



### 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, 2024.

#### Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$3,000,000.00	L320 - Housing Finance and Development Authority	For the creation and preservation of affordable housing in Beaufort and Jasper counties.

#### Organization Information

Entity Name	Beaufort Jasper Housing Trust
Address	1211 Newcastle Street, Suite D
City/State/Zip	Beaufort, SC 29902
Website	www.bjht.org
Tax ID#	93-1633188
Entity Type	Nonprofit Organization

#### Organization Contact Information

Name	Jennifer Tuckwiller
Position/Title	Office Manager
Telephone	843-279-2446
Email	jtuckwiller@bjht.org

#### Reporting Period

Reporting Period	Quarter 3: January 1, 2024 - March 31, 2024
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#### Accounting of how the funds have been spent:

Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures				Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Quarter 1 - no funding received	\$3,000,000.00	no funding				\$0.00	\$3,000,000.00
Quarter 2 - received appropriation check on 12-28-23			\$0.00			\$0.00	\$0.00
Quarter 3 -				\$0.00		\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
<b>Grand Total</b>	<b>\$3,000,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$3,000,000.00</b>

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

#### 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.

JM Tuckwiller  
Signature  
Jennifer Tuckwiller  
Printed Name

Office Manager  
Title  
4-10-24  
Date