

YEAR

California Exempt Organization Annual Information Return

FORM

1997

199

For calendar or fiscal year beginning 01011997, and ending 12311997

Attach Preaddressed Label or See Instructions

California corporation number										FEIN									
0	2	0	0	7	1	6	8	6	8	0	3	9	9	1	1	8			
Corporation/Organization name																			
GURU NANAK SAT SANGAT OF CALIFORNIA																			
Address																			
P.O. BOX 2923165																			
City				State				ZIP code											
SACRAMENTO				CA				95829											

A Final return? Yes. If yes check applicable box No
 Dissolved Withdrawn Merged/Reorganized (attach explanation)
 If a box is checked, enter date

B Check forms filed this year: State: 109 100 100S
 Federal: 990 990EZ 990T 990PF 1041 1120H
 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization or is controlled by a religious organization, check box. See General Instruction, F. No filing fee is required.

D Is this a group filing? See General Instruction, M. Yes No

E Is this a nonexempt charitable trust as described in IRC Section 4947(a)(1)?
 Yes No

F Accounting method used CASH-YEAR END STATEMENTS

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Attach check or money order here.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,959	00
	2	Gross dues and assessments from members and affiliates	2		
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions page 2	3	26,337	86
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction, C	4	28,296	86
	5	Cost of goods sold	5		
	6	Cost or other basis and sales expenses of assets sold	6		
	7	Total costs. Add line 5 and line 6	7		
	8	Total gross income. Subtract line 7 from line 4	8	28,296	86
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	6,880	94
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	21,415	92
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction, F.	11	25	00
	12	Penalty for failure to file on time. See General Instruction, L	12	40	00
	13	Balance due. Add line 11 and line 12	13	\$ 65	00

- 14 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "yes," complete and attach form FTB 3509 Yes No
- 15 Did the organization have any changes in its activities, governing instrument, articles of incorporation or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
- 16 Is the organization exempt under R&TC Section 23701g? Yes No
 If "yes," enter amount of gross receipts from nonmember sources \$ 0
- 17 Did the organization file Form 100, Form 100S or Form 109 to report taxable income? Yes No
 If "yes," enter amount of total income reported \$ _____

18 The financial records are in care of JARNAIL SINGH SANGHA (TREASURER) Daytime telephone (916) 689-0220
 located at 8132 ELSIE AVENUE, SACRAMENTO CA - 95828

Please Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	<u>V. Singh</u> Signature of officer	<u>9/23/03</u> Date	<u>TREASURER</u> Title	<u>(916) 402-8067</u> Daytime telephone
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security no.
	Firm's name (or yours, if self-employed) and address	FEIN		
				Daytime telephone ()

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions page 3	1		
	2	Interest	2		
	3	Dividends	3		
	4	Gross rents	4		
	5	Gross royalties	5		
	6	Gross amount received from sale of assets	6		
	7	Other income. Attach schedule <i>Colendor Sales, Fee Refund & Returned check</i>	7	1,959	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8		
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		
	10	Disbursements to or for members	10		
	11	Compensation of officers, directors and trustees. Attach schedule	11		
	12	Other salaries and wages	12		
	13	Interest	13		
	14	Taxes	14		
	15	Rents	15		
	16	Depreciation and depletion	16		
	17	Other. Attach schedule. <i>SEE ATTACHED FINANCIAL STATEMENT</i>	17	6,880	94
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	6,880	94

Schedule L Balance Sheets	Beginning of income year		End of income year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				21,415.92
2 Net accounts receivable				
3 Net notes receivable. Attach schedule				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds. Attach schedule				
7 Investments in stock. Attach schedule				
8 Mortgage loans (number of loans _____)				
9 Other investments. Attach schedule				
10 a Depreciable assets				
b Less accumulated depreciation	()	()	()	
11 Land				
12 Other assets. Attach schedule				
13 Total assets				
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, grants payable				
16 Bonds and notes payable. Attach schedule				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		0		
22 Total liabilities and net worth		0		21,415.92

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000.

1	Net income per books	21,415.92	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8.	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	21,415.92
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	21,415.92			