

## 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	
	P280 - Department of Parks, Recreation, and Tourism		ruipose	

Organization Information				
Entity Name	Beaufort County Economic Development Corporation			
Address	PO Box 7017			
City/State/Zip	Hilton Head Island, SC 29938			
Website	www.thrivebeaufort.org			
Tax ID#	81-3339941			
Entity Type	Nonprofit Organization			

Organization Contact Information					
Name	John O'Toole				
Position/Title	Executive Director				
Telephone	843-226-3462				
Email	jotoole@thrivebeaufort.org				

Reporting Period						
Reporting Period	Quarter 4: April 1, 2025 - June 30, 2025					

Account	ing of how the	funds have beer	n spent:				
Description	Budget	Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)		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
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):

The funds allocated to this project have not been spent due to ongoing real estate negotiations. It is expected that a purchase and sale agreement will be signed within the next quarter (July - September 2025).

**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

John O'Toole

Printed Name

**Executive Director** 

Title

Date