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
$330,000.00	SC Dept of Health & Human Services	North Strand Housing Shelter Expansion Project

Organization Information	
Entity Name	WMI, Inc (dba: North Strand Housing Shelter)
Address	2335 Highway 9 West
City/State/Zip	Longs, SC 29568
Website	wearethecompass.com
Tax ID#	26-4164344
Entity Type	501(c)3

Organization Contact Information	
Name	Michael Bolch
Position/Title	CEO
Telephone	(980)275-0386
Email	mbolick6@aol.com

Reporting Period	
Reporting Period	Quarter 1: July 1, 2024 - September 30, 2024

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	
	$330,000.00					$0.00	$330,000.00
Efforts to finalize contract, approved 11/22/24 and submit invoice for		$0.00				$0.00	$0.00
fund dispersement. Also, obtained/evaluating Engineering proposals.		$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	**$330,000.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$330,000.00**

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.

Michael Bolch
Signature

Michael Bolch
Printed Name

CEO
Title

11/23/2024
Date