

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 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 www.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 06/30/2021 (mm/dd/yy) EIN: 47 - 4037028 Charity ID: P37098

Organization's Name: FRIENDS OF THE GREEN CRESCENT

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. N/A				\$ 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.				\$ 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 Expenses  (add 1E through 10E)		\$ 0.00	\$ 0.00

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)	\$ 0.00
2. Fundraising activity revenue not reported on line 1.....	
3. Federated campaigns (such as United Way)	
4. Membership dues	
5. Related organizations (such as related parent or national organizations)	
6. Government grants (from federal, state or local governments)	
7. All other contributions, gifts, grants not listed above	\$ 34,863.17
8. Program service revenue	
9. Other income.....	
10. Total revenue (add lines 1 through 9)	\$ 34,863.17

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.	\$
12.	\$
13. Total Program Service Expenses (add lines 11 and 12).....	\$ 0.00

Part IV— Management, General and Fundraising Expenses

14. Program expenses (from part III, line 13)	\$ 0.00
15. Direct expenses from fundraising events and contracts (box 12E)	\$ 0.00
16. Fundraising expenses (not included in the amount on line 15).....	
17. Payments to related organizations	
18. Salaries and other compensation	
19. Management and general expenses	\$ 1,808.92
20. Professional fees and other payments to independent contractors	\$ 250.00
21. Other expenses not listed above.....	
22. Total expenses (add lines 14 through 21)	\$ 2,058.92
23. Excess or (deficit) for the year (subtract line 22 from line 10)	\$ 32,804.25
24. Fund balances/net worth at the beginning of the fiscal year.....	\$ 6,875.81
25. Changes in fund balances/net worth (attach explanation).....	
26. Fund balances/net worth at the end of the fiscal year (add lines 23 through 25).....	\$ 39,680.06

Part V— Balance Sheet

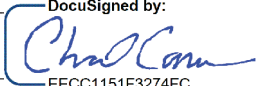
27. Total assets	\$ 39,680.06
28. Total liabilities	
29. Net assets or fund balances at end of year (subtract line 28 from line 27)	\$ 39,680.06

Certification

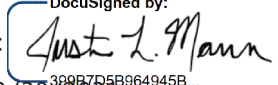
As required by Section 33-56-60 of the Solicitation of Charitable Funds Act, this form shall be signed by the Chief Executive Officer and the Chief Financial Officer of the charitable organization. (If one person serves as both CEO and CFO, he or she should sign in both places below.)

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

CEO/President

Name : CHAD CARSON
DocuSigned by:
 Signature:  EECC1151F3274FC...
 Date: 9/20/2021

CFO/Treasurer

Name : JUSTIN MANN
DocuSigned by:
 Signature:  389B7D5B964945B...
 Date: 9/20/2021

Mailing Address: 107-3 SLOAN STREET, CLEMSON, SC 29631

Email Address: JMANN@GOBLUEROCK.COM Phone Number: 864-303-4043