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 of 2022 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, 2023.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
$250,000.00	J020 - Department of Health and Human Services	Construction of a Healing Center or renovation of an existing building to be used as the Healing Center

Organization Information

Entity Name	Connie Maxwell Children's Ministries
Address	810 Maxwell Avenue
City/State/Zip	Greenwood, SC 29646
Website	conniemaxwell.com
Tax ID#	57-0324927
Entity Type	Nonprofit Organization

Organization Contact Information

Name	M. Steven Shiflet
Position/Title	Executive VP For Business and Operations
Telephone	864-942-1424
Email	steveshiflet@conniemaxwell.com

Reporting Period

Reporting Period	Quarter 3: January 1, 2023 - March 31, 2023

Accounting of how the funds have been spent:

Description	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
		$0.00	$0.00	$0.00		$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$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	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

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.

M. Steven Shiflet
Signature

M. Steven Shiflet
Printed Name

Executive VP For Business
Title

7-Jun-23
Date

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Organization Information

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Tax ID#	57-0324927
Entity Type	Nonprofit Organization

Organization Contact Information

Name	M. Steven Shiflet
Position/Title	Executive VP For Business and Operations
Telephone	864-942-1424
Email	steveshiflet@conniemaxwell.com

Reporting Period

Reporting Period	Quarter 2: October 1, 2022 - December 30, 2022

Accounting of how the funds have been spent:

Description	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
		$0.00	$0.00	$0.00		$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$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	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

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.

M. Steven Shiflet
Signature

M. Steven Shiflet
Printed Name

Executive VP For Business
Title

7-Jun-23
Date

State of South Carolina Contribution Expenditure Report

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Contribution Information

Amount	State Agency Providing the Contribution	Purpose
$250,000.00	J020 - Department of Health and Human Services	Construction of a Healing Center or renovation of an existing building to be used as the Healing Center

Organization Information

Entity Name	Connie Maxwell Children's Ministries
Address	810 Maxwell Avenue
City/State/Zip	Greenwood, SC 29646
Website	conniemaxwell.com
Tax ID#	57-0324927
Entity Type	Nonprofit Organization

Organization Contact Information

Name	M. Steven Shiflet
Position/Title	Executive VP For Business and Operations
Telephone	864-942-1424
Email	steveshiflet@conniemaxwell.com

Reporting Period

Reporting Period	Quarter 1: July 1, 2022 - September 30, 2022

Accounting of how the funds have been spent:

Description	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
		$0.00	$0.00	$0.00		$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$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	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

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.

M. Steven Shiflet
Signature

M. Steven Shiflet
Printed Name

Executive VP For Business
Title

7-Jun-23
Date