

## State of South Carolina Contribution Expenditure Report

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. 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

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tion Purpose	State Agency Providing the Contribution	Amount
Contribution Information		

	Organization Information
Entity Name	SARDIS COMMUNITY CENTER
Address	1087 HARVEST RD
City/State/Zip	SALUDA, SC 29138
Website	
Tax ID#	20-8786480
Entity Type	Nonprofit Organization

Name	CAROLYN MINICK
Position/Title	TREASURER
Telephone	864.993.3307
Email	CMINICK26@YAHOO.COM

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Reporting

\$0.00		20.00	20.00	20.00	, o. o. o	20.00	0.01
\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	Grand Total
\$0.00							
\$0.00							
\$0.00							
\$0.00							
\$0.00							
\$0.00							
\$0.00							
\$0.00				\$0.00			
al Balance	Total	Quarter 4	Quarter 3	Quarter 2	Quarter 1	Budget	(Attach additional detail for subgrantees and affiliated nonprofits)
			Expenditures				Description

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

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$_2$ d in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.	Ine Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Pr
Expenditure Certification	4

CFO

Printed Name Signature

CAROLYN L MINICK

Date

12/31/2024