



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

Organization Information	
Entity Name	My Sister's House
Address	PO Box 71171
City/State/Zip	North Charleston, SC 29415
Website	www.mysistershouse.org
Tax ID#	
Entity Type	Nonprofit Organization


Organization Contact Information	
Name	Mary Elizabeth Garner
Position/Title	Director of Operations
Telephone	843-747-4069
Email	garner@mysistershouse.com

Reporting Period	
Reporting Period	Quarter 4: April 1, 2025 - June 30, 2025

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	
Emergency Shelter	\$300,000.00	\$98,590.93		\$24,438.16	\$72,475.86	\$195,504.95	\$104,495.05
						\$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	\$300,000.00	\$98,590.93	\$0.00	\$24,438.16	\$72,475.86	\$195,504.95	\$104,495.05

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year) :
My Sister's House operates on a fiscal year of October 1-September 30. My Sister's House allocated funds to be spent through September 30, 2025. Based on the expenses charted above, MSH will expend all 300,000 by September 30, 2025.

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
Mary E Garner

Printed Name

Director of Operations

Title
1-Jul-25

Date