

State of South Carolina Contribution Expenditure Report

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, 2023. 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 of 2022 and Executive

\$150,000.00 J020 - Department of Health and Human Services	Amount State Agency Providing the Contribution P	
Camp and other programs to support children with cancer and their families	iding the Contribution	CONTINUE IN THE CONTINUE IN TH

Entity Type	Tax ID#	Website	City/State/Zip	Address	Entity Name	
Nonprofit Organization	57-0755466	camphappydays.org	Charleston, SC 29407	933 Dupont Rd Ste B	Camp Happy Days, Inc.	Organization Information

Reporting Period

Reporting Period

	Telephone 8	Position/Title F	Name L	
lisa@camphappydays.com	843-571-4336	Finance Director	Lisa McDonald Metts	Olganization Contact Information

\$132,759.00	\$0.00 \$17,241.00 \$132,759.0		\$10,080.	\$7,161.00 \$10,080.00	80.00	Grand Total \$150,000.00	Grand Total
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\$11,760.00 \$131,240.00	\$11,760.00	00	\$9,080.00	\$2,680.00	\$0.00	\$143,000.00	Camp 2023
\$1,519.00	\$1,481.00	00	\$0.00	\$1,481.00	\$0.00	\$3,000.00	Dream Dates
\$0.00	\$1,000.00	00	\$1,000.00	\$0.00	\$0.00	\$1,000.00	Valentines Day
\$0.00	\$3,000.00	00	\$0.00	\$3,000.00	\$0.00	\$3,000.00	Holiday Festival
Balance	rter 4 Total	Quarter 4	Quarter 3	Quarter 2	Quarter 1	Budget	Description
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				n spent	unes have bee	Alecounting of how the funds have been	Accoun

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

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Lisa McDonald Metts Signature

Printed Name

Finance Director

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.

Expenditure Certification

May 23, 2023

Date