



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
\$200,000.00	P280 - Department of Parks, Recreation, and Tourism	Cypress Adventures Youth Leadership

Organization Information	
Entity Name	Cypress Adventures, Inc.
Address	881 Loblolly Lane
City/State/Zip	Hartsville, SC 29550
Website	<a href="http://cypressadventures.org">http://cypressadventures.org</a>
Tax ID#	7000300887
Entity Type	Nonprofit Organization

Organization Contact Information	
Name	Aimee Cox-King
Position/Title	Founder & Executive Program Director
Telephone	843-610-0866
Email	<a href="mailto:aimee@cypressadventures.org">aimee@cypressadventures.org</a>

Reporting Period	
Reporting Period	Quarter 4: April 1, 2024 - June 30, 2024

Accounting of how the funds have been spent:						
Description  (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures				Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Program Staff Salaries and Related Expenses	\$180,000.00		\$14,714.04	\$61,699.52	\$69,313.69	\$145,727.25
Program Transportation Expenses	\$10,000.00		\$534.13	\$6,103.16	\$2,623.38	\$9,260.67
Program Evaluation	\$10,000.00		\$0.00	\$2,500.01	\$2,499.99	\$5,000.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
Grand Total	\$200,000.00	\$0.00	\$15,248.17	\$70,302.69	\$74,437.06	\$159,987.92
						\$40,012.08

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.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Susie Bloodworth

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Director of Development

\_\_\_\_\_  
Title

\_\_\_\_\_  
6/28/24

\_\_\_\_\_  
Date