



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
\$156,000.00	1020 - Department of Health and Human Services	Community Enrichment

Organization Information

Entity Name	Kollock Alumni Association
Address	640 Old Wire Road West
City/State/Zip	Bennettsville, SC 29512
Website	www.kollockhawksalumni.org
Tax ID#	90-0857876
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Michael Coachman
Position/Title	President
Telephone	843-544-3472
Email	mikecoachman@gmail.com

Reporting Period

Reporting Period	Quarter 4: April 1, 2025 - June 30, 2025
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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	
carpeting, removing hood, laminate flooring	\$58,986.00				\$10,000.00	\$10,000.00	\$48,986.00
tearing out bathroom, removing wall	\$48,986.00				\$10,000.00	\$10,000.00	\$38,986.00
installing doors, installing additional lighting	\$38,986.00				\$10,500.00	\$10,500.00	\$28,486.00
commodes, urinal, double vanity set, repairs to bathroom wall	\$28,486.00				\$8,000.00	\$8,000.00	\$20,486.00
						\$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	\$38,500.00	\$38,500.00	

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year):

Will use unspent funds for remaining paving, stainless steel sink, stove, table and hood for kitchen.

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 Michael Coachman Title President
Printed Name Michael Coachman Date 6-30-25