

## Part II— Gross Revenue

Organizations must report their gross receipts from all sources of revenue.

1. Fundraising events (from page 1, part I, box 11B) .....	\$ 3,630.00
2. Fundraising activity revenue not reported on line 1 .....	\$ 0.00
3. Federated campaigns (such as United Way) .....	\$ 0.00
4. Membership dues .....	\$ 1,890.00
5. Related organizations (such as related parent or national organizations) .....	\$ 0.00
6. Government grants (from federal, state or local governments) .....	\$ 0.00
7. All other contributions, gifts, grants not listed above .....	\$ 0.00
8. Program service revenue .....	\$ 0.00
9. Other income .....	\$ 1,073.00
10. Total revenue (add lines 1 through 9) .....	\$ 6,593.00

## Part III— Program Service Expenses

Describe the organization's program accomplishments and the amount spent on each. If more space is needed you may attach an additional sheet if necessary.

11. 2 college scholarships .....	\$ 1,500.00
12. Horse welfare .....	\$ 200.00
13. Total Program Service Expenses (add lines 11 and 12) .....	\$ 1,700.00

## Part IV— Management, General and Fundraising Expenses

14. Program expenses (from part III, line 13) .....	\$ 1,700.00
15. Direct expenses from fundraising events and contracts (box 12E) .....	\$ 2,400.00
16. Fundraising expenses (not included in the amount on line 15) .....	\$ 0.00
17. Payments to related organizations .....	\$ 0.00
18. Salaries and other compensation .....	\$ 0.00
19. Management and general expenses .....	\$ 0.00
20. Professional fees and other payments to independent contractors .....	\$ 0.00
21. Other expenses not listed above .....	\$ 1,841.00
22. Total expenses (add lines 14 through 21) .....	\$ 5,941.00
23. Excess or (deficit) for the year (subtract line 22 from line 10) .....	\$ 652.00
24. Fund balances/net worth at the beginning of the fiscal year <i>END BAL 12/31/21</i> .....	\$ 0.00 <i>180</i>
25. Changes in fund balances/net worth (attach explanation) <i>2021 INCOME/EXPENSE STATEMENT</i> .....	\$ 0.00 <i>280</i>
26. Fund balances/net worth at the end of the fiscal year (add lines 23 through 25) .....	\$ 652.00 <i>932</i>

## Part V— Balance Sheet

27. Total assets <i>CK ACT 12/31/22</i> .....	\$ 24,841.00
28. Total liabilities <i>LIAB IN BANK RECON 12/31/22</i> .....	\$ 9,500.00
29. Net assets or fund balances at end of year (subtract line 28 from line 27) .....	\$ 15,341.00

## Certification

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

Name: Vance Stinne *VANCE STINNE*

Signature: *[Signature]*

Date: 7-23-23

### CFO/Treasurer

Name: Guy Hanna

Signature: *[Signature]*

Date: 07/12/23

Mailing Address: 7 Clevington Ct Simpsonville, SC 29681

Email Address: guyLynda23@outlook.com Phone Number: 864-238-9145

# SOUTH CAROLINA SECRETARY OF STATE

## PUBLIC CHARITIES DIVISION ANNUAL FINANCIAL REPORT

RECEIVED  
SC SECRETARY OF STATE  
2023 JUL 13 PM 4:35

### 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 [charities@sos.sc.gov](mailto:charities@sos.sc.gov).
- **We do not accept this filing by fax or email;** you may upload this report using our online filing system at [sos.sc.gov](http://sos.sc.gov) 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 2/31/2022 (mm/dd/yy)

EIN: 91 - 2134877

Charity ID: C12776089

Organization's Name: South Carolina Horsemen's Council

### 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) Name of Event, CCV or PFR	(B) Gross Receipts & Contributions	(C) Cash & Noncash Prize Expenses	(D) Other Expenses	(E) Total Expenses	(F) Net Revenue
1. <u>TICKETS FOR Raffle</u> <u>180 tickets @\$20 +\$30</u> <u>5400 + 1500</u>	\$ 3,630.00	\$ 2,400.00	\$ 0.00	\$ 2,400.00	\$ 1,230.00
2.				\$ 0.00	\$ 0.00
3.				\$ 0.00	\$ 0.00
4.				\$ 0.00	\$ 0.00
5.				\$ 0.00	\$ 0.00
6.				\$ 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)	\$ 3,630.00	12. Total Expenses (add 1E through 10E)	\$ 2,400.00	\$ 1,230.00	



16. If your organization intends to use a professional solicitor, professional fundraising counsel, or commercial co-venturer, or hire individuals to solicit, please list their names and contact information. Attach a list if necessary.

NA

864-238-9145

Name

Phone

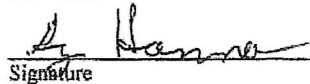
Address, City, State, Zip Code

I certify that the information furnished in this application and all attached supplementary information is true and correct to the best of my knowledge, information and belief. I understand that the giving of false or incorrect information may constitute a misdemeanor carrying a penalty upon conviction of a fine of not more than two thousand dollars or imprisonment for not more than one year, or both, for a first offense. A second or subsequent offense may constitute a felony carrying a penalty upon conviction of a fine of not more than five thousand dollars or imprisonment of not more than five years, or both.

**CHIEF FINANCIAL OFFICER / TREASURER**

Guy Hanna

Print Name

 07/23/23

Signature

Date

7 Clevington Ct

Mailing Address

Simpsonville SC 29381

City, State, Zip

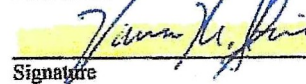
864-238-9145

Phone Number

**CHIEF EXECUTIVE OFFICER / PRESIDENT**

Vance Stine

Print Name

 7-23-23

Signature

Date

1032 LAWRENCE RD

Mailing Address

CLOVER, SC 29710

City, State, Zip

704-718-3649

Phone Number

\* The persons signing this form as CEO/President and CFO/Treasurer must be designated as such on the current fiscal year's list of officers, directors, trustees, and board members. If not, the registration will be returned for correction.



**2021 01/01/21-12/31/21 YTD SUMMARY**

ATTACHMENT #1

<b>YTD INCOME SUMMARY</b>	
DUES	2,490
MSC	1,930
SIGNS	745
OTHER	926
<b>YTD TOTAL</b>	<b>6,091</b>
<b>YTD EXPENSE SUMMAY</b>	
BARN FIRE	2,000
LIAB SIGHs	507
AHA AD	500
TEES	440
INSURANCE	352
OFFICE SUPPLEIS	313
MSC	1,699
<b>YTD TOTAL</b>	<b>5,811</b>
2021 YTD TOTAL INCOME	6,091
2021 YTD TOTAL EXPENSES	5,811
<b>FUND BALANCE ENDING 12/31/21</b>	<b>280</b>