Form	990
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(Rev. January 2020)

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

.... . (h.) - f . ..... 2019

Depar	tment of	the Treasury		ter social security numbers on	-		•		Open	to Public
		ue Service		ww.irs.gov/Form990 for instru	ctions and the lates	st inform	nation.		Insp	pection
A	For the	2019 calendar	year, or tax year begin	ning	, 2019, a	and endir	ng		, 20	
B	Check if a	applicable:	C Name of organizationUN		D Emplo	yer identification	n number			
	Address	change	Doing business as						11-34839	21
l I	Name ch	ange	e	E Teleph	ione number					
<u> </u>	nitial retu	ım			(646)688	-3525				
- I	- inal retu	rn/terminated	City or town, state or prov	vince, country, and ZIP or foreign postal coo	de			G Gross	receipts	
$\Box$	Amendec	l return	NEW YORK, NY 10	0116				\$		863,620
Ē,	Applicatio	on pending	H(a) Is this a g		or subordinates?	Yes X No				
			SAME AS C ABOVE	ncipal officer: GURVINDER SING	_		H(b) Are all s		_	Yes No
	Tax-exen	npt status: X 501		) < (insert no.) 4947(a)(1) or	527		.,		. (see instructions	
	Nebsite:		DSIKHS.ORG				H(c) Group			.,
		organization: X Co		ociation Other ►	L Year of format			-	al domicile: N	<b>v</b>
Pa		Summary						tate of lege		<u> </u>
Iu	1		the organization's missi	on or most significant activities:						
		2	0	U U	TO TRANSFORM					
e				LS INTO INFORMED AND						
าลม				DEVELOPMENT PROGRAMS,	BY FOSTERING	F ACTIV	/E PARTI	LCIPAI	TON IN S	OCIAL AND
Activities & Governance		ECONOMIC A				050/ -11				
65	2		<u> </u>	discontinued its operations or dis	•			1 1		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3			0,00,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,0000	•••••					12
ies	4		-	s of the governing body (Part VI,						12
ivit	5			calendar year 2019 (Part V, line						8
Act	6		volunteers (estimate if i							375
	7a	Total unrelated	business revenue from	Part VIII, column (C), line 12 .				7a		0
	b	Net unrelated b	usiness taxable income	from Form 990-T, line 39				7b		0
							Prior Year		Current	t Year
	8	Contributions ar	nd grants (Part VIII, line	1h)			605	,429		863,259
ne	9	9 Program service revenue (Part VIII, line 2g)								0
Revenue	10	Investment inco	me (Part VIII, column (A	A), lines 3, 4, and 7d)				700		361
Re	11	Other revenue (	Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11e)						0
	12	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 60								863,620
	13			X, column (A), lines 1-3)						0
	14			K, column (A), line 4)						0
	15			benefits (Part IX, column (A), lin			248	,311		170,708
ses				column (A), line 11e)				,		0
Expenses			g expenses (Part IX, col		7,636					
Ä	17		(Part IX, column (A), lir				307	,129		436,620
_	18			equal Part IX, column (A), line 25	•••••			,440		
	19			18 from line 12				-		607,328
	-	Revenue less e	xpenses. Subtract line		· · · · · · · · · · · ·			,311)		256,292
Net Assets or Fund Balances		Tatal assats (D	ant V line (C)				ning of Curre		End of	
Sset	20		. ,			·	1,054			,383,094
et A	21					·		,220		,117,315
				line 21 from line 20		•	1,009	,487	1,	,265 <b>,</b> 779
	rt II	Signature						- 6 - 14 - 1-		
				rn, including accompanying schedules and cer) is based on all information of which pre		t of my know	leage and bell	er, it is		
<b>C</b> :~	-		DER SINGH							
Sig								Date	9	
Her	e		DER SINGH, PRES	IDENT						
		Type or print	name and title		1					
		Print/Type prepare	er's name	Preparer's signature	Date		Check	X if	PTIN	
Pai	d	KEN COOKL	ER, CPA		11-12-20	020	self-emp	oloyed	P01281	724
Pre	pare	Firm's name	KENNETH	COOKLER, CPA, P.C.		Fi	rm's EIN 🕨			
	e Only			NTERBERRY DRIVE		Pł	hone no.			
	•	-		W NY 11803				516-5	581-7625	
May	the IR	S discuss this ret		own above? (see instructions)		I		~ ~	X Ye	s No

Form	1990 (2019) UNITED SIKHS 11-3483921 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO TRANSFORM UNDERPRIVILEGED AND MINORITY COMMUNITIES AND INDIVIDUALS INTO INFORMED AND VIBRANT
	MEMBERS OF SOCIETY THROUGH CIVIC, EDUCATIONAL AND PERSONAL DEVELOPMENT PROGRAMS, BY FOSTERING
	ACTIVE PARTICIPATION IN SOCIAL AND ECONOMIC ACTIVITY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 267,863 including grants of \$ ) (Revenue \$ )
	SIKH AID - PROVIDING NON-PARTISAN GLOBAL HUMANITARIAN DISASTER RELIEF SERVICES, WHICH NOT ONLY
	PROVIDE IMMEDIATE AID BUT ALSO REHABILITATION HELP TO THE NEEDY.
4b	(Code:) (Expenses \$157,271 including grants of \$) (Revenue \$)
	CIVIL & HUMAN RIGHTS ADVOCACY - ADVANCING ECONOMIC, SOCIAL AND SPIRITUAL EMPOWERMENT OF MINORITIES AND OTHER MARGINALIZED GROUPS AND INDIVIDUALS IN NEED, REGARDLESS OF RACE, RELIGION,
	GENDER, SEXUAL ORIENTATION, SOCIAL STATUS, AGE OR ABILITY, BY ENFORCING CIVIL AND HUMAN RIGHTS
	THROUGHOUT THE WORLD.
4c	(Code:) (Expenses \$124,740 including grants of \$) (Revenue \$)
	COMMUNITY SERVICE - PROVIDING COMMUNITIES WITH A NUMBER OF PROJECTS INVOLVING, AMONG OTHER
	THINGS, DRUG AWARENESS AND REHABILITATION, AND FITNESS AND HEALTHY LIVING.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 49,576 including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 599,450
EEA	Form <b>990</b> (2019)

Forr	n 990 (2019) UNITED SIKHS 11-3483	921	F	age 3						
Pa	rt IV Checklist of Required Schedules									
			Yes	No						
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"									
_	complete Schedule A		x							
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	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? If "Yes," complete Schedule C, Part I									
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	. 3		x						
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x						
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			~						
Ŭ	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5								
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors									
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If									
	"Yes," complete Schedule D, Part I	. 6		x						
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,									
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x						
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"									
	complete Schedule D, Part III	. 8		х						
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a									
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or									
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х						
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,									
a	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes,"									
c	complete Schedule D, Part VI	. 11a	x							
k	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more									
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x						
c										
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x						
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets									
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d		х						
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x						
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses									
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x						
12a		10-								
Ŀ	Schedule D, Parts XI and XII	. <u>12a</u>	x							
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			x						
14a	Did the organization maintain an office, employees, or agents outside of the United States?			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? If "Yes," complete Schedule F, Parts I and IV	14b		x						
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or									
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x						
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other									
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x						
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on									
40	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		x						
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines 1c and 8a2 /f "Ves." complete Schedule G. Part II	18		v						
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	10		x						
13	If "Yes," complete Schedule G, Part III.	. 19		x						
20 a				x						
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?									
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or									
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x						

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	. 24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	. 25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	. 26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	. 27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	. 28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	- 28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	. 30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</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	-		x
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)?$	. 35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	051		
••	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	200		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	v	
Par			X	L
raí	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	. 1c	x	

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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this returm	8						
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		x				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		x				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x				
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
va	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	. 04						
b	gifts were not tax deductible?	. 6b						
7		. 00						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.						
	and services provided to the payor?			x				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	. 7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		x				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h		х				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	. 8		х				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		х				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		х				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	•						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_						
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a						
ŭ	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	. 100						
b	Enter the amount of reserves the organization is required to maintain by the states in which							
5	the organization is licensed to issue qualified health plans							
~	Enter the amount of reserves on hand							
C 145		14-		v				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			x				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	. 14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	. 15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		x				
	If "Yes," complete Form 4720, Schedule O.							

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ıs.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
-	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
- 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
, a	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	74		
D.	stockholders, or persons other than the governing body?	7b		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		x
0	the year by the following:			
•		80	v	
a ⊾	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		40	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed    California, New York			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TAXPAYER (646)688-3525, JAF PO BOX 7203, NEW YORK, NY 10116			

Form 990 (201	9) UNITED SIKHS	11-3483921	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	mpensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	his table for all persons required to be listed. Report compensation for the calendar year ending with o	r within the	
organization's	ax year.		

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

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

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

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

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

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

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

			•	(	(C)	,				
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization	from related organizations	compensation from the
	(list any hours for	or d	Inst	Officer	Off Key		Forme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	lirect	itutic	cer	emp	bloye	mer			related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	è com				
	below	Istee	rust		ě	pens				
	dotted line)		e			Highest compensated employee				
						<u> </u>				
(1) GURVINDER_SINGH	10.00									
PRESIDENT & FINANCE DIRECTOR		х		х				0	0	0
(2) JATINDER SINGH	5.00									
VICE PRESIDENT & DIRECTOR		х		х				0	0	0
(3) PUSHPINDER SINGH	2.00									
DIRECTOR		х						0	0	0
(4) AMRITPAL SINGH BHATIA	2.00									
DIRECTOR		х						0	0	0
(5) BHUPINDER SINGH	2.00									
DIRECTOR		х						0	0	0
(6) BIRMOHAN_SINGH	2.00									
DIRECTOR		х						0	0	0
(7) MANVINDER SINGH	2.00									
DIRECTOR		х						0	0	0
(8) HARDAYAL SINGH	10.00									
ACTING EXECUTIVE DIRECTOR		x						0	0	0
(9) DR. GURPARKASH SINGH	2.00									
DIRECTOR		x						0	0	0
(10)JEEVANJOT KAUR	2.00									
DIRECTOR	F	x						0	0	0
(11)MEJINDARPAL KAUR	2.00									
DIRECTOR		x						0	0	0
(12)JAIPAL SINGH	2.00									
DIRECTOR		х						0	0	0
(13)										
	[									
(14)										

	090 (2019) UNITED SIKHS									1:	1-34839	)21	F	Page 8
Part	VII Section A. Officers, Directors, Truster	es, Key Emp	oloyee	s, ar	nd H	lighe	est Co	mp	ensated Employe	es (contin	iued)			
	(A) Name and title	<b>(B)</b> Average hours per week	box,	unles	Po: eck m ss pei	rson is	nan one s both ar /trustee)		(D) Reportable compensation from the	from rel	able sation ated	<b>(F)</b> Estimated amour of other compensation		r tion
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099-		orga	rom the nization d organi	and
<u>(</u> 15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Subtotal	tion A .	•••	•••	•••	•••	•••	· •	0		0			0
2	Total number of individuals (including but not limi reportable compensation from the organization	ted to those								of				
3	Did the organization list any <b>former</b> officer, direc		key en	nploy	yee,	or h	ighest	con	npensated				Yes	No
4	employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the sum of r										••••	3		x
-	organization and related organizations greater th	•	•					•						
5	individual							· ·	••••••••••••••••••••••••••••••••••••••	• • • • •	• • • •	4		x
	for services rendered to the organization? If "Ye			-			-					5		x
	on B. Independent Contractors				- 1	. 11				20 - (				
1	Complete this table for your five highest compensation from the organization. Report comp										ax year.			
	(A)								(B)			(C)		
	Name and business addre	SS							Description of service	ces	(	Compens	ation	
											<u> </u>			
2	Total number of independent contractors (includir	ng but not lim	nited to	thos	e lis	ted a	above)	wh	0					
	received more than \$100,000 of compensation fro	-					,							

Form 990 (2019)

Form 9	<u>`</u>	/	D SIKHS					11-34839	21 Page 9
Part	VIII	Statement of Rev	enue						
		Check if Schedule O co	ontains a response	e or n	ote to any line in th	nis Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
s "	b	Membership dues		1b		1			
rant unts	c	Fundraising events		1c		1			
s, GI	d	Related organizations .		1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contr	ibutions)	1e					
ns, simi	f	All other contributions, gift	ts, grants,						
utio er S		and similar amounts not in	ncluded above	1f	863,259	_			
oth	g								
Con and		lines 1a-1f		1g		_			
	h	Total. Add lines 1a-1f				863,259			
					Business Code				
8									
ie er									
n Sr	C L								
grar Re									
Program Service Revenue	e f	All other program service r							
-		Total. Add lines 2a-2f .			L				
	3	Investment income (includi other similar amounts) .				361	361		
	4	Income from investment of							
	5	Royalties	•	•					
		(i) Real			(ii) Personal				
	6a	Gross rents	6a			1			
	b	Less: rental expenses	6b						
	c	Rental income or (loss)	6c			1			
	d	Net rental income or (loss)							
	7a	Gross amount from	(i) Securitie	es	(ii) Other				
		sales of assets							
	b	other than inventory Less: cost or other basis	7a						
anu		and sales expenses	7b						
Other Revenue	C	Gain or (loss)	7c						
R		Net gain or (loss)		•	· · · · · · •				
thei	8a	Gross income from fundrai							
Ò		events (not including \$							
		of contributions reported o							
		1c). See Part IV, line 18		8a		-			
		Less: direct expenses .		8b					
		Net income or (loss) from f	-	s .	· · · · · · •				
	9a	Gross income from gaming		0.0					
	h	activities, See Part IV, line Less: direct expenses .		9a 9b		-			
		Net income or (loss) from (							
					· · · · · · •				
	10a	Gross sales of inventory, le returns and allowances .		10a					
	h	Less: cost of goods sold		108		-			
		Net income or (loss) from s			1				
				<u>· ·</u>	Business Code				
ន	11a								
nor									
ella ven	c								
Miscellanous Revenue	-	All other revenue							
2		Total. Add lines 11a-11d							
		Total revenue. See instru				863-620	361	0	0

UNITED SIKHS

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Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other orgar			
	Check if Schedule O contains a response or note to	any line in this Part IX			X
Do r	not include amounts reported on lines 6b, 7b,	(A) Tatal auroanaa	(B) Program service	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	157,303	157,303		
8	Pension plan accruals and contributions (include	137,303	157,505		
Ŭ	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10		13,405	13,405		
11	Fees for services (nonemployees):	13,405	13,405		
	Management				
a L					
b	-	c 000	c 000		
C L		6,000	6,000		
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	123,412	123,412		
12	Advertising and promotion	40,986	40,986		
13	Office expenses	18,416	18,416		
14	Information technology				
15	Royalties				
16	Occupancy	21,000	21,000		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,360	19,482	242	7,636
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		5,813	5,813		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	TELEPHONE AND COMMUNICATIONS	7,373	7,373		
b	PRINTING	11	11		
С	VOLUNTEER EXPENSES	20,242	20,242		
d	SUPPLIES AND EQUIPMENT	166,007	166,007		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	607,328	599,450	242	7,636
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part	: X	Balance Sheet					_
		Check if Schedule O contains a response or note to any	line in	this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing		_	603,709	1	913,509
	2	Savings and temporary cash investments		_	409,119	2	1,441,961
	3	Pledges and grants receivable, net		_	37,879	3	23,624
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former of					
		trustee, key employee, creator or founder, substantial co		or, or 35%			
		controlled entity or family member of any of these person				5	
Assets	6	Loans and other receivables from other disqualified pers					
		under section 4958(f)(1)), and persons described in sect				6	
	7	Notes and loans receivable, net		F	2,500	7	2,500
	8	Inventories for sale or use		-		8	
4	9	Prepaid expenses and deferred charges	•••			9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation		10c			
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11 .		12			
	13	Investments - program-related. See Part IV, line 11 .		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		-	1,500	15	1,500
	16	Total assets. Add lines 1 through 15 (must equal line 3			1,054,707	16	2,383,094
	17	Accounts payable and accrued expenses	45,220	17	1,117,315		
	18	Grants payable		18			
	19			-		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV o				21	
Liabilities	22	Loans and other payables to any current or former office					
billid		trustee, key employee, creator or founder, substantial con					
Lia	~~	controlled entity or family member of any of these person				22	
	23	Secured mortgages and notes payable to unrelated thir		-		23	
	24	Unsecured notes and loans payable to unrelated third p				24	
	25	Other liabilities (including federal income tax, payables t parties, and other liabilities not included on lines 17-24).					
		of Schedule D	•			25	
	26	Total liabilities. Add lines 17 through 25		_	45 220	25	1 117 215
	20	Organizations that follow FASB ASC 958, check here		• x	45,220	20	1,117,315
		and complete lines 27, 28, 32, and 33.	-				
ces	27	· · · · · · · · · · · · · · · · · · ·			1,009,487	27	1,265,779
alan	28				1,009,407	28	1,203,113
Ba	20	Organizations that do not follow FASB ASC 958, che				20	
oun		and complete lines 29 through 33.					
г	29					29	
sts (	30	Paid-in or capital surplus, or land, building, or equipment				30	
SSE	31	Retained earnings, endowment, accumulated income, or				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		-	1,009,487	32	1,265,779
Ž	33	Total liabilities and net assets/fund balances			1,054,707	33	2,383,094
					=,001,007		_,000,001

EEA

Form 990 (2019)

UNITED SIKHS

Form 990 (2019)

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Form	1 990 (2019) UNITED SIKHS	11-34839	21	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		863,	,620
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		607,	,328
3	Revenue less expenses. Subtract line 2 from line 1	. 3		256,	,292
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	1,	009,	,487
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	1,	265,	,779
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🕱 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis 🛛 Consolidated basis 🗌 Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		. 3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
EEA			Form	<b>990</b> (	2019)

S	CH	IEC	)UI	LE	Α
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# Public Charity Status and Public Support

OMB No. 1545-0047

(Form	990	or	990-EZ)
Departm	ent of	the	Treasury

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust
► Attach to Form 990 or Form 990-EZ.

2019 Open to Public Inspection

...

Internal Revenue Service	► Go to

to www.ire.gov/Eorm000 for instructions and the latest inf

Go to www.irs.gov/Form990 for instructions and the latest info	rmation.			
	_			

Name	of the	e organization					Employer identificat	ion number	
UNI	TED	SIKHS					11-348392	1	
Pa	rt I	Reason for Public Charit	y Status (All or	ganizations must co	omplete	this part	.) See instructions		
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check only	y one box.	)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	r 990-EZ).	.)			
3		A hospital or a cooperative hospital s	service organizatior	n described in section 1	70(b)(1)(A	.)(iii).			
4		A medical research organization ope	erated in conjunctio	n with a hospital describ	ed in <b>sect</b> i	ion 170(b)	(1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the bene	-	iniversity owned or opera	ated by a g	jovernmen	tal unit described in		
		section 170(b)(1)(A)(iv). (Complete	,						
6	Ц	A federal, state, or local government	•						
7	х	An organization that normally receive	•		rernmental	unit or fror	m the general public		
_		described in section 170(b)(1)(A)(vi							
8		A community trust described in <b>sect</b>							
9	Ш	An agricultural research organization				•		je	
		or university or a non-land-grant colle	ege of agriculture (s	ee instructions). Enter the	e name, cit	iy, and stat	e of the college or		
40		university:	a. (4) manual them 00				anahin face and man		
10		An organization that normally receive	. ,						
		receipts from activities related to its e	•		•	,			
		support from gross investment incom		,		,	iom businesses		
44		acquired by the organization after Ju				,			
11		An organization organized and opera	•						
12		An organization organized and opera	•	•					
		of one or more publicly supported or	•					•	
	~	Check the box in lines 12a through 12						•	
	а	<b>Type I.</b> A supporting organizatio			•••	-		ig	
		the supported organization(s) the				inectors of			
	h	supporting organization. You mu	-		th ito ouron	ortod orac	nization(a) by boying		
	b	<b>Type II.</b> A supporting organization				-			
		control or management of the sup organization(s). You must com		•	SUISTIAL		nanage the supported		
	с	Type III functionally integrated			noction w	ith and fu	actionally integrated wi	th	
	C	its supported organization(s) (se						u 1,	
	d	Type III non-functionally integ		-				n(c)	
	u	that is not functionally integrated.						11(3)	
		requirement (see instructions). Y	<b>e e</b>			•			
	•	Check this box if the organization	-						
	C	functionally integrated, or Type II				sa iypei,	туре II, туре III		
	f	Enter the number of supported organ							
	g	Provide the following information abo						••••	
		) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
	(,		(1) 2.11	(described on lines 1-10	listed in you	•	support (see	other support (see	
				above (see instructions))	docum	ent?	instructions)	instructions)	
					Yes	No			
(A)									
(P)									
(B)									
(C)									
(D)									
• •			1			1	1		

(E)

,	D SIKHS				11-348392	
Part II Support Schedule for Org						
(Complete only if you check						ify under
Part III. If the organization f	ails to qualify under	the tests list	ted below, ple	ease complet	e Part III.)	
Section A. Public Support						
Calendar year (or fiscal year beginning i	in)▶ (a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	782,424	503,420	613,432	605,429	863,259	3,367,964
2 Tax revenues levied for the						
organization's benefit and either paid						
to or expended on its behalf	••					
3 The value of services or facilities						
furnished by a governmental unit to the	e					
organization without charge						
4 Total. Add lines 1 through 3	782,424	503,420	613,432	605,429	863,259	3,367,964
5 The portion of total contributions by						
each person (other than a						
governmental unit or publicly						
supported organization) included on						
line 1 that exceeds 2% of the amount						
shown on line 11, column (f)						
6 Public support. Subtract line 5 from li						3,367,964
Section B. Total Support						373077301
Calendar year (or fiscal year beginning i	in)▶ (a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
7 Amounts from line 4		503,420	613,432	605,429	863,259	3,367,964
8 Gross income from interest, dividends		505,420	013,432	005,425	0037233	5,507,504
payments received on securities loans						
rents, royalties and income from	·,					
similar sources	21.0	274	240	700	261	1 005
9 Net income from unrelated business	310	274	240	700	361	1,885
activities, whether or not the business						
is regularly carried on	••					
<b>10</b> Other income. Do not include gain or						
loss from the sale of capital assets						
(Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10	· · · · · · · · · · · · · · · · · · ·					3,369,849
<b>12</b> Gross receipts from related activities, e	,				12	
13 First five years. If the Form 990 is for	•					
organization, check this box and stop						▶
Section C. Computation of Public Su						
14 Public support percentage for 2019 (lir		•			14	99.94 %
15 Public support percentage from 2018 S	Schedule A, Part II, lir	ne 14		•••••	15	99.95 %
16a 33 1/3% support test - 2019. If the org	ganization did not che	ck the box on	line 13, and lin	ie 14 is 33 1/3	% or more, che	ck this
box and stop here. The organization of	qualifies as a publicly	supported orga	anization			► 🛛
b 33 1/3% support test - 2018. If the or	ganization did not che	ck a box on lir	ne 13 or 16a, a	nd line 15 is 3	3 1/3% or more	, check
this box and stop here. The organizat	ion qualifies as a publ	icly supported	organization .			· · · ▶ □
17a 100/ facto and circumstance test		ion did not che	eck a box on lir	ne 13, 16a, or	16b, and line 1	4 is
ira iu%-facts-and-circumstances test -	2019. If the organizat				n hara Evolain	in
	-		test, check this	s box and <b>sto</b>	p nere. Explain	11.1
10% or more, and if the organization n	neets the "facts-and-c	ircumstances"				
10% or more, and if the organization n Part VI how the organization meets the	neets the "facts-and-c e "facts-and-circumsta	ircumstances" ances" test. Th	e organization	qualifies as a	publicly suppor	
10% or more, and if the organization n Part VI how the organization meets the organization	neets the "facts-and-c e "facts-and-circumsta	ircumstances" ances" test. Th	e organization	qualifies as a	publicly suppor	ted ►
10% or more, and if the organization n Part VI how the organization meets the organization	neets the "facts-and-c e "facts-and-circumsta 	ircumstances" ances" test. Th 	e organization	qualifies as a  ne 13, 16a, 16	publicly suppor	ted ► [
<ul> <li>10% or more, and if the organization n Part VI how the organization meets the organization</li></ul>	neets the "facts-and-c e "facts-and-circumsta 	ircumstances" ances" test. Th 	e organization  eck a box on lir nces" test, che	qualifies as a ne 13, 16a, 16 ck this box an	publicly suppor b, or 17a, and l d <b>stop here.</b>	ted ► [ ine
<ul> <li>10% or more, and if the organization in Part VI how the organization meets the organization</li></ul>	neets the "facts-and-c e "facts-and-circumsta 2018. If the organizat tion meets the "facts-and n meets the "facts-and	ircumstances" ances" test. Th 	e organization 	qualifies as a ne 13, 16a, 16 ck this box an ganization qua	publicly suppor b, or 17a, and l d <b>stop here.</b> alifies as a publ	ted ► □ ine
<ul> <li>10% or more, and if the organization in Part VI how the organization meets the organization</li></ul>	neets the "facts-and-c e "facts-and-circumsta 2018. If the organizat tion meets the "facts-and meets the "facts-and	ircumstances" ances" test. Th ion did not che and-circumsta d-circumstance	e organization eck a box on lir nces" test, che es" test. The or	qualifies as a ne 13, 16a, 16 ck this box an ganization qua	publicly suppor b, or 17a, and l d <b>stop here.</b> alifies as a publ	ted ► □ ine
Part VI how the organization meets the organization	aneets the "facts-and-c e "facts-and-circumsta 2018. If the organizat tion meets the "facts-and meets the "facts-and n did not check a box	ircumstances" ances" test. Th 	e organization eck a box on lir nces" test, che es" test. The or  a, 16b, 17a, or	qualifies as a ne 13, 16a, 16 ck this box an ganization qua 17b, check thi	publicly suppor b, or 17a, and I d <b>stop here.</b> alifies as a publ	ted ► □ ine icly ► □

Schedule A (Form 990 or 990-EZ) 2019 UNITED					11-348	3921 Page 3
Part III Support Schedule for Orga						
(Complete only if you checke						under Part II.
If the organization fails to qua	alify under the t	ests listed be	low, please c	omplete Part	II.)	
Section A. Public Support						
Calendar year (or fiscal year beginning in)	▶ (a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fee	es					
received. (Do not include any "unusual grants."	)					
2 Gross receipts from admissions, merchandise						
sold or services performed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose	•					
<b>3</b> Gross receipts from activities that are not an						
unrelated trade or business under section 513						
4 Tax revenues levied for the						
organization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the						
organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3						
received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3						
received from other than disqualified						
persons that exceed the greater of \$5,00	0					
or 1% of the amount on line 13 for the ye	ar					
c Add lines 7a and 7b	•					
8 Public support. (Subtract line 7c from						
line 6.)	•					
Section B. Total Support						
Calendar year (or fiscal year beginning in)		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6	•					
10a Gross income from interest, dividends,						
payments received on securities loans, rents,						
royalties, and income from similar sources .	•					
<b>b</b> Unrelated business taxable income (less						
section 511 taxes) from businesses						
acquired after June 30, 1975	•					
<b>c</b> Add lines 10a and 10b	•					
<b>11</b> Net income from unrelated business						
activities not included in line 10b, whethe	r					
or not the business is regularly carried or	1					
<b>12</b> Other income. Do not include gain or						
loss from the sale of capital assets						
(Explain in Part VI.)	•					
<b>13 Total support.</b> (Add lines 9, 10c, 11,						
and 12.)	•					
14 First five years. If the Form 990 is for th	•			•		
organization, check this box and stop he						<u></u> ▶ ∐
Section C. Computation of Public Sup						
<b>15</b> Public support percentage for 2019 (line			column (f)) .		15	%
16 Public support percentage from 2018 Sch					16	%
Section D. Computation of Investment		-				
17 Investment income percentage for 2019					17	%
18 Investment income percentage from 201					18	%
19a 33 1/3% support tests - 2019. If the organized						
17 is not more than 33 1/3%, check this t	-	-	-		• • •	
b 33 1/3% support tests - 2018. If the orga						
line 18 is not more than 33 1/3%, check t	-	-		-		-
20 Private foundation. If the organization d	id not check a bo	x on line 14, 19	9a, or 19b, che	ck this box and	see instruct	ions 🕨 🗌

Part		83921		Page
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, comp and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	I, complet		
ecti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
'	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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	d		
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ	ər		
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an	d		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(	-		
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion	46		
с	despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination	4b		
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used	4		
	to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$	<b>'</b>		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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	on 🛛		
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			
7	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	- 6		
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			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7'			
5	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 describe	k		
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
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.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10b		

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Par	<i>t VI.</i> 11c		
Sec	ction B. Type I Supporting Organizations			
4	Did the directory trustees, or membership of one or more supported ergenizations have the neuror to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ed and a second se		
	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 Par	rt 🛛		
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
	supervised, or controlled the supporting organization.	2		
Sec	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	3		
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction 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 pr	rior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	organization's governing documents in effect on the date of notification, to the extent not previously provide			
2				
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b>			
	the organization maintained a close and continuous working relationship with the supported organization(s)			
2		. 2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	2		
800	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations	. (aaa inat	tional	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	i (see instruc	uons)	

- **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.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) 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 (a) 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 (a) and (b) 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? 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.

2a

2b

3a

Yes No

ichedule A (Form 990 or 990-EZ) 2019 UNITED SIKHS		11-348	3 <b>3921</b> Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganiza	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organi	izations	must complete Sectio	ns A through E.
Contian A Adjusted Nat Income		(A) Drier Veer	(B) Current Yea
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting	g organization (see
instructions).	mogra		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 UNITED SIKHS Part V Type III Non-Functionally Integrated 509(a)(3)	3) Supporting Organia	11-3483 zations (continued)	3 <b>921</b> Page 7
Section D - Distributions	,		Current Year
1 Amounts paid to supported organizations to accomplish exer			
2 Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpose	es of supported organization	ions	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in <b>Part VI</b> ). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which th	e organization is respons	sive	
(provide details in <b>Part VI</b> ). See instructions.			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019			
(reasonable cause required - explain in <b>Part VI</b> ). See			
instructions.			
3 Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from			
Section D, line 7: \$			
<ul> <li>Applied to underdistributions of prior years</li> </ul>			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
e Excess from 2019			
EEA		Schedu	ile A (Form 990 or 990-EZ) 2019

Schedule A (Fo	m 990 or 990-EZ) 2019 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# Schedule B (Form 990, 990-EZ.

Internal Revenue Service

or 990-PF) Department of the Treasury

# Schedule of Contributors

OMB No. 1545-0047

2019

►	Attach to	Form	990. Fo	rm 990-EZ,	or	Form	990-PF.
-	Allaon to		555,10		<b>U</b> .		

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

Name of the organization	Employer identification number
UNITED SIKHS	11-3483921
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

# Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

# **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

# Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

		Page 2
oloyer	identification nu	mber

UNITED SIKHS

Emp 11-3483921

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	GURUDWARA SACHA MARAG OF WA 12431 SE 286TH PLACE AUBURN, WA 98092	\$13,600	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	JOGESH SYALEE 16215 83RD STREET HOWARD BEACH, NY 11414	\$20,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MANVINDER SINGH C/O UNITED SIKHS NEW YORK, NY 10116	\$10,510	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_4_	SATBIR SINGH 136 ARUNDEL DRIVE HAYWARD, CA 94542	\$25,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	PARMINDER SINGH 10808 E CLARKSON AVENUE KINGSBURG, CA 93631	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BUENA PARK GURUDWARA 6911 STANTON AVENUE BUENA PARK, CA 90621	\$8,051	Person     x       Payroll        Noncash        (Complete Part II for noncash contributions.)

SCHEDULE D	
(Form 990)	

# **Supplemental Financial Statements**

OMB	No.	1545-0047

(Form 990)			ganization answered "			20	19
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.			Open to	Public			
•	tment of the Treasury al Revenue Service	► Go to www.irs.gov/Form9		d the latest information	۱.	Inspectio	
	of the organization				ployer identificatio		
UNI	TED SIKHS				11-348392	1	
Pa	rt I Organiza	tions Maintaining Donor Advised Fu	inds or Other Simila	ar Funds or Account			
		e if the organization answered "Yes" on					
	•	Ŭ	(a) Donor adv		(b) Funds a	and other accounts	s
1	Total number at e	nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4	Aggregate value a	at end of year					
5	Did the organization	on inform all donors and donor advisors in w	riting that the assets hel	d in donor advised			
	-	anization's property, subject to the organizatio	-			. 🗌 Yes	🗌 No
6	Did the organization	on inform all grantees, donors, and donor ad	visors in writing that grar	nt funds can be used			
	only for charitable	purposes and not for the benefit of the donot	r or donor advisor, or for	r any other purpose			
	conferring imperm	issible private benefit?				. 🗌 Yes	No
Pa	rt II Conser	vation Easements.					
	Complet	e if the organization answered "Yes" or	n Form 990, Part IV,	line 7.			
1	Purpose(s) of con	servation easements held by the organizatio	n (check all that apply).				
	Preservation of	of land for public use (e.g., recreation or edu	cation)	Preservation of a h	istorically impor	tant land area	
	Protection of r	natural habitat		Preservation of a c	ertified historic	structure	
	Preservation of	of open space					
2	Complete lines 2a t	hrough 2d if the organization held a qualified	conservation contributi	on in the form of a conse	rvation		
	easement on the la	ast day of the tax year.			Held at	the End of the	Tax Year
а	Total number of co	onservation easements			2a		
b	Total acreage rest	tricted by conservation easements			2b		
с	Number of conser	vation easements on a certified historic struc	ture included in (a)		2c		
d	Number of conser	vation easements included in (c) acquired af	ter 7/25/06, and not on	а			
	historic structure li	sted in the National Register			2d		
3	Number of conser	vation easements modified, transferred, rele	ased, extinguished, or te	erminated by the organiz	ation during the		
	tax year ►						
4	Number of states	where property subject to conservation ease	ment is located				
5	Does the organiza	tion have a written policy regarding the peric	dic monitoring, inspectio	on, handling of			
	violations, and enf	orcement of the conservation easements it h	olds?			. 🗌 Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, ha	ndling of violations, and	enforcing conservation e	asements durin	ig the year	
	▶						
7	Amount of expens	es incurred in monitoring, inspecting, handlin	ig of violations, and enfo	orcing conservation ease	ments during the	e year	
	►\$						
8	Does each conser	vation easement reported on line 2(d) above	satisfy the requirement	ts of section 170(h)(4)(B)	(i)	_	_
	and section 170(h	)(4)(B)(ii)?				. Yes	No
9	In Part XIII, descri	be how the organization reports conservatio	n easements in its rever	nue and expense stateme	nt, and		
	-	d include, if applicable, the text of the footnote	e to the organization's fire	nancial statements that d	escribes the		
_		ounting for conservation easements.					
Pa		izations Maintaining Collections			er Similar A	ssets.	
		te if the organization answered "Yes" o					
1a	If the organization	elected, as permitted under FASB ASC 958	, not to report in its reve	enue statement and balar	ice sheet works		
		easures, or other similar assets held for publi			e of public		
		n Part XIII the text of the footnote to its finance					
b	If the organization	elected, as permitted under FASB ASC 958	, to report in its revenue	e statement and balance s	sheet works of		

If the organ b art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . . . . \$

	(II) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide t	he
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990 Part X	▶ \$

	ule D (Form 990) 2019 UNITED SIKHS							11-348				age <b>2</b>
Pa	t III Organizations Maintaining	Coll	ections of	Art, His	torical T	reasures	, or Ot	her Similar A	lsse	ets (co	ntinı	ued)
3	Using the organization's acquisition, accessio	n, and	other records,	check any	of the follo	owing that ma	ake signi	ficant use of its				
	collection items (check all that apply):											
а	Public exhibition			d	Loan	or exchange	program	S				
b	Scholarly research			е	Other							
с	Preservation for future generations				_							
4	Provide a description of the organization's col	llection	s and explain	how they f	uther the c	organization's	exemn	numose in Part				
•	XIII.	1000101		non aloy i		Jiganization	o chomp	pulpede in r art				
5		rocoiv	a donationa of	ort histori	ol trocour	oo or othor o	imilor					
5	During the year, did the organization solicit or											Na
De	assets to be sold to raise funds rather than to			art of the of	ganization	s collection?	<u></u>		••	Yes		No
Pa	t IV Escrow and Custodial Arra			_	<del>.</del>		•			. –		
	Complete if the organization	answ	ered "Yes"	on Form	990, Pa	art IV, line	9, or re	eported an an	nour	nt on F	orm	
	990, Part X, line 21.											
1a	Is the organization an agent, trustee, custodia	n or ot	her intermedia	ry for contri	butions or	other assets	not					
	included on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and co	mplete the follo	owing table	:							
								A	mour	nt		
с	Beginning balance						. 10	:				
d	Additions during the year						. 10	1				
e	Distributions during the year											
f	Ending balance											
	Did the organization include an amount on Fo											No
2a											H	INO
b	If "Yes," explain the arrangement in Part XIII.	Check	nere ii the ex	planation n	as been pr			•••••	•••			
ra	rt V Endowment Funds.				000 D-		10					
	Complete if the organization	answ	ered Yes									
		(a)	Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years bac	:k	(e) Four y	ears b	ack
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and											
	losses											
d	Grants or scholarships											
е	Other expenditures for facilities and											
	programs											
f	Administrative expenses											
	End of year balance								-			
g 2	Provide the estimated percentage of the curre		r and halanaa	line 1 a ea		hold oo:						
	• •	int yea		(inte rg, cc	numm (a)) i	ileiu as.						
a	Board designated or quasi-endowment		%									
b		%										
С	Term endowment   %											
	The percentages on lines 2a, 2b, and 2c shou											
3a	Are there endowment funds not in the posses	ssion o	of the organizat	tion that are	e held and	administered	l for the			_		
	organization by:										Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations I	isted as require	ed on Sche	dule R?.					3b		
4	Describe in Part XIII the intended uses of the	organ	ization's endo	wment fund	ls.							
Pa	rt VI Land, Buildings, and Equip											
	Complete if the organization			on Form	990 Pa	art IV line	11a S	ee Form 990	Par	rt X lin	e 1(	)
	Description of property		(a) Cost or oth			r other basis		Accumulated	, i ui	(d) Book		<i>/</i> .
	Description of property		(investm			other)		epreciation		( <b>u</b> ) BOOK	value	
4-	Lond		(	/	+ "	,						
1a												
b	Buildings											
С	Leasehold improvements	••										
d	Equipment	••				1,566		1,566				
e	Other											
Tota	I. Add lines 1a through 1e. (Column (d) must	equal	Form 990, Pa	rt X, colum	n (B), line	10.c.,)						
EEA									Sche	edule D (F	orm 99	JO) 2019

UNITED SIKHS

Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ECURITY DEPOSITS	1,500
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).         •	1,500

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal inco	me taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) r	nust equal Form 990, Part X, col. (B) line 25.) . 🕨	

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

Sched		L-3483921	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	997,490
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities         2b         133,870		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	133,870
3	Subtract line <b>2e</b> from line <b>1</b>	3	863,620
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	863,620
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	741,198
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	133,870
3	Subtract line <b>2e</b> from line <b>1</b>	3	607,328
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	607,328
Pa	rt XIII Supplemental Information.		

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 O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

UNITED SIKHS

OMB No. 1545-0047
2019
Open to Public
Inspection
Employer identification number

11-3483921

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

THE 990 HAS BEEN REVIEWED BY A GROUP OF PERSONS AUTHORIZED TO REVIEW FINANCIAL AND AUDIT

MATTERS PRIOR TO FILING. THE FINAL 990 (FILED WITH THE IRS) WILL BE AVAILABLE AT THE NEXT

MEETING OF THE BOARD FOR INSPECTION. IN ADDITION, UPON REQUEST OF ANY BOARDMEMBER, A COPY

WILL BE PROVIDED. IF THERE ARE ANY MATERIAL CHANGES, AN AMENDED 990 WILL BE FILED.

### 02. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY BY MONITORING KNOWN

RELATIONSHIPS, QUESTIONAIRES, AND NOTING ANY CHANGES IN DISCLOSED INFORMATION.

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

FINANCIAL STATEMENTS & OTHER DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

## 04. List of other fees for services expenses (Part IX, line 11g)

THESE FEES ARE PAID TO OUTSIDE INDEPENDENT CONSULTANTS.

	Statement of Program Service Accomplishments	2019 PG01
Name(s) as shown on return		Your Social Security Number
UNITED SIKHS		11-3483921
	FORM 990-PART III(A)	Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES \$4	49576
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$(	0
PROGRAM SERVICES REVENUE \$(	0

# EXPLANATION

EMPOWERMENT & EDUCATION - EMPOWERING INDIVIDUALS AND GROUPS TO HELP THEM ATTAIN THEIR FULL POTENTIAL AND BECOME ACTIVE PARTICIPANTS IN SOCIETY THROUGH EDUCATION, TRAINING AND COMMUNITY DEVELOPMENT PROJECTS.