



## 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	L040 - Department of Social Services	Mentoring Services/Food Bank Services

### Organization Information

Entity Name	ASAFO Community Development Association
Address	2447 Vistavia Rd
City/State/Zip	North Charleston, SC 29406
Website	<a href="http://www.asafo.org">www.asafo.org</a>
Tax ID#	82-4620148
Entity Type	Nonprofit Organization

### Organization Contact Information

Name	Johnathan Thrower
Position/Title	Executive Director
Telephone	843-641-8366
Email	<a href="mailto:johnathan.thrower@asafo.org">johnathan.thrower@asafo.org</a>

### 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	
Workshop Materials and Supplies	\$5,000.00				\$2,000.00	\$2,000.00	\$3,000.00
Transportation	\$5,000.00				\$1,000.00	\$1,000.00	\$4,000.00
Food Inventory	\$20,000.00				\$5,000.00	\$5,000.00	\$15,000.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$30,000.00	\$0.00	\$0.00	\$0.00	\$8,000.00	\$8,000.00	\$22,000.00

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

Funds were not distributed until the Quarter 4

### 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  
Johnathan Thrower  
\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Executive Director  
\_\_\_\_\_  
Title  
6/20/2025  
\_\_\_\_\_  
Date