## 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 <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 (mm/dd/yy)	EIN:	Charity ID:	
Organization's Name:			

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

## **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)				
2. Fundraising activity revenue not reported on line 1				
3. Federated campaigns (such as United Way)				
<ul> <li>4. Membership dues</li></ul>				
<ul><li>8. Program service revenue</li><li>9. Other income</li></ul>				
10. Total revenue (add lines 1 through 9)				
Part III— Program Service Expenses				
Describe the organization's program accomplishments and the amount spent on each. I may attach an additional sheet if necessary.	f more space is needed you			
11				
	\$			
12				
13. Total Program Service Expenses (add lines 11 and 12)				
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<b>14.</b> Program expenses (from part III, line 13)				
<b>15.</b> Direct expenses from fundraising events and contracts (box 12E)				
<b>16.</b> Fundraising expenses (not included in the amount on line 15)	··			
17. Payments to related organizations	·· <u></u>			
18. Salaries and other compensation	••			
19. Management and general expenses	·· <u> </u>			
20. Professional fees and other payments to independent contractors	·· <u> </u>			
21. Other expenses not listed above	··			
22. Total expenses (add lines 14 through 21)	••			
23. Excess or (deficit) for the year (subtract line 22 from line 10)	··			
<b>24.</b> Fund balances/net worth at the beginning of the fiscal year				
25. Changes in fund balances/net worth (attach explanation)				
<b>26.</b> Fund balances/net worth at the end of the fiscal year (add lines 23 through 25)				
Part V— Balance Sheet				
27. Total assets				
28. Total liabilities				
29. Net assets or fund balances at end of year (subtract line 28 from line 27)				
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### 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	CFO/Treasurer		
Name : JUAN GARCIA-CHAIRMAN	Name: E-VISION PROJECT DEV- FIDUCIA		
Signature: MWN Hoveion	Signature: TricWhiteside		
Date: 5/31/2022	Date:		
Mailing Address: 2040B SOUTH CHURCH ST	REET EXT, SPTBG, SC 29306		
Email Address:JUAN@PALMETTOLEADERS	HII Phone Number: 864.704.2311		