# SOUTH CAROLINA SECRETARY OF STATE

### PUBLIC CHARITIES DIVISION ANNUAL FINANCIAL REPORT

#### **Filing Instructions**

- Organizations who file the IRS 990-N or are not required to file with the IRS should complete this form.
- Please follow the instructions provided on pages 4 and 5 to complete this form. You may contact our office with any questions at 803-734-1790 or email <a href="mailto:charities@sos.sc.gov">charities@sos.sc.gov</a>.
- We do not accept this filing by fax or email; you may upload this report using our online filing system at <a href="mailto:sos.sc.gov">sos.sc.gov</a> or mail this form to: South Carolina Secretary of State, Attn: Division of Public Charities, 1205 Pendleton St., Suite 525, Columbia, SC 29201.

For the fiscal year ending 12/31/22 (mm/dd/yy) EIN: 83 - 3482287 Charity ID: P56193

Organization's Name: SC Entertainment and Music Hall of Fame

#### Part I— Fundraising Events or Contracts

If your organization held any fundraising events, or used a commercial co-venturer (CCV) or professional fundraising company (PFR) during the previous fiscal year, you must report all revenue and expenses in the following table. Events include, but are not limited to, carnivals, dinners, galas, raffles, and bingo games. If you need additional space, you may list additional events on a separate sheet and include the amounts in the total revenue and expenses on this table.

(A)	(B)	(C)	(D)	<b>(E)</b>	(F)
Name of Event, CCV or PFR	Gross Receipts & Contributions	Cash & Noncash Prize Expenses	Other Expenses	Total Expenses	Net Revenue
1.				\$ 0.00	\$ 0.00
2.				\$ 0.00	\$ 0.00
3.				\$ 0.00	\$ 0.00
4.				\$ 0.00	\$ 0.00
5.	,			\$ 0.00	\$ 0.00
6.			3	\$ 0.00	\$ 0.00
7.				\$ 0.00	\$ 0.00
8.				\$ 0.00	\$ 0.00
9.				\$ 0.00	\$ 0.00
10.				\$ 0.00	\$ 0.00
11. Gross Revenue (add 1B through 10B)	\$ 0.00	12. Total Expens (add 1E through		\$ 0.00	\$ 0.00

## Part II— Gross Revenue

it II— Gross Revenue	
rganizations must report their gross receipts from all sources of revenue.	
1. Fundraising events (from page 1, part I, box 11B)	\$ 0.00
2. Fundraising activity revenue not reported on line 1	\$ 0.00
3. Federated campaigns (such as United Way)	
4. Membership dues	\$ 0.00
5. Related organizations (such as related parent or national organizations)	\$ 0.00
6. Government grants (from federal, state or local governments)	
7. All other contributions, gifts, grants not listed above	
8. Program service revenue	
9. Other income	\$ 0.00
10. Total revenue (add lines 1 through 9)	\$ 0.00
escribe the organization's program accomplishments and the amount spent on each. If n	
ay attach an additional sheet if necessary.	
11.	
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12	
12	
12	
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12	
12	\$ 0.00
12	\$ 0.00
12	\$ 0.00 \$ 0.00 \$ 0.00
12	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00
12	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00
\$	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00
\$\frac{12.}{13. Total Program Service Expenses (add lines 11 and 12)} \$\frac{1}{2}\$  \$\frac{14. Program expenses (from part III, line 13)}{15. Direct expenses from fundraising events and contracts (box 12E)}{16. Fundraising expenses (not included in the amount on line 15)}  \$\frac{17. Payments to related organizations}{18. Salaries and other compensation}  \$\frac{19. Management and general expenses}{11. Add the service of	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00
\$	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00
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\$	\$ 0.00 \$ 0.00
\$	\$ 0.00 \$ 0.00
12	\$ 0.00 \$ 0.00
\$	\$ 0.00 \$ 0.00
\$	\$ 0.00 \$ 621.93
\$	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 621.93 \$ 621.93

As required by Section 33-56-60 of the Solicitation of Charitable Funds Act, this form shall be signed by the Chief Executive Officer and the Chief Financial Officer of the charitable organization. (If one person serves as both CEO and CFO, he or she should sign in both places below.)

We certify that the information furnished in this statement is true and correct to the best of our knowledge and belief.

CEO/President	CFO/Treasurer
Name : Justin Williams	Name : Cyrus Berdan
Signature:	Signature: Mandas (4)
Date: 5 15 23	Date: _5/15/23
Mailing Address: 123 Century Oaks Dr. Easley, SC	29642
Email Address: justin@carolinafame.org Pl	none Number: 864-345-3017