA MOVEMENT H	FOR SEVA, INC.		nployer identification numb 11-3573392
		Funds or Other Similar Funds or	Acco	unts. Complete if the
-	organization answered "Yes" on Form 990, Part IV, line 6		1	
1	Total number at end of year	(a) Donor advised funds	(b) Fu	nds and other accounts
2	Total number at end of year Aggregate value of contributions to (during year)		-	
3	Aggregate value of contributions to (during year)		_	
4	Aggregate value of grants from (during year)		_	
5	Aggregate value at end of year			
0	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advised f	unds	
6	are the organization's property, subject to the organization's exc	clusive legal control?		🖸 Yes 🗌 I
0	Did the organization inform all grantees, donors, and donor advis	sors in writing that grant funds can be use	d only	
	for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose con	ferring	C. And Strends
a	t II Conservation Easements. Complete if the organi			Yes I
1	semplete in the organit	zation answered "Yes" on Form 990, Part	IV, line 7	·
	Purpose(s) of conservation easements held by the organization (The second se		
	Preservation of land for public use (for example, recreation Protection of natural habitat			important land area
	Preservation of open space	Preservation of a ce	rtified h	istoric structure
2		and the second		
-	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a	conserv	ation easement on the last
a	day of the tax year.			Held at the End of the Tax Ye
1	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
d	Number of conservation easements on a certified historic structu	ure included in (a)	2c	
u	Number of conservation easements included in (c) acquired after	r 7/25/06, and not on a historic structure		
3	listed in the National Register		2d	
	Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it hol Staff and volunteer hours devoted to monitoring, inspecting, han	ds?	tion eas	ements during the year
	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation e	asemer	nts during the year
	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170(h)(4)	(B)(i)	
	and section 170(h)(4)(B)(ii)?			🖸 Yes 🗌 N
	are an Am, describe now the organization reports conservation e	asements in its revenue and expense state	ement a	nd
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statements	that des	cribes the
	organization's accounting for conservation easements.			
ar	III Organizations Maintaining Collections of A	4 10-4 - 1 -		
ar	Complete if the organization answered "Vec" or 5 or 900	t, Historical Treasures, or Other	Simil	ar Assets.
_	Complete if the organization answered "Yes" on Form 990	, Part IV, line 8.		
a	Complete if the organization answered "Yes" on Form 990 If the organization elected, as permitted under FASB ASC 958, no	, Part IV, line 8. ot to report in its revenue statement and b	alance s	heet works
a	If the organization elected, as permitted under FASB ASC 958, no of art, historical treasures, or other similar assets held for public e	y, Part IV, line 8. ot to report in its revenue statement and b whibition, education, or research in further	alance s	heet works
a	If the organization answered "Yes" on Form 990 If the organization elected, as permitted under FASB ASC 958, no of art, historical treasures, or other similar assets held for public e service, provide in Part XIII the text of the footnote to its financial	Part IV, line 8. To to report in its revenue statement and b exhibition, education, or research in further statements that describes these items.	alance s ance of	heet works public
a	If the organization answered "Yes" on Form 990 of the organization elected, as permitted under FASB ASC 958, no of art, historical treasures, or other similar assets held for public e service, provide in Part XIII the text of the footnote to its financial of the organization elected, as permitted under FASB ASC 958, to	Part IV, line 8. To report in its revenue statement and boxhibition, education, or research in further statements that describes these items. To report in its revenue statement and balan	alance s ance of ce shee	heet works public t works of
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a	If the organization elected, as permitted under FASB ASC 958, no of art, historical treasures, or other similar assets held for public e service, provide in Part XIII the text of the footnote to its financial of the organization elected, as permitted under FASB ASC 958, to art, historical treasures, or other similar assets held for public exhi- provide the following amounts relating to these items:	Part IV, line 8. to report in its revenue statement and b whibition, education, or research in further statements that describes these items. report in its revenue statement and balan ibition, education, or research in furtherand	alance s ance of ce shee ce of pu	heet works public t works of blic service,
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n, and other recor	Art, Historical rds, check any of t	the following th	at make s	ignificant use	of its	ntinuea	2)
		exchange prog	ram				
	e 🛄 Other						
2000							
ections and expla	in how they furthe	er the organizat	ion's exer	npt purpose in	Part XIII.		
eceive donations	of art, historical tr	easures, or oth	ner similar	assets			
itained as part of	the organization's	collection?			Yes		
X, line 21.	ete if the organiza	tion answered	"Yes" on	Form 990, Par	t IV, line 9,	or	
or other intermed	diary for contribut	ions or other a	ssets not i	ncluded			-
					Yes	E	
a complete the to	blowing table:						
				1.	Amou	nt	-
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n 990, Part X, line	21. for escrow or	custodial acco	unt liabilit	12	- Ver	T	
heck here if the ex	xplanation has been	en provided on	Part XIII		L Tes	1	
e organization an	swered "Yes" on	Form 990, Par	IV. line 10).			-
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equal 100%.							
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ns listed as require	ed on Schedule R	?		•••••••	3h		-
ganization's endou	wment funds.			••••••		-	-
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es" on Form 990.	, Part IV, line 11a.	See Form 990	Part X, lin	ne 10.			
(a) Cost or oth	her (b) Cos	at or other	(c) Acc	umulated	(d) Boo	k valu	e
	,	(caller)	depre	Joiation			-
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			4				30
		52,544.		50,258.		2,2	0 -
	receive donations ntained as part of ements. Compl X, line 21. In or other interme- and complete the for heck here if the ex- he organization ar (a) Current year (b) Current year (c)	receive donations of art, historical tr natained as part of the organization's ements. Complete if the organization's ements. Complete if the organization's at complete the following table: m 990, Part X, line 21, for escrow or heck here if the explanation has been ne organization answered "Yes" on (a) Current year (b) Prior year (b) Prior year (c) Current year (b) Prior year (c) Current year (c) Prior year (c) Cost or other (c) Cost basis (investment) (c) Cost (c) Cost or other (c) Cost (c) Co	receive donations of art, historical treasures, or othe nationed as part of the organization's collection?	receive donations of art, historical treasures, or other similar trained as part of the organization's collection?	receive donations of art, historical treasures, or other similar assets ntained as part of the organization's collection? ements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. n or other intermediary for contributions or other assets not included ind complete the following table:	tained as part of the organization's collection? Yes ements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, 1, 1, or other intermediary for contributions or other assets not included in or other intermediary for contributions or other assets not included ind complete the following table: ind complete the following table: ind complete the following table: ind ind <td>receive donations of art, historical treasures, or other similar assets tained as part of the organization's collection? YesYes</td>	receive donations of art, historical treasures, or other similar assets tained as part of the organization's collection? YesYes

Schedule D (Form 990) 2020

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(a) Description of security or category (including name of s	"Yes" on Form 990, Part IV, lin	le TID. See Form 990, Part X, line 12.
		(c) Method of valuation: Cost or end-of-year market value
) Financial derivatives		
) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 1	2.)	
art VIII Investments - Program Relat		
Complete if the organization answered	"Yes" on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(0)		
(0)		
(8) (9)		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 1	3.)	
	3.) ►	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 1 art IX Other Assets.		11d. See Form 990, Part X, line 15.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 1		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 1 art IX Other Assets. Complete if the organization answered	"Yes" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 1 art IX Other Assets. Complete if the organization answered (1)	"Yes" on Form 990, Part IV, line	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 1 art IX Other Assets.	"Yes" on Form 990, Part IV, line	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 1. art IX Other Assets. Complete if the organization answered (1) (2)	"Yes" on Form 990, Part IV, line	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 1. art IX Other Assets. Complete if the organization answered (1) (2) (3) (4)	"Yes" on Form 990, Part IV, line	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 1 art IX Other Assets. Complete if the organization answered (1) (2) (3) (4)	"Yes" on Form 990, Part IV, line	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 1. art IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6)	"Yes" on Form 990, Part IV, line	
 (9) a. (Col. (b) must equal Form 990, Part X, col. (B) line 1. art IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) 	"Yes" on Form 990, Part IV, line	
 (9) art IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) 	"Yes" on Form 990, Part IV, line	
 (9) art IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) 	"Yes" on Form 990, Part IV, line (a) Description	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 1. art IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col.	"Yes" on Form 990, Part IV, line (a) Description	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 1 art IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities.	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 1 art IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities.	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value
 (9) art IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. Int X Other Liabilities. Complete if the organization answered 	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value
 (9) art IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (a) Column (b) must equal Form 990, Part X, col. (b) must equal Form 990, Part X, col. (c) Complete if the organization answered (a) Description of liability (b) Federal income taxes 	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value
 (Col. (b) must equal Form 990, Part X, col. (B) line 1 (Col. (b) must equal Form 990, Part X, col. (B) line 1 (Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Complete if the organization answered (a) Description of liability (a) Description of liability (b) Federal income taxes 	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value
 (9) art IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability (b) Federal income taxes (c) (c	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value
 (9) (Col. (b) must equal Form 990, Part X, col. (B) line 1 (Conplete if the organization answered (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (a) Column (b) must equal Form 990, Part X, col. (a) Description of liability (a) Description of liability (b) Federal income taxes (c) (c	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value
 (9) (Col. (b) must equal Form 990, Part X, col. (B) line 1 (Conceptendent if the organization answered complete if the	"Yes" on Form 990, Part IV, line (a) Description (B) line 15.)	(b) Book value
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Schedule D (Form 990) 2020

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1 Total revenue gains and other aureaut	rered "Yes" on Form 990, Part IV, line 12a.		
2 Amounts included on line 1 but not on Er	per audited financial statements	1	3,886,801
	orm 990, Part VIII, line 12:		
b Donated services and use of facilities	ents 2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d			0.
3 Subtract line 2e from line 1			3,886,801.
4 Amounts included on Form 990, Part VIII,	line 12, but not on line 1:		a series and a series of the
a Investment expenses not included on For	m 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		40	0.
5 Total revenue. Add lines 3 and 4c. (This m	ust equal Form 990 Part Llino 12)		3,886,801.
Fart All Reconciliation of Expense	s per Audited Financial Statements With Expe	nses per Retu	rn.
Complete if the organization answe	ered "Yes" on Form 990, Part IV, line 12a.		
	searched parameters and a second s		
2 Amounts included on line 1 but not on Fac	ancial statements	1	3,056,450.
2 Amounts included on line 1 but not on For	rm 990, Part IX, line 25:	1	3,056,450.
a Donated services and use of facilities	rm 990, Part IX, line 25: 		3,056,450.
 a Donated services and use of facilities b Prior year adjustments 	rm 990, Part IX, line 25: 2a 2b		3,056,450.
 a Donated services and use of facilities b Prior year adjustments c Other losses 	rm 990, Part IX, line 25: 2a 2b 2c		3,056,450.
Amounts included on line 1 but not on For a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	rm 990, Part IX, line 25: 2a 2b 2c 2d	_	3,056,450.
 2 Amounts included on line 1 but not on For a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 	rm 990, Part IX, line 25: 2a 2b 2c 2d	20	0.
 2 Amounts included on line 1 but not on For a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	rm 990, Part IX, line 25: 2a 2b 2c 2d	20	
 2 Amounts included on line 1 but not on For a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 	rm 990, Part IX, line 25: 2a 2b 2c 2d 2d	20	0.
 2 Amounts included on line 1 but not on For a Donated services and use of facilities b Prior year adjustments	rm 990, Part IX, line 25: 2a 2b 2c 2d 2d 4a	20	0.
 Amounts included on line 1 but not on Formation a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line a Investment expenses not included on Form b Other (Describe in Part XIII.) 	rm 990, Part IX, line 25: 2a 2b 2c 2d 2d 2d 4a 4b	<u>2e</u> 3	0.
 Amounts included on line 1 but not on Formal Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, linea Investment expenses not included on Form b Other (Describe in Part XIII.) c Add lines 4a and 4b 	rm 990, Part IX, line 25: 2a 2b 2c 2d 2d 4a	<u>2e</u> 3	0.

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.

SCHEDULE F (Form 990)	Complete in	F the organizat	tivities Outside the U	Inited Sta	tes	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Attach to Form 990.		5, or 16.	ZUZU Open to Public
Name of the organization		www.irs.gov/i	orm990 for instructions and the late	est information.		Inspection
					Employer in	dentification numbe
ALL INDIA MOVE	MENT FOR	SEVA, I	NC.		11-357	3392
Part I General Inf	ormation on /	Activities O	utside the United States. Comp	plete if the organiz	zation answe	red "Yes" on
1 0111 000, 1 art	IV, III e 140.					
the grantees' eligibility	for the grants or	n maintain reco assistance, and	rds to substantiate the amount of its g I the selection criteria used to award th	rants and other a ne grants or assis	assistance, tance?	Yes X No
ornicod Otatos.			procedures for monitoring the use of		er assistanc	e outside the
(a) Region	(b) Number of	t I, line 3 table c	an be duplicated if additional space is			
(4)	offices in the region	employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a progr describe s	ty listed in (d) ram service, specific type) in the region	expenditures for and
			GRANTS TO SUPPORT PROGRAMS	(-
			THAT BRIDGE THE GAP BETWEEN	LITERACY, HE	ALTH,	
INDIA	0		MAIN STREAM SOCIETY AND THE	SELF-SUFFICE		
INDIN	0	0	PEOPLE IN REMOTE	CULTURAL VAL	IDATION	2,581,386.
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	· · · · · · · · · · · · · · · · · · ·					
						_
						-
a Subtotal						1
b Total from continuation	0	0				2,581,386.
sheets to Part I	0	0				
c Totals (add lines 3a	, , , , , , , , , , , , , , , , , , ,	0				0.
and 3b)	0	0				2,581,386,

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

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Schedule F (Form 990) 2020

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-	(b) IRS code section		Lat Diseases of			(a) Amount of	and Presidential	*
(a) Name of organization	and EIN (if applicable)	(c) Region	(a) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal. other)
	н	AIGNI	TO FUND ONGOING PROGRAMS OF LITERACY, HEALTH, SELF- AND CULTURAL	2507436.	WIRE TRANSFER	0		
	Н	INDIA		73 .950.	WIRE			
 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for which 	ecipient organizations iization by the IRS, or	listed above that are for which the grantee	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	breign country, r on 501(c)(3) eau	ecognized as a tax ivalency letter			

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032072 12-03-20

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032073 12-03-20

Schedule F (Form 990) 2020	ALL	INDIA	MOVEMENT	FOR	SEVA	TNC
Part IV Foreign Form	IS		THE PERIOD I	TOR	DEVA,	TINC .

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? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	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 "Yes," the organization may be required to file Form 8621,</i> <i>Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing</i> <i>Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

032074 12-03-20

Schedule F (Fo	orm 990) 2020 ALL INDIA MOVEMENT FOR SEVA, INC. 11-3573392 Page
P. in	rovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of ivestments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) istimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
	LINE 2:
AT THE	BEGINNING OF EVERY YEAR, EACH FSH TO BE SUPPORTED BY THE USA IS
IDENTIF	
Sec. Sec.	THE HER COLORS, BOARD
	THE USA COO AND OTHERS VISIT AND COMMUNICATE WITH THE
	ATION VERBALLY OR IN WRITTEN FORM. VARIOUS PUBLICATIONS SUCH AS
	NEWSLETTER AND ANNUAL REPORTS ARE REVIEWED AND DETALED FINANCIAL
RECORDS	ARE KEPT.
PART II,	COLUMN (D):
EGION:	INDIA
D) PURP	OSE OF GRANT: TO FUND ONGOING PROGRAMS OF
ITERACY	,HEALTH,SELF-SUFFICIENCY AND CULTURAL VALIDATION
	VILLIDITION SUFFICIENCY AND COLTORAL VALIDATION
_	
2075 12-03-20	Schedule F (Form 990) 202

Department of the Ireasury Internal Revenue Service Name of the organization	Ğ	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	nd Individua	t, and Individuals in the United State zation answered "Yes" on Form 990, Part IV, line 21 o	ited States rt IV, line 21 or 22.		2020
Name of the organization		Go to www.ir	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	m 990. or the latest inform	nation.		Open to Public Inspection
	MOVEMEN	E4	INC.				Employer identification number 11-3573305
 Part I general information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance and the grants or assistance. 	Assistance substantiate th	he amount of the grants	s or assistance. the	arantees' elicibility	u for the grants or se	cietanon and the color	
	nce?				ע וטו ווופ קומוונא טו מא	sistance, and the selec	TION X Yes No.
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for mon	itoring the use of grant	funds in the United	d States.]
recipient that received more than \$5,000. Part II can be duplicated if additional space is presented in the organization answered "Yes" on Form 990, Part IV, line 21, for any	mestic Organ 000. Part II ca	nizations and Domestic n be duplicated if additi	c Governments. C	complete if the organs	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(P) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SEWA INTERNATIONAL INC 100 W OAKS MALL HOUSTON TX 77082	00.0630710						TO PROVIDE COVID-19
			.000,71	5			RELIEF
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	jovernment or	ganizations listed in the	line 1 table				1.
B HA Ever Performantly Dediration Ast Music	ed in the line	I table					1.

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Supplemental Information. Provide the information required in Part I, I, LINE 2: REQUIRE REPORTS AND DOCUMENTATION TO REQUIRE REPORTS AND DOCUMENTATION TO RELY.	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assictance
Supplemental Information. Provide the information required in Part I. I, LINE 2: REQUIRE REPORTS AND DOCUMENTATION TO RELY.		1				
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Supplemental Information. Provide the information required in Part I, I, LINE 2: REQUIRE REPORTS AND DOCUMENTATION TO RLY.						
I, LINE 2: REQUIRE REPORTS AND DOCUMENTATION TO RLY.	1	n required in Part I, line	2; Part III, column	(b); and any other add	ditional information.	
REPORTS AND DOCUMENTATION TO	I, LINE					
ROPERLY.	REPORTS	TO	ERIFY GRA	NT FUNDS AR	E SPENT	
	PROPERLY.					
032102 11-02-20 37 37	2102 11-02-20		37			Schodulo I (Ferrer ond once

SCHEDULE J (Form 990)	Con	npensation Information	1	OMB No.	1545-0	0047
(10111 990)	For certain Officer	s, Directors, Trustees, Key Employees, and Hig		20	20	1
	Complete if the organ	nization answered "Yes" on Form 990, Part IV.	line 23.	20	20	,
Department of the Treasury nternal Revenue Service		Attach to Form 990	and the second sec	Open to		
Name of the organization	do to www.irs.gov	//Form990 for instructions and the latest inform		Inspe		
	ALL INDIA MOV	EMENT FOR SEVA, INC.	Employer ide			Imbe
Part I Questions	Regarding Compensatio	n	11-35	1339	2	-
				-	v	Tax
1a Check the appropriate	e box(es) if the organization prov	vided any of the following to or for a person listed	on Form 990		Yes	No
Part VII, Section A, lin	e 1a. Complete Part III to provid	e any relevant information regarding these items.	01110111 990,			
First-class or cha	irter travel	Housing allowance or residence for				
Travel for compa	nions	Payments for business use of per				
Tax indemnificati	on and gross-up payments	Health or social club dues or initia	ation fees			
Discretionary spe	anding account	Personal services (such as maid,				6
b If any of the boxes on	line 1a are checked, did the org	anization follow a written policy regarding paymer	nt or			
reimbursement or prov	vision of all of the expenses des	cribed above? If "No," complete Part III to explain		1b		
 Did the organization re 	equire substantiation prior to reir	mbursing or allowing expenses incurred by all dire	octors	10 mm		
trustees, and officers,	including the CEO/Executive Dir	rector, regarding the items checked on line 1a?		2	-	
				-		1
3 Indicate which, if any,	of the following the organization	used to establish the compensation of the organ	ization's			
CEO/Executive Directo	or. Check all that apply. Do not c	heck any boxes for methods used by a related or	ganization to			
establish compensatio	on of the CEO/Executive Director	r, but explain in Part III.	Sumanon			
Compensation co	ommittee	Written employment contract				
	pensation consultant	Compensation survey or study				
Form 990 of othe	r organizations	Approval by the board or compension	sation committee			
4 During the year, did an	y person listed on Form 990, Pa	art VII, Section A, line 1a, with respect to the filing				
organization or a relate						
a Receive a severance p	ayment or change-of-control pay	/ment?		4a		х
b Participate in or receive	e payment from a supplemental	nongualified retirement plan?		4b	- 11	X
c Participate in or receive	e payment from an equity-based	compensation arrangement?		4c	- 2	X
If "Yes" to any of lines	4a-c, list the persons and provid	e the applicable amounts for each item in Part III.				
5 For persons listed on F	, 501(c)(4), and 501(c)(29) orga	nizations must complete lines 5-9.				
For persons listed on F	orm 990, Part VII, Section A, line	a 1a, did the organization pay or accrue any comp	pensation			
contingent on the rever						
 Any related erganization? 	~2			5a		X
If "Yes" on line 5a or 5k				5b	-	Х
		a de la composición d				
contingent on the net e	arnings of	a 1a, did the organization pay or accrue any comp	pensation			
h Any related organization	n9			6a	-	X
If "Yes" on line 6a or 6b				6b		X
		to did the encodedition of the				
not described on lines 4	5 and 62 If "Vee " describe in De	a 1a, did the organization provide any nonfixed pa	yments			
Were any amounts repo	orted on Form 990 Post VII	rt III		7	-	X
initial contract exception	n described in Populations and	or accrued pursuant to a contract that was subject of a subject of the subject of	ect to the			
If "Yes" on line 8, did th	e organization also follow the re-	ion 53.4958-4(a)(3)? If "Yes," describe in Part III		8	_	X
Regulations section 53	4958.6(-)2	buttable presumption procedure described in		9		

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(B) Breakdown of W-2 and compensation (B) Breakdown of W-2 and (B) Base (C) Base (II) Base (II) (II) Compensation (III) Compensation (II) (II) (II) (II) (II) (II) (II) (II)	that individual.
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Provide the ritermation, explanation, or descriptions ensured for Farl Lines 1, 1, 1, 3, 4, 4, 5, 45, 64, 64, 64, 64, 64, 64, 64, 64, 64, 64	Schedule J (Form 990) 2020 ALL INDIA MOVEMENT FOR SEVA, INC. Part III Supplemental Information	11-3573392 Page 3
40	de 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 P	II. Also complete this part for any additional information.
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



ALL INDIA MOVEMENT FOR SEVA. INC Employer identification number 11-3573392

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

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 11B:

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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

PA, CA, GA, IL, MA, MD, MI, NC, NJ, NY, VA, WA, FL, AR, CT, OH, TN, WI

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

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

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) 2020 032211 11-20-20

	of the organizati	AI		INDIA									11	er identification no -3573392
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	1562
Form	4562

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172 2020

Attachment Sequence No. 179

990

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

D	L INDIA MOVEMENT F	OR SEVA	NC.	ORM GOA 1			11 0000
Pa	art I Election To Expense Certain Pro	perty Under Section	179 Note: If you have a	ORM 990 1	complete Par	t V hefore	11-35733
	Maximum amount (see instructions)					1	1,040,00
2	Total cost of section 179 property pl	aced in service (see	e instructions)			2	1,040,00
3	intestiold cost of section 1/9 proper	rty before reduction	n in limitation			3	2,590,00
4	Reduction in limitation. Subtract line	3 from line 2. If zero	o or less, enter -0-			4	2,550,00
5 1	Dollar limitation for tax year. Subtract line 4 from	line 1. If zero or less, ente	r -0 If married filing separatel	y, see instructions		5	
6	(a) Description of	property		business use only)	(c) Elected		
_							1
_	123 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
	Listed property. Enter the amount fro						
8	Total elected cost of section 179 pro	perty. Add amounts	s in column (c), lines 6 :	and 7		8	
9	entative deduction. Enter the small	er of line 5 or line 8				0	
10 0	carryover of disallowed deduction fro	om line 13 of your 2	019 Form 4562			10	
11 6	Business income limitation. Enter the	smaller of busines	s income (not less than	zero) or line 5		11	
12 5	Section 179 expense deduction. Add	lines 9 and 10, but	t don't enter more than	line 11		12	
13 (Carryover of disallowed deduction to	2021. Add lines 9 a	and 10, less line 12	13			
	t II Special Depreciation Allow						
	openial Depresidion Allow						
14 5	Special depreciation allowance for qu	alified property (oth	ner than listed property) placed in servic	e during		
t	he tax year					14	-
15 -	roperty subject to section 168(f)(1) e	election				15	
10 (Other depreciation (including ACRS)					16	1,70
Fai	rt III MACRS Depreciation (Don	't include listed pro					
17 N 18 If	ACRS deductions for assets placed you are electing to group any assets placed in se	l in service in tax ye	Section A ears beginning before 2	020		17	
17 N 18 If	you are electing to group any assets placed in se	I in service in tax ye ervice during the tax year is Placed in Servic	Section A ears beginning before 2 into one or more general asset e During 2020 Tax Ye	020accounts, check here			em
17 N 18 If	you are electing to group any assets placed in se	in service in tax ye ervice during the tax year	Section A ears beginning before 2 into one or more general asset	020 accounts, check here ar Using the Ger			A A REAL PROPERTY AND
18 If	you are electing to group any assets placed in se Section B - Asset	I in service in tax year ervice during the tax year is Placed in Servic (b) Month and year placed	Section A ears beginning before 2 into one or more general asset e During 2020 Tax Ye (c) Basis for depreciation (business/investment use	020 accounts, check here ar Using the Ger (d) Recovery	neral Deprecia	ation Syst	A REAL PROPERTY AND
18 lf	you are electing to group any assets placed in se Section B - Asset (a) Classification of property	I in service in tax year ervice during the tax year is Placed in Servic (b) Month and year placed	Section A ears beginning before 2 into one or more general asset e During 2020 Tax Ye (c) Basis for depreciation (business/investment use	020 accounts, check here ar Using the Ger (d) Recovery	neral Deprecia	ation Syst	A REAL PROPERTY AND
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38 Do you maintain a written p												Yes	N
	policy stateme	ent that prohit	bits persor	al use of	vehicles.	except o	commuti	ing, by ve	our				
	uctions for vehi	icles used by	corporate	officers,	directors,	or 1% o	r more o	owners			Theoster		
39 Do you treat all use of vehic	icles by employ	yees as perso	onal use?										
O Do you provide more than t	five vehicles to	o your employ	yees, obta	n informa	ation from	your em	ployees	about					
the use of the vehicles, and	d retain the infe	formation rec	eived?										
1 Do you meet the requirement	ents concernin	ng qualified au	utomobile	demonst	ration use	?							
Note: If your answer to 37,	, 38, 39, 40, or	r 41 is "Yes,"	don't com	olete Sec	tion B for	the cove	ered veh	nicles.					
Part VI Amortization (a)		(b)	_	(0)		1	(-1)		1.1	-	_	10	_
Description of cos	osts	(b) Date amort begin	tization	(c) Amortiz amou	able	1.000	(d) Code section		(e) Amortizati period or perc		Arr	(f) nortization r this year	
Amortization of costs that t	begins during					-		1.	and of polo	-mage			
		-				12-							
		1				P							
 Amortization of costs that t Total. Add amounts in colu 		00001	Voar										