



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, 2025.

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

| Organization Information |                                 |
|--------------------------|---------------------------------|
| Entity Name              | Generations Alternative Program |
| Address                  | 820 Dunklin Bridge Road         |
| City/State/Zip           | Fountain Inn, SC 29644          |
| Website                  | Generations group.com           |
| Tax ID#                  | 57-0929065                      |
| Entity Type              | Nonprofit Organization          |

| Organization Contact Information |                                                                            |
|----------------------------------|----------------------------------------------------------------------------|
| Name                             | Chris Leach                                                                |
| Position/Title                   | Facility Director                                                          |
| Telephone                        | 864-243-5557 Ext. 512                                                      |
| Email                            | <a href="mailto:Chris@generationsgroup.com">Chris@generationsgroup.com</a> |

| Reporting Period |                                          |
|------------------|------------------------------------------|
| Reporting Period | Quarter 4: April 1, 2025 - June 30, 2025 |

| Description                                                          |             | Accounting of how the funds have been spent: |           |           |             |             |
|----------------------------------------------------------------------|-------------|----------------------------------------------|-----------|-----------|-------------|-------------|
| (Attach additional detail for subgrantees and affiliated nonprofits) | Budget      | Expenditures                                 |           |           |             | Balance     |
|                                                                      |             | Quarter 1                                    | Quarter 2 | Quarter 3 | Quarter 4   |             |
| Deposit to David Altman DBA Building Mechanix                        | \$35,025.00 | \$0.00                                       | \$0.00    | \$0.00    | \$16,350.00 | \$18,675.00 |
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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.

CC h  
Signature  
Chris Leach  
Printed Name