Preparer

**Use Only** 

Firm's name

Firm's address >

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

**Return of Organization Exempt From Income Tax** OMB No 1545-0047 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) (Rev January 2020) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service 2020 2019, and ending December 31 For the 2019 calendar year, or tax year beginning January 1 C Name of organization Nishkam Sikh Welfare Organization USA Inc D Employer identification number Check if applicable 27-0722961 Address change Doing business as Number and street (or P O box if mail is not delivered to street address) E Telephone number П Name change Room/suite 404-303-7011 18 Wieuca Trace Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Atlanta GA 30342 G Gross receipts \$ Amended return H(a) Is this a group return for subordinates? Yes No Application pending F Name and address of principal officer H(b) Are all subordinates included? L Yes L No 501(c) ( ) ◀ (insert no ) → 4947(a)(1) or → 527 If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) H(c) Group exemption number ▶ Website: ►www nishkamusa org Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities. Provision of educational materials, food, social welfare needs to poor families in India. This program is coordinated by our local Activities & Governance office and affiliates in India Approximately 500 families, children and women benefit from this program Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . . 3 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . . . . 6 6 Total unrelated business revenue from Part VIII, column (C) 7a Net unrelated business taxable income from Form 9907 Eless VED 7b Prior Year **Current Year** Ś 340185 349111 8 Contributions and grants (Part VIII, line 1h) . Ô 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4 and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 (1) (2) (2) 11 340185 349111 12 Total revenue—add lines 8 through 11 (must equal Part VI 300000 400000 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 也 激動 體別的意思 b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6915 11222 17 306915 411222 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 33270 -62111 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year Assets or Balances **End of Year** 20 Total assets (Part X, line 16) 203199 141088 21 Total liabilities (Part X, line 26) . Net assets or fund balances. Subtract line 21 from line 20 203199 141088 Signature Block 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 Gurpreet Kaur Pental 04/29/20 Sign Signature of officer Date Here Gurpreet Kaur Pental (Treasurer) Type or print name and title PTIN Print/Type preparer's name Date Preparer's signature Check I if **Paid** self-employed

☐ Yes ☐ No Form 990 (2019)

Firm's EIN ▶

Phone no

Cat No 11282Y

01111 33	50 (2015)	. 490 -
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
-	Briefly describe the organization's mission:	<u>· 니</u>
1	Provision of educational materials, food, social welfare needs to poor families in India. This program is coordinated by our local	
	office and affiliates in India. Approximately 500 families, children and women benefit from this program	
	onice and anniates in mora. Approximately 500 families, children and women benefit from this program	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	71 NA
_	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 services?	71 NA
	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 measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4 .	(O ) \( \sum_{1} \sum	
4a	(Code: ) (Expenses \$ 411222 including grants of \$ 349111 ) (Revenue \$	)
	Public Welfare	
		•
	•	
41-	(Code ) (Eveness & molyders greats of & ) (Devenue &	· · · · · · · · · · · · · · · · · · ·
4b	(Code) (Expenses \$including grants of \$) (Revenue \$	)
	•••••••••••••••••••••••••••••••••••••••	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		••••
4d	Other program services (Describe on Schedule O.)	-
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶	

Part	V 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	<b>✓</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	>	
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		~
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		<b>~</b>
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		<b>v</b>
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		<b>~</b>
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>v</b>
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		~
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		<b>~</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		<b>✓</b>
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	11b		<b>v</b>
С	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	11c		<b>v</b>
đ	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		<b>v</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>V</b>
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		<b>*</b>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>v</b>
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	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>&gt;</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>V</b>
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		~
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	<b>~</b>	
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		<b>✓</b>
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		<b>✓</b>
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		<b>*</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<b>V</b>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>~</b>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<b>'</b>
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		<b>~</b>

Form **990** (2019)

Part	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		<b>v</b>
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		~
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		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
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		<b>/</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	<b>/</b>
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		
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		~
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 of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		/
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		<b>*</b>
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		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .	28b		<b>V</b>
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		<b>v</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>/</b>
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		~
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? <i>If "Yes," complete Schedule R, Part I</i>	33		<b>v</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>V</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b>v</b>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<b>/</b>
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		~
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	<b>v</b>	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check If Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	]		
	reportable gaming (gambling) winnings to prize winners?	1c		1

art '	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	1	,	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			لب.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لـــــا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	ا . ا		/
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country ►			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a	—	است
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>~</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			١, ١
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			لنا
	and services provided to the payor?	7a		
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	7c		<b>✓</b>
	required to file Form 8282?	70	1	- 4
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		<u>,</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>*</b>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b>V</b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			l
•	sponsoring organization have excess business holdings at any time during the year?	8		<b>V</b>
9	Sponsoring organizations maintaining donor advised funds.			J
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		>
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12			١, ١
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	Į.		`
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)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		'
а	Note: See the instructions for additional information the organization must report on Schedule O	100		- 1
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	.	,	
C	Enter the amount of reserves on hand			
I4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>~</b>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		
	excess parachute payment(s) during the year?	15		
ıe	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u>-</u>	ليسيم
16	If "Yes," complete Form 4720, Schedule O	"		
	ii 100, complete i onn 4720, conoccio c	L l		

Part '	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ın	nstruc	"No" tions.
	Check if Schedule O contains a response or note to any line in this Part VI	· ·	<u> </u>	· <u> </u>
Section	on A. Governing Body and Management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year   1a	-	163	1
1a	Enter the number of voting members of the governing body at the end of the tax year		ĺ	
	if the governing body delegated broad authority to an executive committee or similar	.	7.	1
	committee, explain on Schedule O		٠.	
b	Enter the number of voting members included on line 1a, above, who are independent . 1b	. '.		124
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		لن
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<b>V</b>
6	Did the organization have members or stockholders?	6		<b>V</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<b>v</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	s;	· )	٠٠. ٢٠ د
а	The governing body?	8a	<b>✓</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>V</b>	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		<b>'</b>
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	
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	<b>v</b>	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>/</b>	10.0 · i
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<del> </del> -
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	<b>~</b>	
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	/	
13	Did the organization have a written whistleblower policy?	13	1	<del> </del>
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	
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	~	
	Other officers or key employees of the organization	15b	7	
	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	<u></u>	<del>  -  </del>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	-	: •	5,4
_	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		<u>_</u>
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ GA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	rest p	olicy,
	and financial statements available to the public during the tax year			
20 Gurcha	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>•</b>	

	-
Page	1

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COM	990	1201	19

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

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

1a 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
- 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 not	r any relate	d org	anız	atic	n c	ompe	ensa	ited any current	officer, director,	or trustee
				((	C)			I		
(A) Name and title	(B) Average hours	box,	unles er an	neck ss pe	rson	e than o is both or/trus	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Gurcharan Singh (President)	10							0	0	0
(2) Gurpreet Kaur Pental (Treasurer)	4	!						0	0	0
(3) Parvinder Singh (Secretary)	4							0	0	0
(4) Sarabjeet Kaur (Board Member)	4							0	0	0
(5) Tarun Deep Kataria (Board Member)	4							0	0	0
(6) Hardeep Singh (Board Member)	4							0	0	0
(7)				ļ						
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated I	Emplo	yees (c	continued)
	(A) Name and title	(B) Average hours per week	box, office	unles	Pos neck ss pe d a d	rson	e than o	an tee)	(D)  Reportable compensation from the	(E) Reports compens from rel	able sation	01	(F) ted amount f other pensation
		(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	tions	fro organi	om the ization and organizations
(15)										-		,	
(16)													-
(17)				\ . <u>-</u>									
(18)													
(19)													
(20)				-									
(21)						_							
(22)													
(23)								-					
(24)													
(25)													
1b c d	Subtotal	VII, Sectio						<b>&gt; &gt; &gt;</b>					
2	Total number of individuals (including but reportable compensation from the organi	not limited	d to th	ose	list	ed :	above	e) w	ho received more	e than \$1	00,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	Schedule J	for su	uch	ındı	vidi	ıal	-				3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of regreater th	portal an \$1	ble ( 150,	com 000	npei 17   11 	nsatio f "Ye.	n a s,"	nd other comper complete Sched	nsation fro dule J fo	om the r such 	4	
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or ind	lividual	5	
	on B. Independent Contractors	ant comp		ad	ın de		-do		ntractors that r	accured i	moro i	than ¢1	100,000, of
1	Complete this table for your five high compensation from the organization. Repo								ar ending with or			ızation'	
	(A) Name and business add	ress			-				(B) Description of serv	rices		(C) Compens	ation
									<del></del>				
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abov	e) who	,		000 (2010)

Par	VIII	Statement of Revenue Check if Schedule O contains a response	or note to an	v line in this Pa	rt \/III		
		Check if Schedule O contains a response	, or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a 34	49111				
rant	b	Membership dues 1b					
<u>G</u> E	С	Fundraising events 1c					
iifts ar A	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above					
bet the	_	and similar amounts not included above 1f Noncash contributions included in					
ğ	9	lines 1a–1f 1g \$					
S E	h	<b>Total.</b> Add lines 1a–1f	🕨	349111			
	<del></del>		Business Code				
e Ce	2a						
و چ	b						
Sci	С						
gram Ser Revenue	d						
Program Service Revenue	е			<u>.                                      </u>			
ά	f	All other program service revenue					· · · · · · · · · · · · · · · · · · ·
	g	Total. Add lines 2a-2f					1
	3	Investment income (including dividends, in other similar amounts)					
	4	Income from investment of tax-exempt bond					
	5	Royalties	[	* -			
	_	(ı) Real	(II) Personal				
	6a	Gross rents 6a					
	b	Less. rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
4		other than inventory 7a					
her Revenue	b	Less cost or other basis and sales expenses . 7b					
ěVe	С	Gain or (loss) 7c		-			
Ě	d	Net gain or (loss)	. ▶				
Pe	8a	Gross income from fundraising					
ᅙ		events (not including \$					
		of contributions reported on line	ŀ		;		
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	C	Net income or (loss) from fundraising events	s 🕨				<del></del>
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a		4,55	But a	:	` <b>.</b>
	b	Less: direct expenses 9b		."			. ,
	C	Net income or (loss) from gaming activities	▶				
	l	Gross sales of inventory, less					
		returns and allowances 10a					
	b	Less: cost of goods sold 10b			<u> </u>		
	С	Net income or (loss) from sales of inventory	· <b>•</b>				
Sn		<u>_ t</u>	Business Code				
Miscellaneous Revenue	11a						
scellaneo Revenue	b						
Sce	A	All other revenue					
ž	d e	Total. Add lines 11a-11d	•				
	12	Total revenue. See instructions					

	90 (2019)				Page 10
	IX Statement of Functional Expenses			<del></del>	
Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. A	Il other organizations	must complete colu	ımn (A).
	Check if Schedule O contains a response			(C)	(D)
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			1	<i>p</i> *
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	400000	400000		, , ,
<b>4</b> 5	Benefits paid to or for members 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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	İ			
а	Management				
b	Legal				
C	Accounting				
d	Lobbying		, , , , , , , , , , , , , , , , , , , ,	,	
e	Professional fundraising services See Part IV, line 17		*		
f g	Investment management fees				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				, ,
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		204	<u> </u>		
a b	Dunkate Deposit	1601	<del>                                     </del>		
C	Datum	300	<u>                                     </u>		
ď	Misc for fund raising	9117			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	411222			
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 ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)	<u> </u>			

Р	art X				
		Check if Schedule O contains a response or note to any line in this Pa	(A)	<del>i i</del>	<u> </u>
			Beginning of year		End of year
	1	Cash-non-interest-bearing	203199	1	141088
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	*		
	•	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			. 45 %
		basis Complete Part VI of Schedule D 10a	,		, A 119
	b	Less: accumulated depreciation 10b		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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	203199	16	141088
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			,
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
<u>ia</u>	22	Secured mortgages and notes payable to unrelated third parties		23	
_	23	Unsecured notes and loans payable to unrelated third parties		24	
	I			= -	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X		1	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
<u></u>	20	Organizations that follow FASB ASC 958, check here ▶ □			
		and complete lines 27, 28, 32, and 33.	·		• 1
<u>a</u>	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions	203199	28	141088
Б	-0	Organizations that do not follow FASB ASC 958, check here ▶ □	,	1	,
ß		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSI	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balance	32	Total net assets or fund balances	203199	32	141088
ž	33	Total liabilities and net assets/fund balances	203199	33	141088

orm a	, , , 00 (2019)			P:	age 12
	XI Reconciliation of Net Assets				
ı aı	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	349111		
2	Total expenses (must equal Part IX, column (A), line 25)	2	411222		
3	Revenue less expenses. Subtract line 2 from line 1	3	-62111		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	203199		
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	10	141088	3	
Dord	32, column (B))	10			
Part	Check if Schedule O contains a response or note to any line in this Part XII				П
	Check if Schedule O Contains a response of note to any line in this rare xir	• •	· · ·	Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other			+::3	1
'	If the organization changed its method of accounting from a prior year or checked "Other," e	ynlair	in	1	. [
	Schedule O.	лріціі	' "'	•	
2a			. 2a		<b>~</b>
Lu	If "Yes." check a box below to indicate whether the financial statements for the year were cor		_	1.	
	reviewed on a separate basis, consolidated basis, or both.	присс	0.		
	Separate basis Consolidated basis Both consolidated and separate basis		-	3.0	
b	Were the organization's financial statements audited by an independent accountant?		. 2b	, , ,	<b>√</b>
-	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a		
	separate basis, consolidated basis, or both			,   †	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1.5	] . ]
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiah	t of		
•	the audit, review, or compilation of its financial statements and selection of an independent accounts			:	
	If the organization changed either its oversight process or selection process during the tax year, e				. 1
	Schedule O.			ــــــــــــــــــــــــــــــــــــــ	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the		
	Single Audit Act and OMB Circular A-133?		. За		

**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

Form **990** (2019)

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

**Public Charity Status and Public Support** 

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.

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

OMB No 1545-0047 2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Nıs	hkam Šikh Welfare Organiza	tion USA Inc.				27-0722961	
Pai	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The d	organization is not a private founda						
1	A church, convention of church						
2	A school described in section						
3	A hospital or a cooperative hos	spital service org	janization described i	n <b>sectior</b>	170(b)(1	I)(A)(iii).	
4	A medical research organization		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(III). Enter the
_	hospital's name, city, and state						
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6	A federal, state, or local govern	nment or govern	mental unit described	ın sectio	on 170(b)	(1)(A)(v).	
7	☐ An organization that normally	receives a subs	tantial part of its sup	port from	a gover	nmental unit or from	n the general public
	described in section 170(b)(1)	(A)(vi). (Complet	e Part II)				
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	☐ An agricultural research organi	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college
	or university or a non-land-gra	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
	university:						
10	An organization that normally receipts from activities related	receives: (1) more	e than 331/3% of its su	upport fro	om contri	butions, membership and (2) no more tha	p tees, and gross
	support from gross investment	t income and uni	related business taxal	ble incom	ne (less se	ection 511 tax) from	businesses
	acquired by the organization a	fter June 30, 197	75. See <b>section 509(</b> a	a)(2). (Cor	mplete Pa	art III )	
11	An organization organized and						
12	An organization organized and	operated exclus	ively for the benefit of	f, to perfo	orm the fu	unctions of, or to cal	rry out the purposes
	of one or more publicly support						
	Check the box in lines 12a thro	-	· · · · · · · · · · · · · · · · · · ·				
а							
	the supported organization supporting organization. You					ne directors or trust	ees of the
		-				unported ergenizeti	on(a) by boying
b	control or management of						
	organization(s) You must				persons	that control of man	ago ine supported
С		-			onnectioi	n with, and functions	ally integrated with.
Ŭ	its supported organization(	s) (see instructio	ns). You must comp	lete Part	IV, Secti	ons A, D, and E.	,,
d							orted organization(s)
_	that is not functionally integ						
	requirement (see instruction	ns). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е	☐ Check this box if the organ	ization received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III
	functionally integrated, or 1						
f	Enter the number of supported of						
g							
	(i) Name of supported organization	(ii) EIN		(iv) Is the o	rganization		(vi) Amount of other support (see
			(described on lines 1–10 above (see instructions))		ment?	support (see instructions)	instructions)
				V			
			<u> </u>	Yes	No		
(A)							
(B)						 	
			<u></u>				
(C)							
(D)	-						
(E)							

Total

Schedu	ıle A (Form 990 or 990-EZ) 2019						Page <b>2</b>
Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and	170(b)(1)(A)(v	ri)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease compl	ete Part III.)	
	ion A. Public Support		,				
Caler	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
_	Tax revenues levied for the						
2	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						
	organization without charge				<u> </u>	1	
4	Total. Add lines 1 through 3						·
5	The portion of total contributions by					1	
	each person (other than a			• ,	* 3	,	1
	governmental unit or publicly		~		7	, ,	
	supported organization) included on line 1 that exceeds 2% of the amount	` ,	-	<i>.</i>		•	
	shown on line 11, column (f)	1					
6	Public support. Subtract line 5 from line 4						<del>-</del>
	ion B. Total Support		L.	1	· · · · · · · · · · · · · · · · · · ·	-1	
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	, ,		<u> </u>		1	
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business					İ	ļ
	activities, whether or not the business is regularly carried on					1	
10	Other income. Do not include gain or			<del> </del>			
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10				:		
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the			id, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he			<u> </u>			🕨 🗀
Secti	ion C. Computation of Public Suppor					T :- T	
14	Public support percentage for 2019 (line					14	<u>%</u>
15	Public support percentage from 2018 Sch					21,0% or more	shook this
16a	33 <sup>1</sup> / <sub>3</sub> % support test—2019. If the organibox and stop here. The organization qua						
b	331/3% support test—2018. If the organi						· · · · · · · · · · · · · · · · · · ·
D	this box and <b>stop here</b> . The organization						<b>▶</b> □
17a							ـــ d line 14 ıs
	10% or more, and if the organization me						
	Part VI how the organization meets the "						

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	Third organization rand to qualify	4,,40, 1,10 10	010 110100 001	от, разыва в		···/	
	on A. Public Support	·		T	T		<del></del>
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	221085	295497	326025	340185	349111	1531903
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						
6	Total. Add lines 1 through 5	221085	295497	326025	340185	349111	1531903
7a	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						
С	Add lines 7a and 7b				<u> </u>		
8	Public support. (Subtract line 7c from line 6.)	4,6	t in the same Tall	4. 92	1, 2, 1	783 B	
Secti	on B. Total Support		1	•	<u> </u>		
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	221085	295497	326025	340185	349111	1531903
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	221085	295497	326025	340185	349111	1531903
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon			ear as a section	on 501(c)(3)
Section	on C. Computation of Public Support						
15	Public support percentage for 2019 (line			13, column (f))		15	100 %
16	Public support percentage from 2018 Sci		-			16	%
	on D. Computation of Investment In	•				<u> </u>	
17	Investment income percentage for 2019 (			oy line 13, colu	ımn (f))	17	0 %
18	Investment income percentage from 2018					18	%
19a	331/3% support tests—2019. If the organ 17 is not more than 331/3%, check this box	iization did not	t check the box	k on line 14, ai	nd line 15 is m		%, and line
b	331/3% support tests – 2018. If the organization 18 is not more than 331/3%, check this	zation did not c	check a box on	line 14 or line	19a, and line 16	s is more than	33½%, and
20	Private foundation If the organization di						

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> 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)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		-1
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.	<u>.</u> 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 despite being controlled or supervised by or in connection with its supported organizations.	ر بر غرا 4b	1+ , + 12	لنا
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	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 was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	<u>.</u>	
С	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 benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	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 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? 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 described 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 <b>Part VI</b> .	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 <b>Part VI.</b>	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		

Part I	V Supporting Organizations (continued)		,	
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	.		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ننت
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	<u> </u>
Sectio	n B. Type I Supporting Organizations			
			Yes	NO
	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	١.		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	'	١	
	controlled the organization's activities. If the organization had more than one supported organization,		1	٠,
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		i '
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the experiencian energia for the benefit of any supported arganization other than the supported	<b>-</b>		
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	١,		۱
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			_ ·
	supervised, or controlled the supporting organization.	2		
Sectio	n C. Type II Supporting Organizations			
	The Type II eappering organizations		Yes	No
1 1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ſ.,		-
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	٠,	· .	<b>'</b>
	or management of the supporting organization was vested in the same persons that controlled or managed	۱.		l
1	the supported organization(s)	1		
Sectio	n D. All Type III Supporting Organizations			
			Yes	No
1 1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			i
(	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			•
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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	١,		1
	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		<del></del>	لبيب
		3		
	n E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s)
	The organization satisfied the Activities Test. Complete line 2 below.			
	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (		otn iot	ional
	Entre organization supported a governmental entity. Describe in Part VI now you supported a government entity ( Activities Test. Answer (a) and (b) below.	See 11 1.	Yes	
		$\overline{}$	163	110
	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 <b>Part VI identify</b>			1
	the supported organization(s) to which the organization was responsive? It is rest, then in Part vi identity 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.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			. 1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			·
	reasons for the organization's position that its supported organization(s) would have engaged in these		. '	
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			ı
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	11 7		1
				لحسب

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru uzat	st on Nov. 20, 1970 (explaid lons must complete Section	ns A through E
Section A-Adjusted Net Income		(A) Prior Year	(B) Current 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		(5) 0
Section B—Minimum Asset Amount	<b>,</b>	(A) Prior Year	(B) Current Year (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	ĺ	930	A STATE OF THE STA
factors (explain in detail in Part VI):	3.7		* W ( 15 1
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-functional instructions).	y in	tegrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	<del></del>
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	oscs of supported orga	THEATONIO	
- 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions			
<del>-</del> 7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6	<del></del>		
10	Line 8 amount divided by line 9 amount		·	· · · · · · · · · · · · · · · · · · ·
	Line o amount divided by line o amount		(ii)	(iii)
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	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 Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			, "
а		·		
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years	いはないないのできる		` '
h	Applied to 2019 distributable amount	性性的學者為	4 1 2 2	
<u>i</u>	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:		<del></del>	
<u>a</u>	Applied to underdistributions of prior years		<del>-</del>	!
<u>b</u>	Applied to 2019 distributable amount  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 <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			•
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			,
а	Excess from 2015 .			
b	Excess from 2016	.d <sup>1</sup> ,		
С	Excess from 2017			1
d	Excess from 2018			Ţ
е	Excess from 2019			*

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

### SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization

Nishkam Sikh Welfare Organization USA Inc.

Employer identification number 27-0722961

	· · · · · · · · · · · · · · · · · · ·					
Par	General Information Form 990, Part IV, line		ties Outside	the United States. Com	nplete if the organization a	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistance.	es' eligibility	for the gran			☐ Yes ☐ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	ng the use of its grants and	d other assistance
3	Activities per Region (The fo	llowing Part	I, line 3 table o	an be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)		-				
(11)			-			
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal			•	t .	
b	Total from continuation sheets to Part I					
_	Totals (add lines 3a and 3b)					i .

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2019

Part II Grants al

1 (a) Name of (b) IRS code organization section and EIN (if applicable)	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
(c) Region	East Asia & Pacific																ent organizations liste grantee or counsel h
(d) Purpose of grant																	d above that are recoast provided a section
(e) Amount of cash grant	400000																above that are recognized as charities by the for provided a section 501(c)(3) equivalency letter
(f) Manner of cash disbursement						:											s by the foreign courncy letter
(g) Amount of noncash assistance																	itry, recognized as t
(h) Description of noncash assistance	NA		-														ax-exempt ▼
(i) Method of valuatior (book, FMV, appraisal, other)										,							

Schedule F (Form 990) 2019

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2019

Part III Grants ar

(a) Type of grant or assistance (b) Region (c) Number of recipients	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, apprassal, other)
			,				
_		:					

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Page	-

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	<b></b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	☑ No

Part V	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
<u></u>	
<b></b>	

#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2019 Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization Nishkam Sikh Welfare Organization USA Inc 27-0722961 1. Form 990 governing body review (Part VI, line 11) The governing body has reviewed and signed off on Form 990 2. Conflict of interest policy compliance (Part VI, line 12c) The governing body ensures regular and continuous compliance on 'Conflict of Interest Policy'. 3. CEO, executive director, top management comp (Part VI, line 15a) No compensation is paid to the CEO, executive director or any other person by the organization. 4. Other officer or key employee compensation (Part VI, line 15b) No compensation is paid to any officer or key employee by the organization 5. Governing documents etc. available to public (Part VI, line 19) The governing body documents are available to the general public via the organization's website.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
	<u> </u>