



# 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 2025-24. 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, 2026.

## Contribution Information

Amount	State Agency Providing the Contribution	Purpose
	P280 - Department of Parks, Recreation, and Tourism	Pavilion Completion

## Organization Information

Entity Name	Hagood Mill Foundation
Address	138 Hagood Mill Rd
City/State/Zip	Pickens SC 29671
Website	visithagoodmill.com
Tax ID#	825235551
Entity Type	Nonprofit Organization

## Organization Contact Information

Name	Billy Crawford
Position/Title	Executive Director
Telephone	8648982936
Email	<a href="mailto:billy.hmf@gmail.com">billy.hmf@gmail.com</a>

## Reporting Period

Reporting Period	Quarter 2: October 1, 2025 - December 30, 2025
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## Accounting of how the funds have been spent:

Description <i>(Attach additional detail for subgrantees and affiliated nonprofits)</i>	Budget	Expenditures					Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4			
Architect fees	\$694,328.27	\$4,237.40				\$4,237.40	\$690,090.87	
Bathroom repairs						\$0.00	\$0.00	
Tables, chairs,carts,whiteboards		\$10,364.23	\$554.62			\$10,918.85	-\$10,918.85	
Propane heaters						\$0.00	\$0.00	
Sound system equipment		\$458.25				\$458.25	-\$458.25	
Contractor-Pavilion Construction		\$482,385.85	\$63,431.68			\$545,817.53	-\$545,817.53	
Insurance & Utilities & Appliances		\$4,570.89				\$4,570.89	-\$4,570.89	
Contractors-Site Prep & Landscaping		\$52,161.25	\$2,451.25			\$54,612.50	-\$54,612.50	
Marketing		\$3,899.62	\$2,075.00			\$5,974.62	-\$5,974.62	
<b>Grand Total</b>	<b>\$694,328.27</b>	<b>\$558,077.49</b>	<b>\$68,512.55</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$626,590.04</b>	<b>\$67,738.23</b>	

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

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## 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

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date