QUARE DANCERS OF RIMERICH USDA	D SQUARE DANCERS 501 (C)(3) Nonprofit Group Exemption Progr Annual Report Financial Certificate	am	Líve Lívely-			
Name of USDA Group Affiliate / Associate:						
Street Address:						
City:	State:	Zip Code:				
Website Address:						
	ion Number (EIN):	(EIN Typically R /modiein/individual/index.jsp	Required for Bank Account)			
	(Must Coincide with USDA's Fiscal Year – Jan 1 <sup>st</sup> – Dec 31 <sup>st</sup>					
Group's Current Gro	ss Annual Income (Check One) 🗌 More thar	n \$50,000 🗌 Les	ss 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 is attached: Yes No. (If Group has Amended its Governing Documents this Past Year – Please Submit the Updated Documents with this Annual Financial Filing) United Square Dancers of American, Inc., is authorized to include:						
	Name of USDA Affiliate / Associate / Member Organization					
in the Group Exemp	0					
	following information with this form:	and ampiles				
5	fficers, with their official titles, addresses, phones, a	ind emails;				
	City:	State:	Zip:			
	Email:		-			
Vice President	::					
	City:	State:	Zip:			
Phone: _	Email:					
Secretary:						
Address: _	City:	State:	Zip:			
Phone: _	Email:					
Treasurer:						
Address:	City:	State:	Zip:			
Phone: _	Email:					
Page 1 of 3		USDA Annual Repo	ort Financial Certificate 08-31-2023			

UNITED SQUARE DANCERS OF AMERICA501 (C) (3) Nonprofit501 (C) (3) NonprofitGroup Exemption Program Annual Report Financial Certificate Income / Expense StatementLíve Lívelu-Square DancelSquare Dancel						
Income/Expense Statement:						
January 1, 20 through December 31, 20   Name of USDA Group Affiliate / Associate:   Name of USDA Affiliate / Associate / Member Organization						
Name of USDA Group Affiliate / Associat			Name of USDA Affiliate / Associate / Member Organization			
Employer Identification Number (	EIN):		(EIN Typically Required for Bank Account) s://sa2.www4.irs.gov/modiein/individual/index.jsp)			
<b>INCOME</b> Amounts Should be Rounded to Whole Dollars						
Membership Dues	\$	.00				
Dance Admissions	\$	.00	(Special Dances, Festivals / Conventions)			
Programs	\$	.00				
Fundraising	\$	.00				
USDA Insurance	\$	.00_				
Other	\$	.00	(Specify)			
TOTAL INCOME	\$	.00				
EXPENSES						
Facility Rental	\$	.00_				
Program staff	\$	.00	(Caller, Band, Performer; Include Travel, if any)			
Publicity	\$	.00				
Equipment Purchase	\$	.00	(Non-Capitalized)			
Depreciation	\$	.00_	(Attach Schedule)			
Equipment Rental	\$	.00_				
Refreshments	\$	.00_				
Office Supplies	\$	.00	(Expenses, Excluding Labor, and Equipment)			
USDA Insurance Premiums \$		.00				
Miscellaneous	\$	.00_	(Specify)			
TOTAL EXPENSES	\$	.00_				
<b>NET SURPLUS (or LOSS)</b> \$ (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						
Group Exemption Program Annual Report						
					Financia	cial Certificate / Balance Sheet
USDA		Square Dancel				
Name of USDA Group Affiliate / Associate:						
Employer Identification Number (EIN	):	(EIN Typically Required for Bank Account)				
(Federal EIN may be obtained online at https://sa2.www4.irs.gov/modiein/individual/index.jsp) BALANCE SHEET – As of December 31, 20						
ASSETS Amounts Should be Rounded to Whole Dollars						
Cash		00_ (Cash on Hand and in Bank)				
Equipment		(Capitalized)				
Receivables	\$	-				
		yet Received)				
Other assets	\$	00_ (Specify)				
TOTAL ASSETS	\$	.00_				
LIABILITIES						
Payables	\$	<u>.00</u> (Unpaid Bills)				
Other liabilities	\$	00_ (Such as Outstanding Loans; Specify)				
TOTAL LIABILITIES GENERAL FUND	\$	.00				
Net Balance From Last Year	\$	.00				
Net Surplus /Loss From	Ψ					
Current Year	\$	00_ (from Net Profit/Loss line on				
Guitent real	Ψ	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 statemen		n Affiliate / Associate / Mombor				
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:						
Signature		Name of USDA Affiliate / Associate / Member Organization				
Ũ						
		Date:				
Return completed forms to: Jim Maczko – Co-Administrator		Pat Inglis – Co-Administrator				
USDA Group Exemption Program		USDA Group Exemption Program				
Post Office Box 712918		9133 Creekside Trail				
San Diego, California 92171-2918 619-295-2635 <u>imaczko@san.rr.com</u> 501c3a	apply@usda.org	Stone Mountain, Georgia 30087 <u>501c3renew@usda.org</u> inglisp@bellsouth.net 678-684-3886				
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