

UNITED SQUARE DANCERS OF AMERICA

501 (C)(3) Non-Profit Group Exemption Program Annual Report Financial Certificate



Name of USDA Group Affiliate / Member: _____
Name of USDA Affiliate / Member Organization

Street Address: _____

City: _____ State: _____ Zip Code: _____

Website Address: _____

Employer Identification Number (EIN): _____

Fiscal Year Begins: _____ and Ends _____

(Must Coincide with USDA's Fiscal Year - Jan 1st - Dec 31st)

Group's Current Gross Annual Income (Check One) More than \$50,000 Less than \$50,000.

Our organization's name, mailing address, EIN, articles of incorporation, bylaws have changed since last year (any changes should be attached): Yes No

Our organization is eligible to qualify for exemption under section 501(c)(3) of the Internal Revenue Code, and is not a private foundation as defined in section 509(a) of the Code: Yes No

Our organization wishes to be included under USDA's group exemption for another year: Yes No

An updated copy of the organizing documents are attached: Yes No.

United Square Dancers of American, Inc., is authorized to include:

Name of USDA Affiliate / Member Organization

in the Group Exemption Program.

1. Please enclose the following information with this form:

List of your officers, with their official titles, addresses, phones and emails;

President: _____

Address: _____ City: _____ 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: _____

UNITED SQUARE DANCERS OF AMERICA

501 (C)(3) Non-Profit
Group Exemption Program

Annual Report
Financial Certificate / Balance Sheet



Live Lively -



Square Dance!

Income/Expense Statement:

January 1, 20____ through December 31, 20____

Name of USDA Group Affiliate / Member: _____
Name of USDA Affiliate / Member Organization

Employer Identification Number (EIN): _____

INCOME

Membership Dues	\$ _____
Dance Admissions	\$ _____ (Festivals / Conventions)
Programs	\$ _____
Fundraising	\$ _____
USDA Insurance	\$ _____
Other	\$ _____ (Specify) _____
TOTAL INCOME	\$ _____

EXPENSES

Facility Rental	\$ _____
Program staff	\$ _____ (Caller, Band, Performer; Include Travel, if any)
Publicity	\$ _____
Equipment Purchase	\$ _____ (Non-Capitalized)
Depreciation	\$ _____ (Attach Schedule)
Equipment Rental	\$ _____
Refreshments	\$ _____
Office Supplies	\$ _____ (Expenses, Excluding Labor and Equipment)
USDA Insurance Premiums	\$ _____
Miscellaneous	\$ _____ (Specify) _____
TOTAL EXPENSES	\$ _____

NET SURPLUS (or LOSS) \$ _____ (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

501 (C)(3) Non-Profit Group Exemption Program Annual Report

Financial Certificate / Balance Sheet



Name of USDA Group Affiliate / Member: _____
Name of USDA Affiliate / Member Organization

Employer Identification Number (EIN): _____

Balance Sheet

January 1, 20____ through December 31, 20____

ASSETS

Cash \$ _____ (Cash on Hand and in Bank)
Equipment \$ _____ (Capitalized)
Receivables \$ _____ (Money Owed to the Group, but not yet Received)
Other assets \$ _____ (Specify) _____
TOTAL ASSETS \$ _____

LIABILITIES

Payables \$ _____ (Unpaid Bills)
Other liabilities \$ _____ (Such as Outstanding Loans; Specify)
TOTAL LIABILITIES \$ _____

GENERAL FUND

Net Balance From Last Year \$ _____
Net Surplus /Loss From Current Year \$ _____ (from Net Profit/Loss line on Income/Expense Statement)

**TOTAL GENERAL FUND/
LIABILITIES BALANCE** \$ _____

(General Fund balance and Liabilities should equal Assets; if not, something is wrong.)

Signature:

Please read and sign the following statement:

I am a duly authorized Officer / Treasurer of the USDA Group Affiliate / Member.

I attest that to the best of my knowledge; the above financial information is correct.

Name of USDA Affiliate / Member: _____
Name of USDA Affiliate / Member Organization

Signature: _____

Print Name: _____

Title: _____ Date: _____

Return completed forms to:

Jim Maczko – Co-Administrator
USDA Group Exemption Program
Post Office Box 712918
San Diego, California 92171-2918
619-295-2635 jmaczko@san.rr.com 501c3apply@usda.org

Pat Inglis – Co-Administrator
USDA Group Exemption Program
1340 Oakengate Drive
Stone Mountain, Georgia 30083
501c3renew@usda.org inglisp@bellsouth.net 404-294-0268