



# 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: L060 - Department of Aging

State Agency Providing the Contribution: SENIOR CENTER

Purpose:

## Organization Information

Entity Name: ANTIOCH SENIOR CENTER  
Address: 5715 A KOON ROAD  
City/State/Zip: COLUMBIA, S.C. 29203  
Website: www.antiochseniors24.com  
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 3: January 1, 2025 - March 31, 2025

## Accounting of how the funds have been spent:

Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures				Total	Balanc
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
STAFF	\$130,000.00			\$39,151.00		\$39,151.00	\$90,849.00
ACCOUNTING/CONSULTING	\$7,000.00			\$1,776.00		\$1,776.00	\$5,224.00
OFFICE SUPPLIES	\$4,500.00			\$1,516.00		\$1,516.00	\$2,984.00
BLDG. SECURITY	\$2,500.00			\$1,196.00		\$1,196.00	\$1,304.00
GROUNDS, LANDSCAPING, ETC.	\$4,000.00			\$0.00		\$0.00	\$4,000.00
INSURANCE/WC	\$12,000.00			\$5,313.00		\$5,313.00	\$6,687.00
UTILITIES, WATER, SEWER	\$23,000.00			\$4,545.00		\$4,545.00	\$18,455.00
FOOD FOR SENIORS (TWO MEALS A DAY)	\$52,000.00			\$32,300.00		\$32,300.00	\$19,700.00
PROGRAM EXPENSE FOR SENIORS(FIELD TRIPS, DANCES, ECT.)	\$15,000.00			\$2,889.00		\$2,889.00	\$12,111.00
Grand Total	\$250,000.00	\$0.00	\$0.00	\$88,686.00	\$0.00	\$88,686.00	\$161,314.00

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.

EXECUTIVE DIRECTOR

Signature

*Barbara R. Mickens*

BARBARA R. MICKENS

Printed Name

Title

30-Apr-25

Date