### **UNITED SQUARE DANCERS OF AMERICA**



### 501 (C)(3) Nonprofit Group Exemption Program Annual Report Financial Certificate



Name of USDA Group Affiliate /	/ Associate:Name of USD		
Street Address:	Name of USD	A Affiliate / Associate / Member Organization	
City:	State:	Zip Code:	
Employer Identification Numbe	er (EIN):	(EIN Typically R	Required for Bank Account)
	nay be obtained online at https://sa2.www4.ii and Ends coincide with USDA's Fiscal Year – Jan 1st – Dec		<i>i</i> )
	Income (Check One)  More		ss than \$50,000.
	ing address, EIN, articles of inc be attached):  Yes N		ve changed since
· · · · · · · · · · · · · · · · · · ·	qualify for exemption under sect ndation as defined in section 509	• • • • • —	
Our organization wishes to be	included under USDA's group ex	emption for another ye	ar: Yes No
United Square Dancers of Ame	ents this Past Year – Please Submit the Updated erican, Inc., is authorized to inclu  Name of USDA Affiliate / Associate / Member Organ	ude:	ncial Filing)
in the Group Exemption Progra			
Please enclose the following info  List of your officers, with	ormation with this form: their official titles, addresses, phon	os and omails:	
,	their official titles, addresses, priori	es, and emails,	
		State:	Zip:
Phone:	Email:		
Vice President:			
Address:	City:	State:	Zip:
Phone:	Email:		
Secretary:			
Address:	City:	State:	Zip:
Phone:	Email:		
Treasurer:			
Address:	City:	State:	Zip:
Phone:	Email:		
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#### **UNITED SQUARE DANCERS OF AMERICA**



# 501 (C)(3) Nonprofit Group Exemption Program Annual Report Financial Certificate Income / Expense Statement



Incom	e/Expense Statement:	1 20	throug	h December 31, 20
	· · · · · · · · · · · · · · · · · · ·		•	
Name o	of USDA Group Affiliate / As	sociate:		Name of USDA Affiliate / Associate / Member Organization
Employ	er Identification Number (	EIN):		(EIN Typically Required for Bank Account) s://sa2.www4.irs.gov/modiein/individual/index.jsp)
INCOM			•	Whole Dollars
N	Membership Dues	\$	.00	
[	Dance Admissions	\$	.00_	(Special Dances, Festivals / Conventions)
F	Programs	\$	.00	
F	undraising	\$	.00	
ι	JSDA Insurance	\$	00_	
(	Other	\$	.00	(Specify)
	TOTAL INCOME	\$	.00	
EXPEN	ISES			
F	Facility Rental	\$	00_	
F	Program staff	\$	.00	(Caller, Band, Performer; Include Travel, if any)
F	Publicity	\$	.00	
E	Equipment Purchase	\$	.00_	(Non-Capitalized)
[	Depreciation	\$	.00_	(Attach Schedule)
E	Equipment Rental	\$	.00_	
F	Refreshments	\$	.00_	
(	Office Supplies	\$	.00	(Expenses, Excluding Labor, and Equipment)
ι	JSDA Insurance Premiums	\$	.00	
N	Miscellaneous	\$	.00_	(Specify)
	TOTAL EXPENSES	\$	.00_	
1	NET SURPLUS (or LOSS)	) \$	.00	(Remember to Include this Amount on the Balance Sheet Where Indicated.)

Income and expenses may be broken down into activities such as Regular Dances, Weekend Events, Festivals, etc. These may be broken down further into specific events or locations, i.e. weekly Tuesday dances special Saturday dances, or other party night dances, etc.

### **UNITED SQUARE DANCERS OF AMERICA**



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## 501 (C)(3) Nonprofit Group Exemption Program Annual Report Financial Certificate / Balance Sheet



USDA Annual Report Financial Certificate 08-31-2023

Name of USDA Group Affiliate / Associa	ate:					
Employer Identification Number (EIN):			of USDA Affiliate / Associate / Member Organization  (EIN Typically Required for Bank Account)			
(Federal EIN may be obtained online at https://sa2.www4.irs.gov/modiein/individual/index.jsp)						
			ember 31, 20			
	ASSETS Amounts Should be Rounded to Whole Dollars					
Cash			(Cash on Hand and in Bank)			
Equipment	\$		(Capitalized)			
Receivables	\$	.00	(Money Owed to the Group, but not			
			yet Received)			
Other assets	\$		(Specify)			
TOTAL ASSETS	\$	.00				
LIABILITIES						
Payables	\$		(Unpaid Bills)			
Other liabilities	\$	.00	(Such as Outstanding Loans; Specify)			
TOTAL LIABILITIES	\$	.00				
GENERAL FUND			•			
Net Balance From Last Year	\$	.00	_			
Net Surplus /Loss From						
Current Year	\$	.00	(from Net Profit/Loss line on			
			Income/Expense Statement)			
TOTAL GENERAL FUND/			•			
LIABILITIES BALANCE	\$	.00	-			
(General Fund balance and Liabilities	should equa	al Assets;	if not, something is wrong.)			
Signature:						
Please read and sign the following statement		A ££:1! a 1 a	/ Associate / Manufact			
I am a duly authorized Officer / Treasurer of the USDA Group Affiliate / Associate / Member.						
I attest that to the best of my knowledge; the above financial information is correct.						
Name of USDA Affiliate / Associate:			A Affiliate / Associate / Member Organization			
Signature:						
Print Name:						
Title:			Date:			
Return completed forms to:						
Jim Maczko – Co-Administrator			Pat Inglis – Co-Administrator			
USDA Group Exemption Program Post Office Box 712918			USDA Group Exemption Program 9133 Creekside Trail			
San Diego, California 92171-2918			Stone Mountain, Georgia 30087			
619-295-2635 jmaczko@san.rr.com 501c3a	oply@usda.org	<u>501c</u>	3renew@usda.org inglisp@bellsouth.net 678-684-3886			