

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.

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Amount	State Agency Providing the Contribution		Purpose
	P280 - Department of Parks, Recreation, and Tourism	SARDIS COMMUNITY CENTER REPAIRS/RENG	DVATIONS

Organization Information				
Entity Name	SARDIS COMMUNITY CENTER			
Address	2270 SARDIS RD			
City/State/Zip	SALUDA, SC 29138			
Website				
Tax ID#	20-8786480			
Entity Type	Nonprofit Organization			

	Organization Contact Information
Name	CAROLYN L MINICK
Position/Title	TREASURER
Telephone	864.993.3307
Email	CMINICK26@YAHOO.COM

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

Account	ting of how the	funds have be	en spent:				
Description	Budget	Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Plumbing supplies for handicapped acceessible bathroom	\$25,000.00	wiles		\$112.75	0	\$112.75	\$24,887.25
	1855					\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
					3 -3 -4	\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$25,000.00	\$0.00	\$0.00	\$112.75	\$0.00	\$112.75	\$24,887.25

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 expend	led in accordance with the Plan provided to the Agency Providing the Distribution and for	r a public purpose.
Guller X. Minick	TREASURER CFO	
Signature U	Title	
CAROLYN L MINICK	9-15-24	
Printed Name	Date	