

ייםיב טו אטענח 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

150,000 Amount J020 - Department of Health and Human Services 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. State Agency Providing the Contribution

Entity Type Nonprofit		TO.	te/Zip		ime Wile	
Nonprofit Organization	2	www.wileykennedy-foundation.org	Columbia , SC 29203	1029 Eastman Street	Wiley Kennedy Foundation	Organization Information

Email	Telephone	O	Name	
gsingletary@wileykennedy-foundation.org	803 704-4149	Executive Director	GW	Organization Contact Info

Purpose

Description	
or now the funds have been spe	

Reporting Period

Reporting Period

\$16,450.00 \$3,000.00 \$0.00 \$0.00 \$97,712.81	\$9,000.00 \$0.00 \$0.00 \$0.00 \$52,287.19	\$0.00	\$3,000.00	l l	\$10,500.00	\$150,000.00	Grand Total \$150,000.00 \$10,500.00 Explanation of any unspent funds (to be provided only if unspent funds)
11111	\$4,500.00 \$3,807.44 \$1,506.00 \$0.00 \$1,550.00			\$904.80	\$3,000.00	\$25,000.00 \$10,000.00 \$18,000.00 \$18,000.00	Travel Speakers Administration/Overhead
Balance \$23.076.2c	Total \$31,923.75	Quarter 4	Expenditures Quarter 3 \$16,923.75	Quarter 2 \$7,500.00 \$4,500.00	Quarter 1 \$7,500.00	\$10,000.00	(Attach additional detail for subgrantees and affiliated nonprofits) Staff Space Rental Seminar and Workshop Supplies

ent funds remain at the end of the fiscal year) :

The Organization of the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose. Yundin Braid

Printed Name

Signature John

Date