

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 | | |
| \$200,000.00 E260 - Department of Veterans' Affairs | | | | |

| Organization Information | | | | |
|--------------------------|------------------------------------|--|--|--|
| Entity Name | Chapin American Legion Post 193 | | | |
| Address | PO Box 897 | | | |
| City/State/Zip | Chapin/SC/29036 | | | |
| Website | https://americanlegionpost193.com/ | | | |
| Tax ID# | 57-1085332 | | | |
| Entity Type | Nonprofit Organization | | | |

| Organization Contact Information | | |
|----------------------------------|--------------------|--|
| Name | David Shealy | |
| Position/Title | Finance Officer | |
| Telephone | 703.581.9094 | |
| Email | shealyda@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 |
| Phase I of \$2.2 M new contruction project for the Post building in Chapin | \$200,000.00 | | | \$200,000.00 | | \$200,000.00 | \$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 | \$200,000.00 | \$0.00 | \$0.00 | \$200,000.00 | \$0.00 | \$200,000.00 | \$0.00 |

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

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|--------------|---------------|
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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
David Shealy
Printed Name

Finance Officer
Title
3/21/2025

Date