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

Organization Information

Entity Name	SCAPCC
Address	35 LeMoyne Dr.
City/State/Zip	Beaufort, SC 29907
Website	scapcc.com
Tax ID#	20-1530986
Entity Type	501c 3-nonprofit

Organization Contact Information

Name	Cassandra Deans
Position/Title	President
Telephone	843. 252. 4299 (mobile)
Email	scapccforlife@gmail.com

Reporting Period

Reporting Period	1st Quarter 2022

Accounting of how the funds have been spent:

Description	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Funds not received to SCAPCC		Ø				$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.

Cassandra R. Deans
Signature

President / SCAPCC
Title

Cassandra R. Deans
Printed Name

4.4.2023
Date

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

Organization Information

Entity Name	SCAPCC
Address	35 LeMoyne Dr
City/State/Zip	Beaufort, SC 29907
Website	scapcc.com
Tax ID#	20-1530986
Entity Type	501c 3 - nonprofit

Organization Contact Information

Name	Cassandra R. Deans
Position/Title	President
Telephone	843.252.4299 (mobile)
Email	scapccforlife@gmail.com

Reporting Period

Reporting Period	2nd Quarter

Accounting of how the funds have been spent:

Description	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Funds not received to SCAPCC			Ø			$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.

Cassandra R. Deans
Signature

President/SCAPCC
Title

Cassandra R. Deans
Printed Name

4.4.2023
Date

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

Organization Information

Entity Name	SCAPCC
Address	35 Le Moyne Dr.
City/State/Zip	Beaufort, SC 29907
Website	scapcc.com
Tax ID#	20-1530986
Entity Type	501c3- Nonprofit

Organization Contact Information

Name	Cassandra Deans
Position/Title	President
Telephone	843.252.4299
Email	scapccforlife@gmail.com

Reporting Period

Reporting Period	3rd Quarter

Accounting of how the funds have been spent:

Description	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Funds received to SCAPCC	2,400,000					$0.00	$0.00
in February.						$0.00	$0.00
						$0.00	$0.00
Each organization received				126,315.78		$0.00	$0.00
(x 19)						$0.00	$0.00
from SCAPCC						$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**

2400,000

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.

Cassandra R. Deans
Signature

Cassandra R. Deans
Printed Name

President
Title

4.4.2023
Date