

STATE GRANT COMPLIANCE REPORTING

Report Template B: Please use this reporting template for the END OF YEAR report

1. Organization:	
Organization Name:	Meg's Smile Foundation, Inc.
Organization Tax ID #:	27-5163151
Project/Activity Title:	Directed Grant - \$100,000.00
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	12/31/2022
Mailing Address (street, city, state, zip code):	105 Hickory Glen Lane Holly Springs, NC 27540
Phone Number (area code + number):	919.434.5050
Fax Number (area code + number):	N/A
Contact Person:	Jim Wasley
Contact Person Title:	Treasurer
E-Mail Address:	jdwasley@nc.rr.com

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Jim Wasley		
Phone Number: 919.434.5050		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
See Attached Listing	

4. What restrictions are placed upon the grant by the grant award document? If the grant award document does not identify specific restrictions, please identify the intended use of the grant funds as included in the award document.			
<u>Restrictions:</u> Meg's Smile Foundation will use these funds to provide gifts to children battling serious diseases in the State of North Carolina.			
5. Does the organization have a Conflict of Interest policy?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	
6. Is the organization a for profit entity?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	

7. Did the organization subgrant or pass down any funds to another organization?			
		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
If yes, answer the following:			
a. Name of Subgrantee	b. Program Name	c. Amount Subgranted	

8. Program Activities and Accomplishments:

Recipient must complete and submit a separate Program Activities and Accomplishments Report, detailing the program name, the original goals of each program, and a brief narrative of program accomplishments for each funded program. This information is required of all recipients of state funding in an amount greater than or equal to \$25,000.

Meg's Smile Foundation provided 2 "smiles" for the year ended June 30, 2022 with the grant funds received on March 29, 2022. Total expense for this was \$6,094.00

Board Members

Jim Wasley – Chairman, Treasurer
 Boyce Hudson – Co-Chair
 Jamie Oliver – Secretary
 Mary Fuoto – Board Member
 Sean Mayefskie – Board Member
 Tom O'Brien – Board Member
 Phillip Passey – Board Member

SCHEDULE OF RECEIPTS AND EXPENDITURES

Report Template C: Please use this reporting template for the END OF YEAR report

9. Organization:	
Organization Name:	Meg's Smile Foundation, Inc.
Organization Tax ID#:	27-5163151
Organization Fiscal Year End:	December 31, 2022
Mailing Address (street, city, state, zip code):	105 Hickory Glen Lane Holly Springs, NC 27540
Phone Number (area code + number):	919.434.5050
Fax Number (area code + number):	N/A
Contact Person:	Jim Wasley
Contact Person Title:	Treasurer
E-Mail Address:	jdwasley@nc.rr.com

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
Dept of Health & Human Services	Directed Grant	100,000.00
b. Expenditures		
Category	Dollar Amount	
Personnel		
Contracted Services		
(a)Total Personnel/Contracted Srvcs Costs:		
Office Supplies & Materials		
Service Related Supplies		
(b)Total Supplies & Material Costs:		
Travel		
Communications & Postage		
Utilities		

Printing & Binding	
Repair & Maintenance	
Meeting/Conference Expense	
Employee Training (no travel)	
Classified Advertising	
In-State Board Meeting Expenses	
(c)Total Non-Fixed Operating Expense:	
Office Rent (Land, Buildings, etc.)	
Furniture Rental	
Equipment Rental (Phones, Computers, etc.)	
Vehicle Rental	
Dues & Subscriptions	
Insurance & Bonding	
Books/Library Reference Materials	
Mortgage Principal, Interest and Bank Fees	2.50
(d)Total Fixed Charges & Other Expenses:	
Buildings & Improvements	
Leasehold Improvements	
Furniture/Non-Computer Equip., \$500+ per item	
Computer Equipment/Printers, \$500+ per item	
Furniture/Equip., under \$500 per item	
(e)Total Property & Equipment Outlay:	
Purchase of Services	
Contracts with Service Providers	
Stipends/Scholarships/Bonuses/Grants	
(f)Total Services/Contracts:	
Food	
Other (provide description here): "Smile" Expense	6,094.00
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
(g)Total Other Expenses:	6,094.00
Total Expenditures (sum a through g)	6,096.50

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	100,000.00
End of the year cash balance	93,903.50

NOTE: If total receipts, expenditures, beginning or ending unexpended grant balance available for expenditures is \$500,000 or more, an audit is required *by G.S. 143C-6-23*.

If there are any questions, please contact the Contract Administrator.

PROGRAM ACTIVITIES AND ACCOMPLISHMENTS REPORT
Report Template D: Please use this reporting template for the END OF YEAR report

Recipient Name:	Meg's Smile Foundation, Inc.
Recipient Tax ID #	27-5163151
Project/Activity Title:	Directed Grant - \$100,000.00
Recipient's Fiscal Year End:	December 31, 2022
Report Completion Date:	July 14, 2022
Preparer of This Report:	Jim Wasley

What were the original goals and expectations for the activity supported by this grant?

Our goal was to use these funds to grant "smiles" to children who are being treated for serious and/or terminal diseases in the State of North Carolina. Examples of "smiles" are shopping sprees, travel, electronics and other gifts/experiences the child and their family request to help them forget about the battle they are going through.

1. If applicable, how have those goals and expectations been revised or refined during the course of the project?

No

2. What has the activity accomplished with these grant funds? Please include specific information including facts and statistics to support conclusions and judgments about the activity's impact.

Meg's Smile Foundation provided 2 "smiles" for the year ended June 30, 2022 with the grant funds received on March 29, 2022. Total expense for this was \$6,094.00.

3. If the activity is a continuing one, briefly summarize future plans and funding prospects.

Meg's Smile Foundation will continue to provide "smiles" to children throughout the duration of the grant term. It is expected that we will fully use the grant funds provided by The State of North Carolina by the end of the grant term.

If there are any questions, please contact the Contract Administrator.