



### 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, 2024.

#### Contribution Information

Amount	State Agency Providing the Contribution	Purpose
	1020 - Department of Health and Human Services	

#### Organization Information

Entity Name	Wiley Kennedy Foundation
Address	1029 Eastman Street
City/State/Zip	Columbia, SC 29203
Website	www.wileykennedy-foundation.org
Tax ID#	31-1653892
Entity Type	Nonprofit Organization

#### Organization Contact Information

Name	Gwendolyn Singletary
Position/Title	Executive Director
Telephone	803 704-4149
Email	gsingletary@wileykennedy-foundation.org

#### Reporting Period

Reporting Period	
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#### Accounting of how the funds have been spent:

Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures				Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Staff	\$55,000.00	\$7,500.00	\$7,500.00			\$15,000.00	\$40,000.00
Space Rental	\$10,000.00		\$4,500.00			\$4,500.00	\$5,500.00
Seminar and Workshop Supplies	\$20,000.00					\$0.00	\$20,000.00
Adv Elements, Design, Printing, Radio, Social Media & Execution	\$25,000.00		\$904.80			\$904.80	\$24,095.20
Travel	\$10,000.00					\$0.00	\$10,000.00
Speakers	\$18,000.00					\$0.00	\$18,000.00
Administration/Overhead	\$12,000.00	\$3,000.00	\$3,000.00			\$6,000.00	\$6,000.00
						\$0.00	\$0.00
<b>Grand Total</b>	<b>\$150,000.00</b>	<b>\$10,500.00</b>	<b>\$15,904.80</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$26,404.80</b>	<b>\$123,595.20</b>

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.

Signature: *Gwendolyn Singletary*  
 Title: *Executive Director*  
 Printed Name: *Gwendolyn Singletary*  
 Date: *February 2024*