



## 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       |
| \$300,000.00             | JO20 - Department of Health and Human Services | SENIOR CENTER |

| Organization Information |                                |
|--------------------------|--------------------------------|
| Entity Name              | ANTIOCH SENIOR CENTER          |
| Address                  | 5715 A KOON ROAD               |
| City/State/Zip           | COLUMBIA, SOUTH CAROLINA 29203 |
| Website                  | N/A                            |
| Tax ID#                  | 46-4529512                     |
| Entity Type              | Nonprofit Organization         |

| Organization Contact Information |                    |
|----------------------------------|--------------------|
| Name                             | BARBARA R. MICKENS |
| Position/Title                   | EXECUTIVE DIRECTOR |
| Telephone                        | 803-754-0005       |
| Email                            | antiochsc@att.net  |

| Reporting Period |                                          |
|------------------|------------------------------------------|
| Reporting Period | Quarter 4: April 1, 2024 - June 30, 2024 |

| Accounting of how the funds have been spent:                                        |              |              |           |             |             |              |
|-------------------------------------------------------------------------------------|--------------|--------------|-----------|-------------|-------------|--------------|
| Description<br>(Attach additional detail for subgrantees and affiliated nonprofits) | Budget       | Expenditures |           |             |             | Balance      |
|                                                                                     |              | Quarter 1    | Quarter 2 | Quarter 3   | Quarter 4   | Total        |
| STAFF                                                                               | \$160,000.00 |              |           | \$22,641.78 | \$40,213.61 | \$62,855.39  |
| ACCOUNTING SERVICES                                                                 | \$7,000.00   |              |           | \$800.00    | \$1,200.00  | \$2,000.00   |
| OFFICE SUPPLIES                                                                     | \$9,000.00   |              |           | \$13.00     | \$0.00      | \$13.00      |
| BLDG. SECURITY                                                                      | \$2,000.00   |              |           | \$2,453.37  | \$272.91    | \$2,726.28   |
| GROUPS                                                                              | \$6,000.00   |              |           | \$0.00      | \$5,897.00  | \$5,897.00   |
| INSURANCE                                                                           | \$19,000.00  |              |           | \$1,144.00  |             | \$1,144.00   |
| UTILITIES, WATER & SEWER                                                            | \$23,000.00  |              |           | \$3,913.46  | \$3,238.21  | \$7,151.67   |
| FOOD FOR SENIORS                                                                    | \$55,000.00  |              |           | \$7,172.48  | \$14,396.12 | \$21,568.60  |
| PROGRAM EXPENSE                                                                     | \$19,000.00  |              |           | \$1,346.17  | \$3,520.00  | \$4,866.17   |
| Grand Total                                                                         | \$300,000.00 | \$0.00       | \$0.00    | \$39,484.26 | \$68,737.85 | \$108,222.11 |
|                                                                                     |              |              |           |             |             | \$191,777.89 |

| Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year):                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ANTIOCH SENIOR CENTER DID NOT RECEIVE THEIR FUNDS UNTIL 12/29/2023. THE EXPENDITURES WEREN'T DISBURSE UNTIL THE LAST 2 QT. IN THE FISCAL. WE WILL CONTINUE TO SPEND THE FUNDS(CARRY THEM OVER) IN THIS 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  
BARBARA R. MICKENS  
Printed Name

EXECUTIVE DIRECTOR  
Title  
17-Jul-24  
Date