



## 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 of 2022 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, 2023.

### Contribution Information

Amount	State Agency Providing the Contribution	Purpose

### Organization Information

Entity Name	Medical Ministries Inc.
Address	816 S. Main Street
City/State/Zip	Summerville, SC 29483
Website	
Tax ID#	47-2062464
Entity Type	Nonprofit Organization

### Organization Contact Information

Name	Rebecca Banks
Position/Title	CEO
Telephone	843-743-8980
Email	bonnieb@papyrusmedical.com

### Reporting Period

Reporting Period	Quarter 4: April 1, 2023 - June 30, 2023
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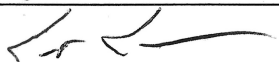
### Accounting of how the funds have been spent:

Description	Budget	Expenditures					Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4			
Payroll	\$400,000.00	\$107,163.77	\$121,419.89	\$132,565.63	\$100,312.00	\$461,461.29	-\$61,461.29	
Medical Supplies & Consumables	\$37,000.00	\$4,749.85	\$9,334.17	\$3,035.58	\$4,407.21	\$21,526.81	\$15,473.19	
Outreach Programs	\$15,000.00	\$1,824.20	\$5,523.99	\$8,345.15	\$999.18	\$16,692.52	-\$1,692.52	
Legal & Professional Fees	\$13,000.00	\$4,404.22	\$3,849.70	\$3,955.88	\$4,566.22	\$16,776.02	-\$3,776.02	
Office Expenses	\$35,000.00	\$5,000.00	\$2,500.00	\$15,242.96	\$6,849.35	\$29,592.31	\$5,407.69	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
<b>Grand Total</b>	<b>\$500,000.00</b>	<b>\$123,142.04</b>	<b>\$142,627.75</b>	<b>\$163,145.20</b>	<b>\$117,133.96</b>	<b>\$546,048.95</b>	<b>-\$46,048.95</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.

  
 \_\_\_\_\_  
 Signature  
 Scott Sauer  
 \_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 CFO  
 \_\_\_\_\_  
 Title  
 6/30/2023  
 \_\_\_\_\_  
 Date