

State of South Carolina Contribution Expenditure Report

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. 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

\$300,000.00 J020 - De	Amount	
\$300,000.00 J020 - Department of Health and Human Services	State Agency Providing the Contribution	
Senior Center	Purpose	Contribution Information

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

Reporting Period Quarter 1: July 1, 2022 - September 30, 2022

Reporting Period

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

Accountin	g of how the f	Accounting of how the funds have been spent:	en spent:				
				Expenditures			
Description	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
STAFF	\$150,000.00	\$0.00				\$0.00	\$150,000.00
AUDIT/ACCOUNTING SERVICES	\$12,000.00	\$0.00				\$0.00	\$12,000.00
OFFICE SUPPLIES	\$8,200.00	\$0.00				\$0.00	\$8,200.00
BUILDING SECURITY	\$1,800.00	\$0.00				\$0.00	\$1,800.00
GROUNDS	\$6,000.00	\$0.00				\$0.00	
BLDG.EQUIPMENT D&A INSURANCE	\$20,000.00	\$0.00				\$0.00	
UTILITIES, WATER & SEWER	\$37,000.00	\$0.00				\$0.00	
FOOD FOR SENIORS	\$55,000.00	\$0.00				\$0.00	
PROGRAM EXPENSES	\$10,000.00	\$0.00				\$0.00	
Grand Total	\$300,000.00	\$0.00	\$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):

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. **Expenditure Certification**

Title 26-Jul-

EXECUTIVE

26-Jul-23

BARBARA R. MICKENS Printed Name

Signature

Date