

Printed Name

## 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.

		Contribution Information
Amount	State Agency Providing the Contribution	Purpose
	J020 - Department of Health and Human Services	

Organization Information					
Entity Name South Carolina Association of Pregnancy Care Centers					
Address	130 E Pine Log Rd				
City/State/Zip	Aiken, SC 29803				
Website	scapcc.com				
Tax ID#	20-1530986				
Entity Type	Nonprofit Organization				

Organization Contact Information				
Name	Linda Plummer			
Position/Title	State Executive Director			
Telephone	(919) 801-9981			
Email	scapccforlife@gmail.com			

Reporting Period				
Reporting Period	Quarter 3: January 1, 2025 - March 31, 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
State Funds Received 02/05/2025 and will be dispersed in the next quarter	\$3,000,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$3,000,000.00
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						\$0.00	\$0.00
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						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
			·			\$0.00	\$0.00
Grand Total	\$3,000,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,000,000.00

Evr	lanation of	f any unenent	funds /to	he provided on	ly if unspent fund	ls remain at the ei	nd of the fiscal ve	arl
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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.					
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Signature	Title				
Linda Plummer	3/31/25				