

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
	J020 - Department of Health and Human Services	

Organization Information					
Entity Name	Rural Health Services				
Address	1000 Clyburn Place				
City/State/Zip	Aiken, South Carolina 29801				
Website	www.ruralhs.org				
Tax ID#	23-7085643				
Entity Type	Nonprofit Organization				

Organization Contact Information				
Name	Kyle Herbert			
Position/Title	Chief Financial Officer			
Telephone	803-380-7011			
Email	kherbert@ruralhs.org			

	Reporting Period						
Reporting Period	Quarter 2: October 1, 2024 - December 30, 2024						

Account	ing of how the	funds have bee	en spent:				
Description		Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
		\$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	\$0.00

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

Funds were received 12/20/2024.

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.

Printed Name

Title 2/13/202 5