

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.

46-4-316-6		Contribution Information
Amount	State Agency Providing the Contribution	Purpose
	P280 - Department of Parks, Recreation, and Tourism	Facility Upgrades

Organization Information					
Entity Name	Cherokee County Family YMCA				
Address	390 Whelchel Road				
City/State/Zip	Gaffney, SC 29341				
Website	www.ccfymca.com				
Tax ID#	57-0557200				
Entity Type	Nonprofit Organization				

Organization Contact Information				
Name	Summer Parker			
Position/Title	CEO			
Telephone	864-487-7556			
Email	summer.parker@ymcaccf.org			

Reporting Period					
Reporting Period	Quarter 4: April 1, 2025 - June 30, 2025				

Accounting of how the funds have been spent:									
Description		Expenditures							
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance		
	\$1,075,654.04					\$0.00	\$1,075,654.04		
						\$0.00	\$0.00		
						\$0.00	\$0.00		
						\$0.00	\$0.00		
						\$0.00	\$0.00		
						\$0.00	\$0.00		
						\$0.00	\$0.00		
				J		\$0.00	\$0.00		
						\$0.00	\$0.00		
Grand Total	\$1,075,654.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,075,654.04		

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

The YMCA Board of Directors is currently reviewing quotes on the Concession Stand/Bathrooms for the ball fields. The goal is to have that project started by late summer/early fall of 2025. The CEO will continue to seek additional quotes for the gymnasium project.

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 Summe

Printed Name