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
	J020 - Department of Health and Human Services	Construction of a healing center or renovation of existing building to be used as the healing center

Organization Information

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

Organization Contact Information

Name	Stephen O. Edwards
Position/Title	Vice President of Business and Finance
Telephone	864-942-1407
Email	sedwards@conniemaxwell.com

Reporting Period

Reporting Period	Quarter 4: April 1, 2024 - June 30, 2024

Accounting of how the funds have been spent:

Description (Attach additional detail for subgrantees and affiliated nonprofits)	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	$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.

Signature

Stephen O. Edwards
Printed Name

Vice President of Business and C
Title

7/3/2024
Date