



State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports required by South Carolina in accordance with Proviso 117.21 of the appropriations act and Executive Order 2022-19. This form must be submitted to the state agency that is providing the contribution to the designation organization at the end of year quarter and by June 30, 2024.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$30,000.00	P280 - Department of Parks, Recreation, and Tourism	Marketing and Hosting the Tournament

Organization Information

Entity Name	Senior League Baseball World Series
Address	PO Box 1976
City/State/Zip	Easley, SC 29641
Website	https://www.littleleague.org/world-series/2024/slbws/
Tax ID#	23-1688231
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Kimber Nelson
Position/Title	Tournament Director
Telephone	864-314-3460
Email	slbws.easley@gmail.com

Reporting Period

Reporting Period	Quarter 3: January 1, 2024 - March 31, 2024
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Accounting of how the funds have been spent:

Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures				Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
	\$30,000.00					\$0.00	\$30,000.00
Advertisement boards				\$4,248.00		\$4,248.00	-\$4,248.00
Golf Carts				\$802.00		\$802.00	-\$802.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$30,000.00	\$0.00	\$0.00	\$5,050.00	\$0.00	\$5,050.00	\$24,950.00

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year) :

Expenditure Certification

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.

Tournament Director

Title

3/16/2024

Date _____

Signature _____

Kimber Nelson

Printed Name _____