

## State of South Carolina Contribution Expenditure Report

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. 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

Amount	State Agency Providing the Contribution	Contribution Information
Amount	State Agency Providing the Contribution	Purpose
	J020 - Department of Health and Human Services	

	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
--	------------------

Accountin	g of how the f	Accounting of how the funds have been spent:	en spent:				
Description				Expenditures			
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
STAFF	\$160,000.00	\$0.00				\$0.00	\$160,000.00
ACCOUNTING SERVICES	\$7,000.00	\$0.00				\$0.00	\$7,000.00
OFFICE SUPPLIES	\$9,000.00	\$0.00				\$0.00	\$9,000.00
BUILDING SECURITY	\$2,000.00	\$0.00				\$0.00	\$2,000.00
GROUNDS	\$6,000.00	\$0.00				\$0.00	\$6,000.00
BLDG. EQUIPMENT D & A INSURANCE	\$19,000.00	\$0.00				\$0.00	\$19,000.00
UTILITIES, WATER & SEWER	\$23,000.00	\$0.00				\$0.00	\$23,000.00
FOOD FOR SENIORS	\$55,000.00	\$0.00				\$0.00	\$55,000.00
PROGRAM EXPENSES	\$19,000.00	\$0.00				\$0.00	\$19,000.00
Grand Total	\$300,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00 \$300,000.00
						The second secon	

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.

Printed Name

**M**gnature

Energy 16,202 \$ (2024)