



# 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 2023-19. This form must be submitted to the state agency that is providing the designation organization at the end of year quarter and by June 30, 2025.

## Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$3,000,000.00	1060 - Department of Aging	Unumb Place - Residential and Vocational Center for adults

## Organization Information

Entity Name	The Unumb Center for Neurodevelopment
Address	1505 Blanding Street
City/State/Zip	Columbia, SC 29201
Website	<a href="http://www.unumbcenter.org">www.unumbcenter.org</a>
Tax ID#	27-3190242
Entity Type	Nonprofit Organization

## Organization Contact Information

Name	Lorri Shealy Unumb
Position/Title	Founder/Board Chair
Telephone	803-687-6964
Email	lorri.unumb@unumbcenter.org

## Reporting Period

Reporting Period	Quarter 3: January 1, 2025 - March 31, 2025
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## Accounting of how the funds have been spent:

Description	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
(Attach additional detail for subgrantees and affiliated nonprofits)						\$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	

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

NOTE: Funds were received from the Agency at the end of calendar year 2024 and deposited into the Unumb Center's bank account on 12/31/24. There were no expenditures for this reporting period.

## 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:

Director of Finance

Title

6/26/2025

Date \_\_\_\_\_

Signature Crystal Pendergast

Signature \_\_\_\_\_

Crystal Pendry

Printed Name \_\_\_\_\_