Form 990-EZ

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

A. For the 2007 calendar year, or tax year beginning .2007, and ending .2007.

B. Check if applicable
   C. Name of organization

   United Sikh

D. Employer identification number

   11-34B3R321

E. Taxpayer classification

   (973) 980-2379

F. Accounting method

   X. Accrual

G. Group Exemption Number

   N/A

H. Check if organization is not required to file Schedule B (Form 990 or 990-EZ)

   X

I. Website

   N/A

J. Organization type

   501(c)(3)

K. Check if organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L. Add lines 5a, 6b, and 7b to line 9 to determine gross receipts. If $100,000 or more, file Form 990 instead of Form 990-EZ

Part I. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1. Contributions, gifts, grants, and similar amounts received

   $76,808

2. Program service revenue including government fees and contracts

   0

3. Membership dues and assessments

   0

4. Investment income

   0

5. Gross amount from sale of assets other than inventory

   a. Less: cost or other basis and sales expenses

   273

6. Special events and activities (attach schedule). If any amount is from gaming, check here

   □

7. Gross sales of inventory, less returns and allowances

   0

8. Other revenue (describe )

   0

9. Total revenue (add lines 1, 2, 3, 4, 5a, 6b, 7a, and 8)

   77,081

10. Grants and similar amounts paid (attach schedule)

   0

11. Benefits paid to or for members

   0

12. Salaries, other compensation, and employee benefits

   0

13. Professional fees and other payments to independent contractors

   0

14. Occupancy, rent, utilities, and maintenance

   0

15. Filing, publications, postage, and shipping

   0

16. Other expenses (describe )

   172,022

17. Total expenses (add lines 10 through 16 )

   187,103

18. Excess or (deficit) for the year. Subtract line 17 from line 9

   -110,049

19. Net assets or fund balances at beginning of year (from line 27, column (A)) must agree with end-of-year figure reported on prior year's return

   -233,115

20. Other changes in net assets or fund balances (attach explanation)

   0

21. Net assets or fund balances at end of year

   123,069

Part II. Balance Sheets. If total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ

(A) Beginning of year (B) End of year

22. Cash, savings, and investments

   211,032

23. Land and buildings

   0

24. Other assets (describe )

   25,999

25. Total assets

   237,031

26. Total liabilities (describe )

   3,916

27. Net assets or fund balances (line 27 of column (B) must agree with line 21)

   233,115

BAA. For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
**Part III. Statement of Program Service Accomplishments (See the instructions)**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Expenses</th>
<th>(Required for 501(c)(3) and (4) organizations and 509(a)(1) trusts, optional for others)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donates supplies &amp; support to victims of various tragedies, also, to transform underprivileged &amp; minority communities into informed &amp; vibrant members of society through various programs (Grants: $76,808)</td>
<td>28a 153,259</td>
<td></td>
</tr>
<tr>
<td>Other program services (attach schedule)</td>
<td>32</td>
<td>153,259</td>
</tr>
</tbody>
</table>

**Part IV. List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See Instructions.)

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Title and average hours per week devoted to position</th>
<th>Compensation (if not paid, enter 0)</th>
<th>Contributions to employees benefit plans and deferred compensation</th>
<th>Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>See List of Officers, etc. Statement</td>
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</tbody>
</table>

**Part V. Other Information** (Note: the statement requirement in the instructions.)

<table>
<thead>
<tr>
<th>Did the organization make a change in its activities or methods of conducting activities? If Yes, attach a detailed statement of the change</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33</td>
<td>X</td>
</tr>
<tr>
<td>Were any changes made to the organization's governing documents but not reported to the IRS? If Yes, attach a copy of the changes</td>
<td>34</td>
<td>X</td>
</tr>
<tr>
<td>If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining the reason for not reporting the income on Form 990-T.</td>
<td>35a</td>
<td></td>
</tr>
<tr>
<td>a Did the organization have unrelated business gross income of $1,000 or more of charitable notice, reporting, and proxy tax requirements?</td>
<td>35a</td>
<td>X</td>
</tr>
<tr>
<td>b If Yes, has it filed a tax return on Form 990-T for this year?</td>
<td>35b</td>
<td>N/A</td>
</tr>
<tr>
<td>Was there a liquidation, dissolution, termination, or substantial contraction during the year?</td>
<td>36</td>
<td>X</td>
</tr>
<tr>
<td>Enter amount of political expenditures, direct or indirect, as described in the instructions</td>
<td>37a</td>
<td></td>
</tr>
<tr>
<td>Did the organization file Form 1120-POL for this year?</td>
<td>37a</td>
<td></td>
</tr>
<tr>
<td>Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?</td>
<td>38</td>
<td>N/A</td>
</tr>
<tr>
<td>a If Yes, attach the schedule specified in the line 38 instructions and the amount involved</td>
<td>38a</td>
<td></td>
</tr>
<tr>
<td>b Complete the column</td>
<td>38b</td>
<td>N/A</td>
</tr>
<tr>
<td>501(c) (7) organizations - Enter</td>
<td>39</td>
<td>N/A</td>
</tr>
<tr>
<td>a Indebtedness and capital contributions included on line 8</td>
<td>39a</td>
<td>N/A</td>
</tr>
<tr>
<td>b Gross receipts, included on line 9, for public use of club facilities</td>
<td>39b</td>
<td>N/A</td>
</tr>
</tbody>
</table>

BAA

JANN FLEMING CPA
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 □ section 4912 □ section 4955 □

40b Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation □

40c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 □

40d Enter amount of tax on line 40c reimbursed by the organization □

40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? □

41 List the states with which a copy of this return is filed □

42a The book is in care of □ Kuldip Singh □

Located at □ 481 8th Ave Suite 903 □ New York □ NY □ 10018 □

Telephone no □

If 'Yes,' enter the name or the foreign country □

42b 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)? □

42c If 'Yes,' enter the name of the foreign country □

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year □

44 Please Sign Here □

Kuldip Singh □

Signature of officer □

Date □

45 Paid Preparer’s signature □

Prepare’s name □

Filing name for entity if different than preparer □

Paid Preparer’s Use Only □

Date □

Check if self-employed □

Preparer’s SSN or PTIN (Over General Instructions) □

NY 10038-1747 □

Form 990-EZ (2007) □

John Fleming CPA □

212-233-3115
United Sikhs 11-3483921

Other Expenses Statement

Other expenses (describe)

<table>
<thead>
<tr>
<th>Expense</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program expense</td>
<td>153,259</td>
</tr>
<tr>
<td>Advertising expense</td>
<td>735</td>
</tr>
<tr>
<td>Automobile expense</td>
<td>35</td>
</tr>
<tr>
<td>Bank svc chgs</td>
<td>591</td>
</tr>
<tr>
<td>Conference expense</td>
<td>350</td>
</tr>
<tr>
<td>Dues &amp; Subscriptions</td>
<td>200</td>
</tr>
<tr>
<td>Filing fees</td>
<td>657</td>
</tr>
<tr>
<td>Fundraising fees</td>
<td>2,434</td>
</tr>
<tr>
<td>Insurance expense</td>
<td>572</td>
</tr>
<tr>
<td>Interest expense</td>
<td>334</td>
</tr>
<tr>
<td>Internet expense</td>
<td>1,068</td>
</tr>
<tr>
<td>License &amp; permits</td>
<td>1,298</td>
</tr>
<tr>
<td>M.sc expense</td>
<td>870</td>
</tr>
<tr>
<td>Office expense</td>
<td>1,865</td>
</tr>
<tr>
<td>Telephone expense</td>
<td>2,803</td>
</tr>
<tr>
<td>Travel expense</td>
<td>4,949</td>
</tr>
</tbody>
</table>

Total 1,724,022

Form 990-EZ, Page 2, Part IV
List of Officers, Etc. Statement

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (if not paid, enter -0-)</th>
<th>(D) Contributions to employee benefit plans and deferred compensation</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business</td>
<td>Person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kuldip Singh</td>
<td>Pres</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 Newport Pkwy Apt 314</td>
<td>Jersey City, NJ 07310</td>
<td>5.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Business</td>
<td>Person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jatinder Singh Panesar</td>
<td>1231 40 St Apt 224</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emeryville</td>
<td>CA 94618</td>
<td>2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Business</td>
<td>Person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mankanwal Singh</td>
<td>Director</td>
<td>2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>