

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

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

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization United Sikhs Number and street (or P.O. box, if mail is not delivered to street address) Room/suite JAF PO Box 7203 City or town, state or country, and ZIP + 4 New York NY 10116	D Employer identification number 11-3483921
		E Telephone number (973) 980-2379
		F Group Exemption Number
		G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: **N/A**

J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the 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 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. **77,081.**

Revenue		Expenses		Assets	
1	Contributions, gifts, grants, and similar amounts received	1	76,808.	19	233,115.
2	Program service revenue including government fees and contracts	2		20	3.
3	Membership dues and assessments	3		21	123,069.
4	Investment income	4	273.		
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach sched)	5c			
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a			
6b	Less: direct expenses other than fundraising expenses	6b			
6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c			
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c			
8	Other revenue (describe)	8			
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	77,081.		
10	Grants and similar amounts paid (attach schedule)	10			
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12			
13	Professional fees and other payments to independent contractors	13	14,271.		
14	Occupancy, rent, utilities, and maintenance	14	50.		
15	Printing, publications, postage, and shipping	15	787.		
16	Other expenses (describe See Other Expenses Statement)	16	172,022.		
17	Total expenses (add lines 10 through 16)	17	187,130.		
18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	-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)	19	233,115.		
20	Other changes in net assets or fund balances (attach explanation)	20	3.		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	123,069.		

Part III 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.	22 122,169.
23 Land and buildings	0.	23 0.
24 Other assets (describe A/R & prepaid exp)	25,999.	24 9,400.
25 Total assets	237,031.	25 131,569.
26 Total liabilities (describe)	3,916.	26 8,500.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	233,115.	27 123,069.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TCEA0812 12/27/07 Form 990-EZ (2007)

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? <u>A worldwide relief organization</u>		Expenses	
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		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)	
28	<u>Donates supplies & support to victims of various tragedies. Also, to transform underprivileged and minority communities & individuals into informed & vibrant members of society through various programs.</u> (Grants \$ <u>76,808.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	153,259.
29	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses. Add lines 28a through 31a	32	153,259.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See List of Officers, Etc. Statement				

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

See PBC Stmt

Yes No

33	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	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 your reason for not reporting the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.	
	b Did the organization file Form 1120-POL for this year?	37b		X
38a	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?	38a		
	b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39	501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9	39a	N/A	
	b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	

Part VII Other Information (Note the statement requirement in the instructions.) (Continued)

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

b 501(c)(3) and (4) organizations. 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

Table with 2 columns: Yes, No. Row 40b: Yes (blank), No (X). Row 40e: Yes (blank), No (X).

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

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

e 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

42 a The books are in care of Kuldip Singh Telephone no. Located at 481 8th Ave Suite 903 New York NY ZIP + 4

b 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)? If 'Yes,' enter the name of the foreign country:

Table with 2 columns: Yes, No. Row 42b: Yes (blank), No (blank). Row 42c: Yes (blank), No (blank).

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S? 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 43 N/A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here Signature of officer: Kuldip Singh Date: 06/20/09 Type or print name and title: KULDIP SINGH PRESIDENT

Paid Preparer's Use Only Preparer's signature: Date: 06/19/09 Check if self-employed Preparer's SSN or PTIN: FIRM'S NAME (or yours if self-employed): FLEMING & ASSOCIATES CPA, PC ADDRESS AND ZIP: 275 WATER ST #1 NEW YORK NY 10038-1747 EIN: Phone no.:

United Sikhs 11-3483921

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Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)	
Program expense	153,259.
Advertising expense	735.
Automobile expense	35.
Bank svc chgs	591.
Conference expense	350.
Dues & Subscriptions	200.
Filing fees	657.
Fundraising fees	2,434.
Insurance expense	572.
Interest expense	334.
Internet expense	1,068.
License & permits	1,298.
Misc expense	870.
Office expense	1,865.
Telephone expense	2,805.
Travel expense	4,949.
Total	172,022.

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

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