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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public Inspection

A	For the 2	012 calendar year, or tax year beginning , 2012, and ending				
В	Check if app	licable: C	D Employer Identific			
	Address	s change UNITED SIKHS	11-34839			
	Name o	TAE DO DOY 7202	E Telephone number			
	Initial re	NEW YORK MY 10116				
	Termina					
		ed return	G Gross receipts \$	737,205.		
	- 0.00000000000000000000000000000000000	tion pending F Name and address of principal officer:	(a) Is this a group return for affilia	tes? Yes X No		
	Пурриса		H(b) Are all affiliates included? If 'No,' attach a list. (see instru	Yes No		
_	Tax-exem	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ir No, attacri a list. (see liistit	ictions)		
J	Website	pt status 21 series, series	H(c) Group exemption number			
_	1,510,100,000	WW. ONLING THE STATE OF THE STA		al domicile: NY		
K		Table 1. Solphoton	1999			
Pa	art I S	Summary efly describe the organization's mission or most significant activities: TO TRANSF	ORM HINDERPRIVILE	GED AND		
	1 Brie	NORITY COMMUNITIES AND INDIVIDUALS INTO INFORMED AND	VIBRANT MEMBERS	OF SOCIETY		
ce	MI	ROUGH CIVIC, EDUCATIONAL AND PERSONAL DEVELOPMENT PRO	OGRAMS, BY FOSTE	RING ACTIVE		
nar	DZ	ARTICIPATION IN SOCIAL AND ECONOMIC ACTIVITY.	01001-0-101-			
Ver	2 Che	eck this box I if the organization discontinued its operations or disposed of more	re than 25% of its net asse	ets.		
8	3 Nui	mber of voting members of the governing body (Part VI, line 1a)		11		
9	4 Nui	mber of independent voting members of the governing body (Part VI, line 1b)	4	11		
Activities & Governance	5 Tot	al number of individuals employed in calendar year 2012 (Part V, line 2a)	5	5		
1	6 Tot	al number of volunteers (estimate if necessary)	7a	376		
Ă	7a Tot	t unrelated business revenue from Part VIII, column (C), line 12t unrelated business taxable income from Form 990-T, line 34	7a 7b	0.		
_	<b>b</b> Ne	t unrelated business taxable income from Form 990-1, line 34	Prior Year	Current Year		
		ntributions and grants (Part VIII, line 1h)		736, 975.		
e	8 Co	ogram service revenue (Part VIII, line 2g)	307,000.	130,313.		
ent	9 Pro	restment income (Part VIII, column (A), lines 3, 4, and 7d)	310.	230.		
Revenue	10 Inv	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2001		
110		tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		737,205.		
-		ants and similar amounts paid (Part IX, column (A), lines 1-3)				
		nefits paid to or for members (Part IX, column (A), line 4)				
		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		83,844.		
Se	15 00	ofessional fundraising fees (Part IX, column (A), line 11e)				
Expenses	loa Pic		460 200 AMERICAN			
ďX	<b>b</b> To	tal fundraising expenses (Part IX, column (D), line 25) >		AND AND		
ш	1/ 01	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	316,623.	399,853.		
		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		483,697.		
	19 Re	venue less expenses. Subtract line 18 from line 12		253,508.		
Net Assets o	auce		Beginning of Current Year	End of Year		
986	20 To	tal assets (Part X, line 16)	411,603.	651,420.		
let /	<b>21</b> To	tal liabilities (Part X, line 26)	29,698.	16,007.		
2,	22 Ne	t assets or fund balances. Subtract line 21 from line 20	381,905.	635,413.		
		Signature Block	V	HEADY OF THE PARTY		
Und	der penalties	of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to t ration of preparer (other than officer) is based on all information of which preparer has any knowledge	he best of my knowledge and belie	f, it is true, correct, and		
	inplotor boold					
		Signature of officer	Date			
Si	gn		mpilemer.			
н	ere	HARDAYAL SINGH Type or print name and title.	TRUSTEE			
		Print/Type preparer's name Preparer's signature Date	Check if F	PTIN		
		100	Check   III			
	aid	MARTIN F. MURRAY, CPA MARTIN F. MURRAY, CPA 16-3-1	self-employed	201322819		
	reparer	Firm's name MURRAY & JOSEPHSON, CPAS, LLC		44.4400		
U	se Only	Firm's address 425 MADISON AVENUE 9TH FLOOR	Firm's EIN ► 13-			
_		NEW YORK, NY 10017		) 644-2100		
Ma	ay the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No		

\$

(Expenses

4d Other program services. (Describe in Schedule O.)

including grants of

) (Revenue \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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.	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part 11.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
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		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E			X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV.)	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	complete Schedule G, Part III			Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H			X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) UNITED SIKHS

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	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?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) 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 I.	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
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		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35h		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule oart VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38		Х
BA		For	n <b>990</b>	(2012)

# Form 990 (2012) UNITED SIKHS Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V......

	Check it Schedule O contains a response to any question in this Part V			للن				
			Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
(	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х					
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5							
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	111						
38	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X				
ŀ	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b						
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)?								
ł	If 'Yes,' enter the name of the foreign country: ►			70				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ini an						
5 8	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X				
- 1	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X				
(	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c						
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х				
1	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b						
7	Organizations that may receive deductible contributions under section 170(c).	H						
;	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	體	Х				
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b						
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х				
-	d If 'Yes,' indicate the number of Forms 8282 filed during the year							
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X				
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X				
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g						
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
	a Did the organization make any taxable distributions under section 4966?	9 a						
	<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9 b						
10	Section 501(c)(7) organizations. Enter:		100	500				
	a 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	1000	Alia I	10				
11	Section 501(c)(12) organizations. Enter:	1						
	a 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.)							
12	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	3 90 5					
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12		201501				
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		23.13				
	Note. See the instructions for additional information the organization must report on Schedule O.		1870					
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		T.					
	c Enter the amount of reserves on hand.	14-	WEEK TO	X				
14	Ta Did the organization receive any payments for indoor tanning services during the tax year?	148		- 1				
	<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	For		(2012)				

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Ollin	550 (2012) ONLIED STIMB		Mary and a second		-				
Parl	Governance, Management and Disclosure For each 'Yes' response to lines a 'No' response to line 8a, 8b, or 10b below, describe the circumstant Schedule O. See instructions.  Check if Schedule O contains a response to any question in this Part VI	ces, processes, o	r cnanges		. 🗓				
Sect	tion A. Governing Body and Management			Yes	No				
	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 in Schedule O.	1a	11	Tes S	NO				
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	11		49.5				
	Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee or key employee?		2	H(E)	X				
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.	ne direct supervision on?	3		Х				
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	tion's assets?	5		X				
6	Did the organization have members or stockholders?		6		X				
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?	ppoint one or more	7a		Х				
	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or other persons other than the governing body?		7 b		X				
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
a	The governing body?		8a		X				
	Each committee with authority to act on behalf of the governing body?			)	X				
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q	e reached at the	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required	by the Internal Re	venue Coae	.)					
			10.	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?		10 a		Λ				
t	operations are consistent with the organization's exempt purposes?	and branches to ensure the	ir 10t	-					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			X					
t	Describe in Schedule O the process, if any, used by the organization to review this Form 99	O. SEE SCHEDU	LE O	1 37	Т				
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13  Were officers, directors or trustees, and key employees required to disclose annually interests that to conflicts?		128						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If Schedule O how this is done.		120		х				
13	Did the organization have a written whistleblower policy?		13		X				
14	Did the organization have a written document retention and destruction policy?		14		X				
15	Did the process for determining compensation of the following persons include a review and appropersons, comparability data, and contemporaneous substantiation of the deliberation and deliberat	val by independent							
8	a The organization's CEO, Executive Director, or top management official		15	a	X				
ŧ	Other officers of key employees of the organization		151	0	X				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	16		100					
16 8	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?	arrangement with a	16:	a	X				
,	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and taken step organization's exempt status with respect to such arrangements?	s to safeguard the	161	b	额				
Sec	ction C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NY								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, inspection. Indicate how you make these available. Check all that apply.  X Own website Another's website Upon request Of	and 990-T (501(c)(3)s her <i>(explain in Schedu</i>		ble for	public				
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest the public during the tax year.  SEE SCHEDULE O			0					
	- the second sec								

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Form 990 (2012) UNITED SIKHS

11-3483921 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII Independent Contractors

Check if Schedule O contains a response to any question in this Part VII.....

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

(C)

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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	Position office	on (do ox, unl er and	not o less p d a d	check perso irecto	more the more the more than th	nan n an e)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JOGESH KAUR SYALEE	15									
DIRECTOR	0	X						0.	0.	0.
(2) KULDIP SINGH	15									
PRESIDENT	0	X						0.	0.	0.
(3) JATINDER SINGH	15									
DIRECTOR	0	X						0.	0.	0.
(4) MANKANWAL SINGH	15									
DIRECTOR	0	X						0.	0.	0.
(5) ARVINDER SINGH	15_									
DIRECTOR	0	X						0.	0.	0.
(6) HARDAYAL SINGH	15									
TRUSTEE	0	X						0.	0.	0.
(7) TEJINDER SINGH	15									
DIRECTOR	0	X						0.	0.	0.
(8) SEEMA SIDHU	15_									
DIRECTOR	0	X						0.	0.	0.
(9) BALJIT SINGH	15									
DIRECTOR	0	X						0.	0.	0.
(10) PAWANJIT SINGH	15								1	
DIRECTOR	0	X						0	0.	0.
(11) KASHMIR SINGH	15							(9	) •	
DIRECTOR	0	X						(O)	0.	0.

0

(13)

(14)

(12) MEJINDARPAL KAUR DIRECTOR

0.

0

15

0

X

(A)  Name and title	Average hours per	(do l	not che unless er and	(C) Position	n ire than in is bot	one h an	(D) Reportable	(E)  Reportable	(F) Estimated amount of other
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)		-							
(23)									
(24)		-							
(25)		1							
1 b Sub-total	ection A						0. 0. 0.	0. 0. 0.	0. 0.
2 Total number of individuals (including but not lim from the organization ▶ 0						ved			
3 Did the organization list any former officer, d on line 1a? If 'Yes,' complete Schedule J for	irector or trus such individu	stee, l ual	key e	mplo	yee,	or hi	ighest compensat	ed employee	Yes No
4 For any individual listed on line 1a, is the sur the organization and related organizations gre such individual.	eater than \$1	150,00	00? /	sation f'Yes	n and	oth plet	er compensation le Schedule Mor	from	. 4 X
5 Did any person listed on line 1a receive or action for services rendered to the organization? If	crue comper	nsatio	n fro	m an	y unre	elate ch (	ed organization or erson	individual	(0.48E) (1884)
Section B. Independent Contractors  1 Complete this table for your five highest com	pensated ind	lepend	dent	contr	actors	thra	at received more t	han \$100,000 of	
compensation from the organization. Report com (A) Name and business		the ca	alend	ar ye	ar end	IAG/	Description	)	(C) Compensation
					THE TOTAL PROPERTY.				
2 Total number of independent contractors (including		nited to	thos	se list	ed abo	ove)	who received more	than	
\$100,000 in compensation from the organiza	tion = 0	TEEAO	108	01/24/	13				Form <b>990</b> (2012

#### Part VIII Statement of Revenue

\$	Check if Schedule O contains a response to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	736,975.			
ROGE	f All other program service revenue				
4	g Total. Add lines 2a-2f  3 Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds. ►  5 Royalties	230.	230.		
	6 a Gross rents				
	d Net rental income or (loss).  7 a Gross amount from sales of assets other than inventory.  b Less: cost or other basis and sales expenses				
	c Gain or (loss)	Walter State of	Residence Barrell		
OTHER REVENUE	8 a Gross income from fundraising events (not including . \$ of contributions reported on line 1c). See Part IV, line 18				
	9 a Gross income from gaming activities.		120	. Bi. Elect	
	b Less: direct expenses b  c Net income or (loss) from gaming activities		08		
	10 a Gross sales of inventory, less returns and allowances	C	9		
	11 a				
	d All other revenue.  e Total. Add lines 11a-11d.  12 Total revenue. See instructions.	737,205.	230.	0	. 0.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX..... (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Management and Fundraising Program service expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21..... Grants and other assistance to individuals in the United States. See Part IV, line 22 ..... Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16... 4 Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees... 0. 0 0 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0. 3,500 Other salaries and wages..... 74,571. 71,071. Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)..... Other employee benefits..... 10 Payroll taxes..... 9,273. 9,273 11 Fees for services (non-employees): a Management ...... 4,250. 4,250. 9,457 9,457. e Professional fundraising services. See Part IV, line 17 . . . g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) . . SCH . 89,425 89,425. Advertising and promotion..... 1,159 10,784. 11,943. 3.941. 2,813 Office expenses..... 6,754 4,697 4,697. 1,940 88,655. 86,715. Occupancy..... 129. 22,200 22,329 Payments of travel or entertainment expenses for any federal, state, or local public officials ..... Conferences, conventions, and meetings . . . 4,439. 4,439. 19 21 313 313 22 Depreciation, depletion, and amortization. . . . 6,859 5,050 11,909 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.). 63,001 a RELIEF SUPPLIES & EXPENSES 63,001 22,669 22,669 b CAMP COSTS 19,044 19,044. c SUPPLIES 10,700. 10,700. d MISCALLENOUS EXPENSES 22,935 7,333. 30,268. 37,753 0. 445,944 483,697. 25 Total functional expenses. Add lines 1 through 24e.... Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)..... Form 990 (2012)

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	403,936.	1	643,566.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	-		Samuel Electronic Commission		THE MENTER PROPERTY.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete	理學和研究 等為		<b>建筑。召集使到新兴</b> 公司
		Part II of Schedule L	All Commercial Commerc	5	
	6	Loans and other receivables from other disqualified persons (as defined under	Talking in the		21年7月1日日
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	類性的類 III		
		beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
A	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
T	9	Prepaid expenses and deferred charges		9	
	10-	Land huildings, and equipment; cost or other basis			ARREST NO. 1
	iva	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	Header Will		AMERICAN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLU
	b	Less: accumulated depreciation	1,067.	10 c	754.
	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	6,600.	15	7,100.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	411,603.	16	651,420.
	17	Accounts payable and accrued expenses	29,698.	17	16,007.
	18	Grants payable		18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
ABI	21	Escrow or custodial account liability. Complete Part IV of Schedule D	DE CONTRACTOR	21	
LLI	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ť		Secured mortgages and notes payable to unrelated third parties.		23	
E	23	Unsecured notes and loans payable to unrelated third parties		24	
3	24				
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	20.600	25 26	16 007
	26	Total liabilities. Add lines 17 through 25	29,698.	20	16,007.
NET		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			SOUTH MAN THE STATE OF THE STAT
		lines 27 through 29, and lines 33 and 34.	381,905.	27	635,413.
ANNETS	27	Unrestricted net assets	301, 303.	28	055,415.
Ē	28	Temporarily restricted net assets	· (U)	29	
	29	Permanently restricted net assets	D		AND THE STATE OF STATE OF
OR F		and complete lines 30 through 34.			
ND	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ĺ	32			32	COF 410
FOZD BALAZOWA	33				635,413.
S	34	Total liabilities and net assets/fund balances	411,603.	. 34	651,420.
BA	AA				Form 990 (2012)

Pai	Part XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in the	is Part XI					
1	1 Total revenue (must equal Part VIII, column (A), line 12)		1	73	37,2	205.	
2	2 Total expenses (must equal Part IX, column (A), line 25)		2	48	33,6	597.	
3			3	25	53,5	508.	
4	4 Net assets or fund balances at beginning of year (must equal Part X	, line 33, column (A))	4	38	31,9	905.	
5	5 Net unrealized gains (losses) on investments		5				
6	6 Donated services and use of facilities		6				
7			7				
8			8			-	
9	9 Other changes in net assets or fund balances (explain in Schedule C	))	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).						
Pai	Part XII   Financial Statements and Reporting					113.	
	Check if Schedule O contains a response to any question in the	is Part XII					
	, , ,				Yes	No	
1	1 Accounting method used to prepare the Form 990: Cash X	Accrual Other		7	13		
	If the organization changed its method of accounting from a prior year in Schedule O.	ar or checked 'Other,' explain				of Kip	
28	2 a Were the organization's financial statements compiled or reviewed by	and the control of the second		2a		X	
	If 'Yes,' check a box below to indicate whether the financial statemer separate basis, consolidated basis, or both:	nts for the year were compiled or reviewed	d on a				
	Separate basis Consolidated basis Both consolid	dated and separate basis					
1	b Were the organization's financial statements audited by an independ	ent accountant?		2 b	Х		
	If 'Yes,' check a box below to indicate whether the financial statementasis, consolidated basis, or both:	nts for the year were audited on a separat	е	10000			
		dated and separate basis					
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assureview, or compilation of its financial statements and selection of an	mes responsibility for oversight of the audit, independent accountant?		2 c	Х		
	If the organization changed either its oversight process or selection in Schedule O.				n III		
3	3a As a result of a federal award, was the organization required to undergo a Audit Act and OMB Circular A-133?	n audit or audits as set forth in the Single		3 a		Х	
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the o or audits, explain why in Schedule O and describe any steps taken t	rganization did not undergo the required audito undergo such audits	t 	3 b			
BAA				Form	990	(2012)	



#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Public Charity Status and Public Support**

2012

Employer identification number

2012

OMB No. 1545-0047

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. ► See separate instructions.

Open to Public Inspection

UNITE	D SIKHS								183921		
Part I			(All organizations					See ir	nstructi	ons.	
The orga			e it is: (For lines 1 thro								
1	A church, convention	n of churches or assoc	ciation of churches des	cribed in	section	170(b)(	1)(A)(i).				
2	A school described	in section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ.)							
3	A hospital or a coop	perative hospital service	e organization describe	ed in sec	tion 170	)(b)(1)(A	)(iii).				
4	A medical research	organization operated	in conjunction with a h	nospital d	escribe	d in sec	tion 170	(b)(1)(A	(iii). En	ter the hosp	oital's
	name, city, and stat	te:									
5	170(b)(1)(A)(iv). (C	omplete Part II.)	college or university own					unit des	cribed in	section	
6	A federal, state, or	local government or go	overnmental unit descri	ibed in so	ection 1	70(b)(1)	(A)(v).				
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8			'0(b)(1)(A)(vi). (Comple								
9	related to its exempt unrelated business taxa (Complete Part III.)	functions — subject to co ble income (less section 51	re than 33-1/3% of its supertain exceptions, and (2 1 tax) from businesses acq	) no more uired by th	than 33 e organiz	3-1/3% of ation after	f its supp r June 30	oort from , 1975. S	aross in	vestment inc	activities come and
10			xclusively to test for pu								
11	supported organization	nized and operated exclusions described in section attion and complete line	sively for the benefit of, to 509(a)(1) or section 509 s 11e through 11h.	perform (a)(2). Se	the funct e <b>sectio</b>	ions of, on <b>509(a)</b>	or carry o	out the po k the bo	urposes o x that de	of one or mor scribes the ty	e publicly ype of
	a Type I	b Type II c	Type III - Function	nally inte	grated	C	i T	ype III	– Non-fu	unctionally in	ntegrated
e _	By checking this bo other than foundation section 509(a)(2).	x, I certify that the org managers and other that	anization is not control an one or more publicly s	lled direc supported	tly or in organiz	directly ations de	by one escribed	or more in section	disquali on 509(a)	fied persons (1) or	S
f	If the organization re	ceived a written determine	nation from the IRS that	is a Type	I, Type	II or Type	e III supp	oorting o	rganizati	on,	
g	Since August 17, 20	006, has the organizati	on accepted any gift of	or contrib	ution fr	om any	of the fo	llowing	persons	?	
9											Yes No
	(i) A person who	directly or indirectly c	ontrols, either alone or pported organization?	together	with pe	ersons d	escribed	d in (ii)	and (iii)	11 g (i)	
	AND AND DESCRIPTION OF THE PROPERTY OF THE PRO										
			bed in (i) above?								
			described in (i) or (ii) a							11 g (iii)	
h	Provide the following	ng information about the	e supported organizati	on(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (i	s the ation in ) listed in verning ment?	(v) Did yo the organ column ( supp	i) of your	organiz colur organiz	Is the zation in mn (i) ed in the S.?	(vii) Amount supp	
				Yes	No	Yes	No	Yes	n No		
-		N LESSON DE LA COMPANION DE LA						9	11		
(A)								0	11		
(4)							6	V			
(B)								) ~			
(-)						(	-				
(C)						6	1				
<u> </u>											
(D)											
(E)											
Total			A A STATE OF THE S					The state of			
BAA F	or Paperwork Reduc	tion Act Notice, see th	e Instructions for Forn	n 990 or	990-EZ.			Schedul	le A (Forr	m 990 or 990	-EZ) 2012
			50 : 11 : 11 : 12 : 12 : 12 : 12 : 12 : 1								

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	280,474.	343,835.	816,018.	367,066.	736,975.	2,544,368.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	280,474.	343,835.	816,018.	367,066.	736,975.	2,544,368.
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)						0.
6	Public support. Subtract line 5 from line 4					[基]	2,544,368.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4	280,474.	343,835.	816,018.	367,066.	736,975.	2,544,368.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	346.		394.	310.	230.	1,280.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						0.
11	Total support. Add lines 7 through 10	The second	10000000000000000000000000000000000000				2,545,648.
12	Gross receipts from related activ	vities, etc (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organizatio	n's first, second, th	ird, fourth, or fifth t	ax year as a section	n 501(c)(3)	▶□
Sec	tion C. Computation of Pu	blic Support F	Percentage		0		
14	Public support percentage for 2	012 (line 6, colum	ın (f) divided by li			14	99.95%
	Public support percentage from					15	99.93 %
	a 33-1/3% support test – 2012. If and stop here. The organization	i qualifies as a pu	ibliciy supported c	nyanization			X
- 1	5 33-1/3% support test – 2011. If and stop here. The organization	the organization on qualifies as a pu	did not check a bo ublicly supported o	ox on line 13 or to organization	and line 15 is	33-1/3% or more,	check this box
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	mosts the facts.	and-circumstance	s' test check this	box and stop ne	re. Explain in Par	I IV NOW —
	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and the tracts and the tracts are tracted as the tracts and tracts are tracted as the tracts and tracts are tracted as the tracted as th	meets the 'facts- nd-circumstances'	and-circumstance test. The organiz	es' test, check this ation qualifies as	a publicly support	re. Explain in Par ted organization.	t IV now the
18	Private foundation. If the organ	ization did not ch	eck a box on line	13, 16a, 16b, 17a			
RA/					Sc	hedule A (Form 9	90 or 990-EZ) 2012

11-3483921

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
	dar year (or fiscal yr beginning in) F Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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.						
3	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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	A THE RESERVE	男性说		<b>多時</b> 情度		
	tion B. Total Support	4 1 0000	43.0000	4-> 0010	(A) 0011	(-) 2010	(A Total
	dar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
10 a	Amounts from line 6						
	acquired after June 30, 1975  Add lines 10a and 10b						
2000 Sec. 1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				6	2	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).				20		
13	Total support, (Add Ins. 9, 10c. 11, and 12.)				(()		
14	First five years. If the Form 990 organization, check this box and	is for the organia	zation's first, seco	nd, third, fourth,	or Ntb tax year a	s a section 501(c)(	3)
Sec	ction C. Computation of Pu	blic Support	Percentage	10 1 /		15	%
	Public support percentage for 2						90
	Public support percentage from					16	***
Sec	ction D. Computation of Inv	vestment Inco	me Percentag	ed by line 12 co	lump (fl)		%
17	Investment income percentage	for 2012 (line 100	c, column (f) aivia	ea by line 13, co	iumn (1))	18	%
18	Investment income percentage	from 2011 Sched	ule A, Part III, line	8 1/	and line 1E is me	ro than 33 1/3% s	
	a 33-1/3% support tests – 2012. is not more than 33-1/3%, check	k this box and ste	<b>op nere.</b> The orga	nization qualifies	as a publicly sup	porteu organizatioi	h
	b 33-1/3% support tests – 2011. I line 18 is not more than 33-1/39 Private foundation. If the organ	tine organization %, check this box	and stop here. T	he organization of	qualifies as a publi	icly supported orga	inization
20	Private foundation. If the organ	ization did not cr	leck a box on line	14, 13a, 01 130,	CHECK THIS DOX OF	a see matructions.	200 57 0010

	(Form 990 or 990-EZ) 2012	UNITED SIKHS	1	.1-3483921 Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; (See instructions).	ion. Complete this part to pro and Part III, line 12. Also com	vide the explanations requi plete this part for any addi	red by Part II, line 10; tional information.
			F 15-110 (2) 40-40 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	
				d
				) 4
			~O`	,
			6	

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Employer identification number

UNI	TED SIKHS		11-3483921
Part	I Organizations Maintaining Dono	r Advised Funds or Other Similar	Funds or Accounts. Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don are the organization's property, subject to the	or advisors in writing that the assets held organization's exclusive legal control?	in donor advised funds Yes No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that gran of the donor or donor advisor, or for any	t funds can be used only other purpose conferring Yes No
Parl	II Conservation Easements. Comp	lete if the organization answered '	Yes' to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., r		tion of an historically important land area
	Protection of natural habitat	Preserva	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contribution in the	
			Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation ease		
C	Number of conservation easements on a certi-	fied historic structure included in (a)	2c
	Number of conservation easements included i structure listed in the National Register		20
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or terminate	d by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re and enforcement of the conservation easeme	garding the periodic monitoring, inspectionts it holds?	n, handling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring,		
7	Amount of expenses incurred in monitoring, inspenses	ecting, and enforcing conservation easements	s during the year
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?		
9	concorvation eachments		expense statement, and halance sheet, and that describes the organization's accounting for
-	rt III Organizations Maintaining Colle Complete if the organization ans	swered Yes to Form 990, Fait IV,	line o.
	in Part XIII, the text of the foothole to its fina	iliciai statements that describes these item	s revenue statement and balance sheet works of ch it furtherance of public service, provide, ns.
	historical treasures, or other similar assets held following amounts relating to these items:	for public exhibition, education, or research in	
	(i) Revenues included in Form 990, Part VII	I, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, amounts required to be reported under SFAS	historical treasures, or other similar assets for 116 (ASC 958) relating to these items:	or financial gain, provide the following
	a Revenues included in Form 990, Part VIII, lin	ie 1	
	<b>b</b> Assets included in Form 990, Part X		

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Part III Organizations Maintai	ning Colle	ctions of Art, Hist	orical Treasures, o	r Other Similar Ass	ets (continuea)
3 Using the organization's acquisition, items (check all that apply):	accession, ar	nd other records, check	any of the following that a	re a significant use of its	collection
a Public exhibition		<b>d</b> Loan	or exchange programs		
<b>b</b> Scholarly research		e Othe	r		
c Preservation for future genera					
4 Provide a description of the organiza Part XIII.	ation's collection	ons and explain how the	ey further the organization'	's exempt purpose in	
5 During the year, did the organizat to be sold to raise funds rather th	ian to be mail	ntained as part of the	organization's collection	16	Yes No
Part IV Escrow and Custodial Arra	<b>angements.</b> 0 n Form 990	Complete if the organi , Part X, line 21.	zation answered 'Yes' to	o Form 990, Part IV, lin	e 9, or
1 a Is the organization an agent, trus	tee, custodiar	n, or other intermedian	ry for contributions or otl	her assets not included	□ Vaa □ Na
on Form 990, Part X?					Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	nd complete the follow	ving table:		Amount
				4.	Amount
c Beginning balance				1c	
d Additions during the year				1d	
e Distributions during the year				1e	
f Ending balance				1f	
2 a Did the organization include an a	mount on For	m 990, Part X, line 21	17		Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Check here if the expla	antion has been provided	d in Part XIII	
			107 11 5	000 D-+ IV I	- 10
Part V Endowment Funds. C				orm 990, Part IV, III	ie 10.
	(a) Curren	t <b>(b)</b> Prior ye	ear (c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance					
<b>b</b> Contributions					
c Net investment earnings, gains, and losses.					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	e of the curre	nt year end balance (l	line 1g, column (a)) held	as:	
a Board designated or quasi-endowm		%			
<b>b</b> Permanent endowment ►	%				
c Temporarily restricted endowmer	nt ►	%			
The percentages in lines 2a, 2b,		d equal 100%.			
3a Are there endowment funds not in t	he possession	of the organization that	t are held and administere	d for the	Yes No
organization by:  (i) unrelated organizations				N/C	. 3a(i)
(ii) related organizations				$\bigcirc$	. 3a(ii)
<b>b</b> If 'Yes' to 3a(ii), are the related of					. 3b
4 Describe in Part XIII the intended				П	. 00
				9	
Part VI Land, Buildings, and	Equipmen			(c) Accumulated	(d) Book value
Description of property		(a) Cost or other bas (investment)	basis (other)	depreciation	(a) Book value
<b>1a</b> Land				Hilliam Pile Latinian	
<b>b</b> Buildings					
c Leasehold improvements					
d Equipment			1,566.	812.	754.
<b>e</b> Other					
Total. Add lines 1a through 1e. (Colum		gual Form 990. Part X	(, column (B), line 10(c).	)	754.
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Fait VII	investments – Other Securities. See			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: Cost or -year market value
1) Financ	ial derivatives		0.10.0	you manor raido
2) Closely	y-held equity interests			
3) Other				
<u>()</u>				
3)				
()				
)				
()				
)				
<u></u>				
<u> </u>				
)				
	nn (b) must equal Form 990, Part X, column (B) line 12.)		line 12 N/A	
art VIII	Investments — Program Related. See  (a) Description of investment type	(b) Book value		d of valuation: Cost or
	(a) Description of investment type	(b) book value	end-of	-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(9)				
10)	nn (h) must equal Form 900 Part Y column (R) line 12)			
10) otal. <i>(Colur</i>	nn (b) must equal Form 990, Part X, column (B) line 13.).  Other Assets, See Form 990, Part X.			
10)	Other Assets. See Form 990, Part X,			(b) Book value
10) etal. <i>(Colui</i> art IX	Other Assets. See Form 990, Part X,	line 15. N/A		(b) Book value
10) etal. <i>(Colur</i> art IX	Other Assets. See Form 990, Part X,	line 15. N/A		(b) Book value
10) vtal. (Colum rart IX (1) (2)	Other Assets. See Form 990, Part X,	line 15. N/A		(b) Book value
10) otal. <i>(Colui</i> Part IX	Other Assets. See Form 990, Part X,	line 15. N/A		(b) Book value
(1) (2) (3) (4) (5)	Other Assets. See Form 990, Part X,	line 15. N/A		(b) Book value
(1) (2) (3) (4) (5) (6)	Other Assets. See Form 990, Part X,	line 15. N/A		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. See Form 990, Part X,	line 15. N/A		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. See Form 990, Part X,	line 15. N/A		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. See Form 990, Part X,	line 15. N/A		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, (a) De	line 15. N/A escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (70 In	Other Assets. See Form 990, Part X, (a) De	line 15. N/A escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (otal. (C	Other Assets. See Form 990, Part X, (a) Decolumn (b) must equal Form 990, Part X, column Other Liabilities. See Form 990, Part	line 15. N/A escription		(b) Book value
(10) (art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (otal. (C	Other Assets. See Form 990, Part X,  (a) Description of liability	line 15. N/A escription  (B), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (otal. (C) Part X	Other Assets. See Form 990, Part X, (a) Decolumn (b) must equal Form 990, Part X, column Other Liabilities. See Form 990, Part	line 15. N/A escription  (B), line 15.)		(b) Book value
(1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (otal. (C	Other Assets. See Form 990, Part X,  (a) Description of liability	line 15. N/A escription  (B), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (01) (02) (2) (2) (2) (3)	Other Assets. See Form 990, Part X,  (a) Description of liability	line 15. N/A escription  (B), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fed (2) (3) (3)	Other Assets. See Form 990, Part X,  (a) Description of liability	line 15. N/A escription  (B), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (7) (7) (8) (9) (10) (7) (7) (8) (9) (10) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Other Assets. See Form 990, Part X,  (a) Description of liability	line 15. N/A escription  (B), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) Fed (2) (3) (4) (5) (6) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (8) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Other Assets. See Form 990, Part X,  (a) Description of liability	line 15. N/A escription  (B), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fed (2) (3) (4) (5) (6) (7) (8) (7) (8) (7) (8) (9) (10) Fed (7) (8) (9) (10) Fed (7) (8) (10) Fed (8) (10) Fed (9) (10) (10) Fed (10	Other Assets. See Form 990, Part X,  (a) Description of liability	line 15. N/A escription  (B), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (2) (3) (4) (5) (6) (7) (7) (8) (7) (8) (9) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Other Assets. See Form 990, Part X,  (a) Description of liability	line 15. N/A escription  (B), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Other Assets. See Form 990, Part X,  (a) Description of liability	line 15. N/A escription  (B), line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (5) (6) (7) (8) (9) (10) (11) (11)	Other Assets. See Form 990, Part X,  (a) Description of liability	(B), line 15.)  X, line 25.  (b) Book value		(b) Book value

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1 Tota	I revenue, gains, and other support per audited financial statements	1	737,205.
2 Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net	unrealized gains on investments		
<b>b</b> Dona	ated services and use of facilities	0000	
c Reco	overies of prior year grants		
d Othe	er (Describe in Part XIII.)		
e Add	lines 2a through 2d	2 e	
	ract line <b>2e</b> from line <b>1</b>	3	737,205.
4 Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:	19	,
a Inve	stment expenses not included on Form 990, Part VIII, line 7b		
	er (Describe in Part XIII.)	3.85	
	lines 4a and 4b.	4 c	
5 Tota	I revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	737,205.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per I		131,203.
	l expenses and losses per audited financial statements	1	483,697.
	unts included on line 1 but not on Form 990, Part IX, line 25:	-	400,001.
	ated services and use of facilities		
	r year adjustments		
	er losses		
	er (Describe in Part XIII.)		
	lines 2a through 2d	2 e	
	tract line <b>2e</b> from line <b>1</b>	3	483,697.
	ounts included on Form 990, Part IX, line 25, but not on line 1:		400,007.
	stment expenses not included on Form 990, Part VIII, line 7b		
	er (Describe in Part XIII.)		
	lines 4a and 4b	4c	
5 Tota	Il expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	483,697
Part XII	Supplemental Information		
ine 4; Pa	this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, rt X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additiona	al information.
	0		
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