

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
		To help grow a business that will support adults with disabilities in the work environment

Organization Information						
Entity Name	Buck Creek Foundation					
Address	PO Box 1077					
City/State/Zip	Loris, SC 29569					
Website	FB/Instagram: Giving Hope Gardens					
Tax ID#	47-5206004					
Entity Type	Nonprofit Organization					

Organization Contact Information					
Name	Lori Suggs				
Position/Title	chairman				
Telephone	843-902-3039				
Email	loribsuggs92@gmail.com				

Reporting Period | Quarter 3: January 1, 2024 - March 31, 2024

Accountin	g of how the f	unds have bee	n spent:				
Description		Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Purchase of 2.54 acres of land and lease of 3.37 acres for housing	\$250,000.00			\$123,334,96		\$123,334.96	\$126,665.0
Pay down land debt	\$50,000.00			\$1,157.22		- /	
				71,137.22		\$1,157.22	\$48,842.7
						\$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	¢200 000 00	40.00				\$0.00	\$0.00
Grand Total	\$300,000.00	\$0.00	\$0.00	\$124,492.18	\$0.00	\$124,492.18	\$175,507.82

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

Our records indicate a balance of \$30K of unspent funds. These funds are reserved for our program director's salary.

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.

Signature Succes

Printed Name

chairman

Date