

# UNITED SQUARE DANCERS OF AMERICA

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



Name of USDA Group Affiliate / Associate: \_\_\_\_\_  
Name of USDA Affiliate / Associate / 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 1<sup>st</sup> - Dec 31<sup>st</sup>)

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 / Associate / 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) Nonprofit  
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 / Associate: \_\_\_\_\_  
Name of USDA Affiliate / Associate / Member Organization

Employer Identification Number (EIN): \_\_\_\_\_

### INCOME

Membership Dues	\$	_____	.00
Dance Admissions	\$	_____	.00 (Festivals / Conventions)
Programs	\$	_____	.00
Fundraising	\$	_____	.00
USDA Insurance	\$	_____	.00
Other	\$	_____	.00 (Specify) _____
<b>TOTAL INCOME</b>	\$	_____	.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) _____
<b>TOTAL EXPENSES</b>	\$	_____	.00

**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.

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Square Dance!

Name of USDA Group Affiliate / Associate: \_\_\_\_\_  
Name of USDA Affiliate / Associate / Member Organization

Employer Identification Number (EIN): \_\_\_\_\_

## Balance Sheet

January 1, 20\_\_\_\_ through December 31, 20\_\_\_\_

### ASSETS

Cash	\$	_____	.00	(Cash on Hand and in Bank)
Equipment	\$	_____	.00	(Capitalized)
Receivables	\$	_____	.00	(Money Owed to the Group, but not yet Received)
Other assets	\$	_____	.00	(Specify) _____
<b>TOTAL ASSETS</b>	\$	_____	.00	

### LIABILITIES

Payables	\$	_____	.00	(Unpaid Bills)
Other liabilities	\$	_____	.00	(Such as Outstanding Loans; Specify) _____
<b>TOTAL LIABILITIES</b>	\$	_____	.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 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 / Associate / Member.

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

Name of USDA Affiliate / Associate: \_\_\_\_\_  
Name of USDA Affiliate / Associate / 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](mailto:jmaczko@san.rr.com) [501c3apply@usda.org](mailto:501c3apply@usda.org)

Pat Inglis – Co-Administrator  
USDA Group Exemption Program  
9133 Creekside Trail  
Stone Mountain, Georgia 30087  
404-294-0268 [501c3renew@usda.org](mailto:501c3renew@usda.org) [inglisp@bellsouth.net](mailto:inglisp@bellsouth.net)