

FEDERAL FINANCIAL REPORT

(Follow form instructions)

| | | |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted HHS - AoA | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 10AASCT3SP | Page of 1 1 pages |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|

3. Recipient Organization (Name and complete address including Zip code)
 Lt. Governor's Office on Aging, 1301 Gervais St., Suite 350, Columbia, SC 29201-8833

| | | | | |
|-------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| 4a. DUNS Number 620801295 | 4b. EIN 1-57-600-0286-BJ | 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) E0401SIIB10 E0401SIID10 E0401SIIE10 E0401IIIC110 E0401IIIC210 | 6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final | 7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual |
|-------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

| | |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 8. Project/Grant Period (Month, Day, Year) From: 10/1/2009 To: 3/31/2012 | 9. Reporting Period End Date (Month, Day, Year) 3/31/2012 |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|

| | |
|-------------------------|------------|
| 10. Transactions | Cumulative |
|-------------------------|------------|

(Use lines a-c for single or multiple grant reporting)

| | |
|---------------------------------------------------------------------------|---------------|
| Federal Cash (To report multiple grants, also use FFR Attachment): | |
| a. Cash Receipts | 17,296,226.00 |
| b. Cash Disbursements | 17,296,226.00 |
| c. Cash on Hand (line a minus b) | - |

(Use lines d-o for single grant reporting)

| | |
|----------------------------------------------------------|---------------|
| Federal Expenditures and Unobligated Balance: | |
| d. Total Federal funds authorized | 17,601,479.00 |
| e. Federal share of expenditures | 17,296,226.00 |
| f. Federal share of unliquidated obligations | - |
| g. Total Federal share (sum of lines e and f) | 17,296,226.00 |
| h. Unobligated balance of Federal funds (line d minus g) | 305,253.00 |

| | |
|--------------------------------------------------------------|--------------|
| Recipient Share: | |
| i. Total recipient share required | 3,630,737.00 |
| j. Recipient share of expenditures | 3,730,863.00 |
| k. Remaining recipient share to be provided (line i minus j) | (100,126.00) |

| | |
|-------------------------------------------------------------------------|------------|
| Program Income: | |
| l. Total Federal program income earned | 431,373.00 |
| m. Program income expended in accordance with the deduction alternative | - |
| n. Program income expended in accordance with the addition alternative | 431,373.00 |
| o. Unexpended program income (line l minus line m or line n) | - |

| 11. | a. Type | b. Rate | c. Period From | Period To | d. Base | e. Amount Charged | f. Federal Share |
|-------------------|---------|---------|----------------|-----------|---------|-------------------|------------------|
| Indirect Expense | | | | | | | |
| | | | | | | | |
| g. Totals: | | | | | 0 | 0 | 0 |

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

1-\$103,201 Excess State Admin applied to Non-State Admin (AAA) 2-\$92,581 Program Development provided to the AAA.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

| | |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| a. Typed or Printed Name and Title of Authorized Certifying Official Ruchelle Ellison Fiscal Manager | c. Telephone (Area code, number, and extension) 803-734-9883 d. Email Address rellison@aging.sc.gov |
| b. Signature of Authorized Certifying Official | e. Date Report Submitted (Month, Day, Year) 12/4/2014 |

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

**FEDERAL FINANCIAL REPORT (FFR)
AOA SUPPLEMENTAL FORM TO SF-425-TITLE III**

STATE: South Carolina
DATE SUBMITTED: _____

FY: 2010
REPORTING PERIOD ENDED: 3/31/2012

Item 10 d. Column III Total Federal Funds Authorized by AOA for the Federal FY 2010 has been allocated by the State as follows (as applicable)

1. State administrative activities which consist of funds in the amount of \$776,873.00 from the following:

| | | |
|----------|----|-------------------|
| Part B | \$ | <u>236,898.00</u> |
| Part C-1 | \$ | <u>277,953.00</u> |
| Part C-2 | \$ | <u>142,266.00</u> |
| Part D | \$ | <u>14,772.00</u> |
| Part E | \$ | <u>104,984.00</u> |

| | | | |
|-------------------------------------------------------|----|---------------------|-----------------------------|
| 2. Part B, Supportive Services (Including LTCO Funds) | \$ | <u>6,043,129.00</u> | |
| 3. Part B, Long Term Care Ombudsman Only | \$ | <u>640,584.00</u> | FY2000 \$ <u>281,041.00</u> |
| 4. Part C-1, Congregate Meals | \$ | <u>3,709,737.00</u> | |
| 5. Part C-2, Home Delivered Meals | \$ | <u>3,187,268.00</u> | |
| 6. Part D, Preventive Health | \$ | <u>280,661.00</u> | |
| 7. Part E, Caregivers | \$ | <u>1,866,515.00</u> | |

Area Plan Administration \$ 1,737,296.00
which consists of funds from:

| | | |
|----------|----|-------------------|
| Part B | \$ | <u>577,969.00</u> |
| Part C-1 | \$ | <u>639,452.00</u> |
| Part C-2 | \$ | <u>310,676.00</u> |
| Part E | \$ | <u>209,199.00</u> |

Item 10 e. Column III, Federal Share of Expenditures:

| | State (LGOA) | Non-State (AAA) |
|--------------------------------------|------------------------|-------------------------|
| ADMIN | \$ <u>776,873.00</u> | \$ <u>1,759,705.00</u> |
| Title III: | | |
| Part B (Excluding LTCO Funds) | \$ <u>0.00</u> | \$ <u>5,183,199.00</u> |
| LTCO (Part B) Only | \$ <u>280,000.00</u> | \$ <u>360,584.00</u> |
| Part C-1 | \$ <u>0.00</u> | \$ <u>3,641,454.00</u> |
| Part C-2 | \$ <u>0.00</u> | \$ <u>3,187,268.00</u> |
| Part D | \$ <u>0.00</u> | \$ <u>273,615.00</u> |
| Part E (Including Grandparent Funds) | \$ <u>0.00</u> | \$ <u>1,833,528.00</u> |
| Grandparent Only | \$ <u>0.00</u> | \$ <u>182,915.00</u> |
| TOTAL | \$ <u>1,056,873.00</u> | \$ <u>16,239,353.00</u> |

Item 10 h. Column III, Unobligated Balance of Federal Funds:

| | | | | | |
|----------|----|-------------|--------|----|-------------|
| Part B | \$ | <u>0.00</u> | Part D | \$ | <u>0.00</u> |
| Part C-1 | \$ | <u>0.00</u> | Part E | \$ | <u>0.00</u> |
| Part C-2 | \$ | <u>0.00</u> | | | |

Item 10 j. Column III, Total Recipient Share of Expenditures which consists of outlays from:

| | State (LGOA) | Non-State (AAA) |
|--------------------------------------|------------------------|------------------------|
| ADMIN | \$ <u>259,810.00</u> | \$ <u>586,567.00</u> |
| Title III: | | |
| Part B (Excluding LTCO Funds) | \$ <u>315,996.00</u> | \$ <u>609,789.00</u> |
| LTCO (Part B) Only | \$ <u>71,562.00</u> | \$ <u>38,057.00</u> |
| Part C-1 | \$ <u>229,665.00</u> | \$ <u>428,406.00</u> |
| Part C-2 | \$ <u>194,287.00</u> | \$ <u>374,973.00</u> |
| Part D | \$ <u>15,573.00</u> | \$ <u>31,147.00</u> |
| Part E (Including Grandparent Funds) | \$ <u>481,775.00</u> | \$ <u>93,256.00</u> |
| Grandparent Only | \$ <u>0.00</u> | \$ <u>18,700.00</u> |
| TOTAL | \$ <u>1,568,668.00</u> | \$ <u>2,162,195.00</u> |

Item 10 n. Column III, Program Income expended in accordance with the Addition Alternative (cumulative amount):

| | | | | | |
|----------|----|-------------------|--------|----|-----------------|
| Part B | \$ | <u>57,931.00</u> | Part D | \$ | <u>1,632.00</u> |
| Part C-1 | \$ | <u>250,950.00</u> | Part E | \$ | <u>5,889.00</u> |
| Part C-2 | \$ | <u>114,971.00</u> | | | |