

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)

2008

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning

, 2008, and ending

, 20

- B Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization GURU NANAK SAT SANGAT OF CALIFORNIA

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

P O BOX 292365

D Employer identification no.
68-0399118

City or town, state or country, and ZIP + 4

Sacramento, CA 95829

E Telephone number
(916) 402-8067G Gross receipts \$
282,726F Name and address of principal officer: VIMAL JEET SINGH
P O BOX 292365, Sacramento, CA 95829H(a) Is this a group return for affiliates?
 Yes NoH(b) Are all affiliates included?
If "No," attach a list. (see instructions)
 Yes No

H(c) Group exemption number ►

I Tax-exempt status: 501(c)(3) ◀ (insert no.) 4947(a)(1) or 527

J Website: ► N/A

K Type of organization: Corporation Trust Association Other ► L Year of formation: 1996 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: RELIGIOUS SERVICES
A c t i v e r i n a n c e & s e	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.
R e v e n u e	3 Number of voting members of the governing body (Part VI, line 1a) ······ 3 0
E x p e n s e s	4 Number of independent voting members of the governing body (Part VI, line 1b) ······ 4 0
Net Assets or Fund Bal- ances	5 Total number of employees (Part V, line 2a) ······ 5 0
	6 Total number of volunteers (estimate if necessary) ······ 6 0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) ······ 7a 0
	b Net unrelated business taxable income from Form 990-T, line 34 ······ 7b 0
	Prior Year Current Year
	8 Contributions and grants (Part VIII, line 1h) ······ 278,134 279,494
	9 Program service revenue (Part VIII, line 2g) ······ 0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ······ 3,232
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ······ 0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ······ 278,134 282,726
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ······ 0
	14 Benefits paid to or for members (Part IX, column (A), line 4) ······ 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ······ 0
	16a Professional fundraising fees (Part IX, column (A), line 11e) ······ 0
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ······ 115,707 136,828
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ······ 115,707 136,828
	19 Revenue less expenses. Subtract line 18 from line 12 ······ 162,427 145,898
	Beginning of Year End of Year
20 Total assets (Part X, line 16) ······ 1,430,009 1,575,907	
21 Total liabilities (Part X, line 26) ······ 0	
22 Net assets or fund balances. Subtract line 21 from line 20 ······ 1,430,009 1,575,907	

Part II 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.

Sign
Here

Signature of officer

VIMAL JEET SINGH, SECRETARY

Date

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► GURMEEL SINGH CPA 	Date 06-01-2009	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) P06441819
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► DHALIWAL CPA 8536 SUNNYBRAE DR Sacramento, CA 95823	EIN	Phone no. ► 71-0902384	916-743-7465

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

 Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission:

RELIGIOUS SERVICES

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
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? Yes No
If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 136,855 including grants of \$) (Revenue \$)

PROMOTE RELIGIOUS, EDUCATIONAL, SOCIAL AND CULTURAL ASPECTS OF SIKHISM.

PROVIDE A PLATFORM TO DISCUSS ALL ISSUES AFFECTING THE SIKH RELIGION.

REGULARLY HOLD CONGREGATION AND TO PARTAKE IN THE CELEBRATION OF THE SIKH RELIGIOUS AND CULTURAL ACTIVITIES.

PROPAGATE THE TEACHINGS OF SRI GURU GRANTH SAHIB AND THE TEN GURUS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 136,855 (Must equal Part IX, Line 25, column (B).)

Part X Balance Sheet

		(A) Beginning of year	1	(B) End of year
		292,409		331,296
A s s e t s	1 Cash - non-interest-bearing		2	
	2 Savings and temporary cash investments		3	
	3 Pledges and grants receivable, net		4	
	4 Accounts receivable, net		5	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		6	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		7	
	7 Notes and loans receivable, net		8	
	8 Inventories for sale or use		9	
	9 Prepaid expenses and deferred charges			
	10a Land, buildings, and equipment: cost basis	10a 1,395,089		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 150,478	1,137,600	10c 1,244,611
	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 34)		1,430,009	16 1,575,907
L i a b i l i t i e s	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		0	26 0
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
N F e u n d A s s B s a e l t a s c o e r s	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	1,430,009	32	1,575,907
	33 Total net assets or fund balances	1,430,009	33	1,575,907
	34 Total liabilities and net assets/fund balances	1,430,009	34	1,575,907

Part XI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990:	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a <input checked="" type="checkbox"/>	
b Were the organization's financial statements audited by an independent accountant?		2b <input checked="" type="checkbox"/>	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c <input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a <input type="checkbox"/>	X
b If "Yes," did the organization undergo the required audit or audits?		3b <input type="checkbox"/>	

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

► See separate instructions.

► Attach to your tax return.

2008Attachment
Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

GURU NANAK SAT SANGAT OF CALIFOR

FORM 990 - 1

68-0399118

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1
2	Total cost of section 179 property placed in service (see instructions)	2
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5

(a) Description of property (b) Cost (business use only) (c) Elected cost

6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	49,734

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property Statement # 50						1,308
d 10-year property						
e 15-year property		84,027	15	MQ	S/L	700
f 20-year property						
g 25-year property		25 yrs.			S/L	
h Residential rental property		27.5 yrs.	MM	S/L		
i Nonresidential real property		27.5 yrs.	MM	S/L		
		39 yrs.	MM	S/L		
			MM	S/L		

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	51,742
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Public Charity Status and Public Support

2008

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Open to Public
Inspection**

Name of the organization

GURU NANAK SAT SANGAT OF CALIFORNIA

Employer identification number

68-0399118

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)

- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III-Functionally integrated d Type III-Other

- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
					Yes	No	
Total							

Federal Supporting Statements**2008 PG01**

Name(s) as shown on return

GURU NANAK SAT SANGAT OF CALIFORNIA

FEIN

68-0399118**FORM 4562 - LINE 19C**

Statement # 50

BASIS	RP	CV	METHOD	DEDUCTION
19,995	7	MQ	S/L	357
53,232	7	MQ	S/L	951
TOTALS				1,308

**Form 990, Schedule D, Part VI, Line 1e
Investments - Other****PG01
Statement #D1e**

Description of Investment	Cost/basis (Investment)	Cost/basis (Other)	Depr	Book Value
DEPRECIABLE ASSETS	881,610	257,489	150,478	988,621
LAND	189,000	0	0	189,000
OTHER ASSETS	66,990	0	0	66,990
Total	1,137,600	257,489	150,478	1,244,611

990

Overflow Statement**2008**
Page 1

Name(s) as shown on return

GURU NANAK SAT SANGAT OF CALIFORNIA

FEIN

68-0399118

OTHER EXPENSES

Description	Amount
STOVE	\$ 400
PASTOR FEES	26,530
TELEPHONE	2,042
SMUD	10,842
PG E	1,166
UTILITY	9,020
REPAIR AND MAINTENANCE	7,448
GROCERY AND PROPANE GAS	5,345
FIRE INSURANCE	6,183
DONATION	10,501
MISC	1,628
RENT	1,500
COUNTY FEES	494
BANK CHARGES	549
Total:	\$ 83,648

Item was disposed
if during current year.

Depreciation Detail Listing

Program Services

For your records only

2008

PAGE 1

GURU NANAK SAT SANGAT OF CALIFORNIA

Name(s) as shown on return

68-0399118

Soc sec number/EN

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	ENGINEERING PERMIT	20070511	2,590		100.00		2,590	7	S/I	MQ	14.286	370	601		370
2	PARKING LOT	20071213	272,439		100.00		272,439	15	S/I	MQ	6.667	18,163	20,433		18,163
3	PAS DESIGN	20070714	5,954		100.00		5,954	7	S/I	MQ	14.286	851	1,170		851
4	DINING HALL PERMIT	20070815	23,993		100.00		23,053	7	S/I	MQ	14.286	3,299	4,536		3,299
5	BLDG	20030101	676,270		100.00		676,270	25	S/I	MM	4	27,051	121,730		27,051
6	PARKING LOT 2	20081115	84,027		100.00		84,027	15	S/I	MQ	.833	700	700		700
7	CAL WATER	20081115	19,995		100.00		19,995	7	S/I	MQ	1.786	357	357		357
8	DINING HALL FEES	20081115	53,232		100.00		53,232	7	S/I	MQ	1.786	951	951		951

Totals

Land Amount

Net Depreciable Cost

68-0399118

1,137,600

1,137,600

51,742

150,478

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California Exempt Organization Annual Information Return

Calendar year 2008 or fiscal year beginning month		day	year	, and ending month	day	year
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		B Type of organization Exempt under Section 23701 (insert letter) IRC Section 4947(a)(1) trust <input type="checkbox"/>			CORP # 2007168	
Corporation/Organization Name		GURU NANAK SAT SANGAT OF CALIFORNIA			FEIN 68-0399118	
Address		P O BOX 292365			State	Zip Code
City		Sacramento, CA 95829				
C Amended Return? • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
D Are you a subordinate/affiliate in a group exemption? • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
(a) Is this a group filing for affiliates? See General Inst L <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
(b) If "Yes," enter the number of affiliates • <input type="checkbox"/>						
(c) Are all affiliates included? • <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If "No," attach a list. See instructions.)</small>						
(d) Is this a separate return filed by an organization covered by a group ruling? • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
(e) Federal Group Exemption Number • <input type="checkbox"/>						
(f) Is a roster of subordinates attached? • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
E Final return? • <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized (attach explanation)						
If a box is checked, enter date • <input type="checkbox"/>						
F Check the box if the organization filed: (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> 990H						
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required • <input checked="" type="checkbox"/>						
Part I Complete Part I unless not required to file this form. See General Instructions B and C.						
Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 2 Gross dues and assessments from members and affiliates 3 Gross contributions, gifts, grants, and similar amounts received 4 Total gross receipts for filing requirement test. Add line 1 through line 3			●1 282,726 00 ●2 ●3 ●4 282,726 00		
	<small>This line must be completed. If the result is less than \$25,000, see General Instruction C</small>					
	5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold			●5 00 ●6 00		
	7 Total costs. Add line 5 and line 6			7 00		
	8 Total gross income. Subtract line 7 from line 4			●8 282,726 00		
				●9 85,086 00		
				●10 197,640 00		
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			●11 00 ●12 00 ●13 00 ●14 00 ●15 00		
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F 12 Total payments 13 Penalties and Interest. See General Instruction J 14 Use tax. See General Instruction K 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result					
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.					
	Signature <small>of officer</small> ►		Title		Date	
Paid Preparer's Use Only	Preparer's Signature ►		Date 06-01-2009		Check if self-employed ► <input checked="" type="checkbox"/>	
	Firm's name (or yours, <small>if self-employed</small>) ►		DHALIWAL CPA		● Preparer's SSN/PTIN 623-66-5989	
	and address ►		8536 SUNNYBRAE DR Sacramento, to 95823		● FEIN 71-0902384	
May the FTB discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

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	• 1	279,494	00
	2 Interest	• 2	3,232	00
	3 Dividends	• 3		00
	4 Gross rents	• 4		00
	5 Gross royalties	• 5		00
	6 Gross amount received from sale of assets (See Instructions)	• 6		00
	7 Other income. Attach schedule	• 7		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	282,726	00
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	• 9		00
	10 Disbursements to or for members	• 10		00
	11 Compensation of officers, directors, and trustees. Attach schedule	• 11		00
	12 Other salaries and wages	• 12		00
	13 Interest	• 13		00
	14 Taxes	• 14		00
	15 Rents	• 15	1,500	00
	16 Depreciation and depletion (See instructions)	• 16		00
	17 Other. Attach schedule	• 17	83,586	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	85,086	00

Schedule L Balance Sheets

		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1 Cash			292,409		• 331,296
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	980,346			1,190,841	
b Less accumulated depreciation	(94,681)	885,665	(146,423)	1,044,418	
11 Land		189,000			• 189,000
12 Other assets. Attach schedule		66,990			• 66,990
13 Total assets		1,434,064			• 1,631,704
Liabilities and net worth					
14 Accounts payable					•
15 Contributions, gifts, or 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		1,434,064			• 1,631,704
22 Total liabilities and net worth		1,434,064			1,631,704

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	• 197,640	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax	•		•
3 Excess of capital losses over capital gains	•		
4 Income not recorded on books this year. Attach schedule	•	8 Deductions in this return not charged against book income this year. Attach schedule	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•	9 Total. Add line 7 and line 8	•
6 Total. Add line 1 through line 5	197,640	10 Net income per return. Subtract line 9 from line 6	197,640

California Depreciation & Amortization

2008

STM 9B

PG01

Part II Depreciation

Name(s) shown on return

GURU NANAK SAT SANGAT OF CALIFORNIA

Identifying Number

68-0399118

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Method of figuring depreciation	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
ENGINEERING PER	2007-05-11	2,590		Other	7	370	
PARKING LOT	2007-12-13	272,439		Other	15	18,163	
PAS DESIGN	2007-07-14	5,954		Other	7	851	
DINING HALL PER	2007-08-15	23,093		Other	7	3,299	
BLDG	2003-01-01	676,270		Other	25	27,051	
PARKING LOT 2	2008-11-15	84,027		Other	15	700	
CAL WATER	2008-11-15	19,995		Other	7	357	
DINING HALL FEE	2008-11-15	53,232		Other	7	951	

PAGE TOTAL:

1,137,600

51,742

California Supporting Statements**2008** Page 1

Name(s) as shown on return

GURU NANAK SAT SANGAT OF CALIFORNIA

Your Social Security Number

68-0399118

OTHER EXPENSES

Description	Amount
PASTOR FEES	\$ 26,530
OFFICE SUPPLIES	1,178
4 BURNER STOVE	400
TELEPHONE	2,042
SMUD	10,842
PG E	1,166
SACRAMENTO COUNTY UTILITY	9,020
REPAIR AND MAINTENANCE	7,448
GROCERY PROPANE GAS	5,345
SENTINEL FIRE INSURANCE	6,183
DONATION-SIKH TEMPLE	10,501
MISC	1,628
ENGINEERING COUNTY PERMIT FEE	494
LEGAL FEES	260
BANKING CHARGES	549
Total:	\$ 83,586