



### 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 of 2022 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, 2023.

#### Contribution Information

Amount: \$300,000.00  
 State Agency Providing the Contribution: 1020 - Department of Health and Human Services  
 Senior Center

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  
 Entry 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, 2023 - June 30, 2023

Accounting of how the funds have been spent:

| Description                   | Budget              | Expenditures  |               |                    |                    | Total               | Balance             |
|-------------------------------|---------------------|---------------|---------------|--------------------|--------------------|---------------------|---------------------|
|                               |                     | Quarter 1     | Quarter 2     | Quarter 3          | Quarter 4          |                     |                     |
| STAFF                         | \$150,000.00        | \$0.00        |               | \$28,464.02        | \$34,094.72        | \$62,558.74         | \$87,441.26         |
| AUDIT/ACCOUNTING SERVICES     | \$12,000.00         |               |               | \$1,200.00         | \$1,200.00         | \$2,400.00          | \$9,600.00          |
| OFFICE SUPPLIES               | \$8,200.00          |               |               | \$2,390.89         | \$1,182.02         | \$3,572.91          | \$4,627.09          |
| BUILDING SECURITY             | \$1,800.00          |               |               | \$253.29           | \$262.23           | \$515.52            | \$1,284.48          |
| GROUNDS                       | \$6,000.00          |               |               | \$1,830.78         | \$1,682.58         | \$3,513.36          | \$2,486.64          |
| BLDG. EQUIPMENT D&A INSURANCE | \$20,000.00         |               |               | \$472.50           | \$472.50           | \$945.00            | \$19,055.00         |
| UTILITIES, WATER & SEWER      | \$37,000.00         |               |               | \$3,995.00         | \$3,840.06         | \$7,835.06          | \$29,164.94         |
| FOOD FOR SENIORS              | \$55,000.00         |               |               | \$34,884.60        | \$42,808.23        | \$77,692.83         | -\$22,692.83        |
| PROGRAM EXPENSES              | \$10,000.00         |               |               |                    | \$1,437.08         | \$1,437.08          | \$8,562.92          |
| <b>Grand Total</b>            | <b>\$300,000.00</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$73,491.08</b> | <b>\$86,979.42</b> | <b>\$160,470.50</b> | <b>\$139,529.50</b> |

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 Mickens*

BARBARA R. MICKENS  
 Printed Name

EXECUTIVE DIRECTOR

Title: \_\_\_\_\_  
 Date: 7/26/2023