

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
United States Student Association

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 33486
City or town, state or province, country, and ZIP or foreign postal code
Washington, DC 20036

D Employer identification number
52-0823351
E Telephone number
(202) 640-6570
F Group Exemption Number ▶

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ <http://usstudents.org/>
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 35,651

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)										
Check if the organization used Schedule O to respond to any question in this Part I ☒										
Revenue	1	Contributions, gifts, grants, and similar amounts received				1	2,800			
	2	Program service revenue including government fees and contracts				2	17,840			
	3	Membership dues and assessments				3	15,000			
	4	Investment income				4	11			
	5a	Gross amount from sale of assets other than inventory		5a			5c	0		
	b	Less cost or other basis and sales expenses		5b	0					
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								
	6	Gaming and fundraising events				6d	0			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		6a	0					
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)								
			6b	0						
c	Less direct expenses from gaming and fundraising events		6c	0						
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				6d	0				
7a	Gross sales of inventory, less returns and allowances		7a			7c	0			
b	Less cost of goods sold		7b	0						
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)									
8	Other revenue (describe in Schedule O)				8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶				9	35,651				
Expenses	10	Grants and similar amounts paid (list in Schedule O)				10				
	11	Benefits paid to or for members				11				
	12	Salaries, other compensation, and employee benefits				12	33,410			
	13	Professional fees and other payments to independent contractors				13	20,236			
	14	Occupancy, rent, utilities, and maintenance				14	463			
	15	Printing, publications, postage, and shipping				15	25			
	16	Other expenses (describe in Schedule O)				16	21,199			
17	Total expenses. Add lines 10 through 16 ▶				17	75,333				
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	-39,682			
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)				19	-2,520			
	20	Other changes in net assets or fund balances (explain in Schedule O)				20				
	21	Net assets or fund balances at end of year Combine lines 18 through 20				21	-42,202			

Check if the organization used Schedule O to respond to any question in this Part II ☒

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here . . . ► ☐	28a	
29	29a	
(Grants \$) If this amount includes foreign grants, check here . . . ► ☐		
30	30a	
(Grants \$) If this amount includes foreign grants, check here . . . ► ☐		
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here . . . ► ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ►	32	12,961

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

[illegible]

Part V	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐
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	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>Goldin Group LLC</u> Telephone no ▶ <u>(301) 913-0008</u> Located at ▶ <u>4641 Montgomery Avenue Suite 300 Bethesda, MD</u> ZIP + 4 ▶ <u>20814</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
If "Yes," enter the name of the foreign country ▶ _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ No

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		2019-08-13 Date	
	JOSELINE GARCIA PRESIDENT Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name JAVIER GOLDIN	Preparer's signature	Date	Check ☐ if self-employed PTIN P01019482
	Firm's name ▶ GOLDIN GROUP LLC			Firm's EIN ▶
	Firm's address ▶ 4641 MONTGOMERY AVE STE 515 BETHESDA, MD 208143435			Phone no

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 52-0823351
Name: United States Student Association

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 National Student Power Summit-150 students from across the country came together to attend workshops, develop grassroots organizing skills, participate in direct action, and build relationships (Grants \$) If this amount includes foreign grants, check here . . . ► ☐		28a	12,961

Form 990EZ, Part IV - List of Officers, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BREANA ROSS President	40 00	25,460		
JOSELINE GARCIA President Elect	40 00	0		
CHRIS GANNON Vice President Elect	40 00	0		
JOHN ASHTON Secretary	2 00	0		
ERIKA CIVITARESE Labor Liason	2 00	0		
AMY SCHENK Board Member	2 00	0		
CHELSEA BALOO Board Member	2 00	0		
CHIANTE LYMON Board Member	2 00	0		
CHRISTOPHER BANGERT-DROWNS Board Member	2 00	0		
DINAH MUHAMMED Board Member	2 00	0		
JASMINE SMITH Board Member	2 00	0		
MAYELA MORALES Board Member	2 00	0		
NICOLE HAMM Board Member	2 00	0		
NUSHI YAPABANDARA Board Member	2 00	0		
SIDDARTH BARNWAL Board Member	2 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
VICKIE GIMM Board Member	2 00	0		
WINSTON FADEFF Board Member	2 00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
United States Student Association

Employer identification number

52-0823351

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 11b	Form 990 is available to the board of directors upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 12c	The organization requires officers, directors and key employees to disclose any interests that could give rise to a conflict of interest Any potential conflicts of interest are reviewed in annual meetings

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 19	Governing documents and financial statements are available to the board of directors and the general public upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other	Student Power Summit Continued - Programming highlights included the Student Movement Awards where convention participants and guests gathered for a special evening to honor students who have demonstrated exemplary leadership. The awards dinner also served as a space to highlight USSA's evolving role in the student movement and unveiled our new education justice framework. Students participated in educational workshops surrounding Grassroots organizing skills, building electoral power, building intersectional movements, our network's top campaign priorities at the time: free higher education, racial justice and caucus breakout spaces to strategize and build relationships with other students in their area.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other	National Student Congress continued - Through a plenary the student membership voted on Constitutional Amendments and the organization's 2017-18 campaign priorities Students also attended similar workshops presented at the National student Power Summit

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other	On 7/31/17 a prior year receivable balance of \$63,670 due from Charlene T Cager was written off as uncollectible

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Conference Expenses 20254

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Board Meeting Expenses 878

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Telephone

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Bank Service Fees 67

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Office Supplies

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Computer & IT Services

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Bad Debts-Write Off of Uncollectible Receivables

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Write Off of Prior Year Receivable Balance

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 24	Accounts Receivable 10900 3367

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 26	Accounts Payable 49718 80502