



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	J020 - Department of Health and Human Services	Purpose
--------	--	---------

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 2: October 1, 2023 - December 30, 2023
------------------	--

Accounting of how the funds have been spent:

Description <i>(Attach additional detail for subgrantees and affiliated nonprofits)</i>	Budget	Expenditures				Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
STAFF	\$160,000.00	\$0.00	\$0.00			\$0.00	\$160,000.00
ACCOUNTING SERVICES	\$7,000.00	\$0.00	\$0.00			\$0.00	\$7,000.00
OFFICE SUPPLIES	\$9,000.00	\$0.00	\$0.00			\$0.00	\$9,000.00
BUILDING SECURITY	\$2,000.00	\$0.00	\$0.00			\$0.00	\$2,000.00
GROUNDS	\$6,000.00	\$0.00	\$0.00			\$0.00	\$6,000.00
BLDG. EQUIPMENT D & A INSURANCE	\$19,000.00	\$0.00	\$0.00			\$0.00	\$19,000.00
UTILITIES, WATER & SEWER	\$23,000.00	\$0.00	\$0.00			\$0.00	\$23,000.00
FOOD FOR SENIORS	\$55,000.00	\$0.00	\$0.00			\$0.00	\$55,000.00
PROGRAM EXPENSES	\$19,000.00	\$0.00	\$0.00			\$0.00	\$19,000.00
Grand Total	\$300,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$300,000.00

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.

Signature
Barbara R. Mickens

Printed Name
 Barbara R. Mickens

Title
Executive Director

Date
January 17, 2024