

## 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, 2025.

Contribution Information					
Amount	State Agency Providing the Contribution	Purpose			
\$500,000.00 P280 - Department of Parks, Recreation, and Tourism		Purchase land & Construct Veteran's Park, Memorial & Support structures			

Organization Information					
Entity Name The American Legion Indian Land Post 250, Inc.					
Address	2018 Aberdeen Ln				
City/State/Zip	Indian Land, SC 29707				
Website	sc250indianland.org				
Tax ID#	81-3196449				
Entity Type	Nonprofit Organization				

Organization Contact Information				
Name	Larry Handeland			
Position/Title	Finance Officer			
Telephone	843-685-1126			
Email	larryALP250@gmail.com			

	Reporting Period  Ouarter 2: October 1, 2024 - December 30, 2024						
Reporting Period	Quarter 2: October 1, 2024 - December 30, 2024						

Accounting of how the funds have been spent:									
Description	4.0	Expenditures							
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance		
Land Acquisition and Preparation	\$425,000.00		\$250,700.59			\$250,700.59	\$174,299.41		
Design & Support	\$37,500.00	\$7,762.02				\$7,762.02	\$29,737.98		
Adminstration, Insurance & Legal Support	\$36,587.75	\$11,250.30	\$45.00			\$11,295.30	\$25,292.45		
						\$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	\$499,087.75	\$19,012.32	\$250,745.59	\$0.00	\$0.00	\$269,757.91	\$229,329.84		

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.

Larry 3 Handelines Signature

Larry E. Handeland

**Printed Name** 

**Finance Officer** 

Title

Date /