September 24, 2014

Mr. Les Boles, Director
Office of State Budget
South Carolina Budget and Control Board
Post Office Box 12444
Columbia, South Carolina 29211

Re: Proviso 117.88

Mr. Boles:

Pursuant to Proviso 117.88 of the 2014-2015 Appropriation Act, DDSN is pleased to provide the required reports on our 13 Composite Reservoir Accounts that are less detailed in scope. As requested, please find attached the summary reports for each account in the Excel template provided by your office.

If you should have any questions, please don’t hesitate to call me or Martin Taylor at 803-898-9698.

Sincerely,

Tom Waring
Associate State Director, Administration

TPW/lbc

cc: Mr. Martin Taylor, Director of Finance, DDSN

Attachments
FY 2013-14 Bank Account and Transparency Accountability Report
FY 2014-15 Appropriation Act, Proviso 117.88

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Coastal Center - Acct No. 2000021012428 (Dedicated)
Purpose of Account: Client Funds

Exemption Requested: Yes x No __________
If exemption is requested, reason:
Previously granted 3/6/12

Exemption Approved in Prior Y Yes x No __________

Authorized Personnel
Check Writing/Withdrawal:
Name: Nilius (Larry) Mative
Title: Facility Administrator

Name: Richard Nickless
Title: Service and Supply Director

Reconciliation:
Name: Al Stanley
Title: Director of Finance - Coastal

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2013: ________________ -

Detailed Transactions During FY 2013-2014:
Deposits (Please list each deposit separately. Add lines as needed.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>Summary of Deposits</td>
<td></td>
</tr>
</tbody>
</table>
Withdrawals: (Please list each withdrawal separately. Add lines as needed)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Payee</th>
<th>Description of Goods/Services Purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td></td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2014:  ———
FY 2013-14 Bank Account and Transparency Accountability Report
FY 2014-15 Appropriation Act, Proviso 117.88

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Coastal Client - Acct No. 2079900429493 (Direct Deposit)
Purpose of Account: Client Funds

Exemption Requested: Yes x No
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y Yes x No

Authorized Personnel
Check Writing/Withdrawal:
Name: Nilus (Larry) Mattive
Title: Facility Administrator

Name: Richard Nickless
Title: Service and Supply Director

Reconciliation:
Name: Al Stanley
Title: Director of Finance - Coastal

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information
Beginning Balance at July 1, 2013: 0.08

Detailed Transactions During FY 2013-2014:
Deposits (Please list each deposit separately. Add lines as needed.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>1,497,458.83</td>
<td>Summary of Deposits</td>
</tr>
</tbody>
</table>
Withdrawals: (Please list each withdrawal separately. Add lines as needed)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Payee</th>
<th>Description of Goods/Services Purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>1,497,458.91</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2014: -
Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Coastal MRC - Acct No. 2079900428494 (Operating)
Purpose of Account: Client Funds

Exemption Requested: Yes x No
If exemption is requested, reason: Previously granted 3/6/12
Exemption Approved in Prior Y: Yes x No

Authorized Personnel
Check Writing/Withdrawal:
Name: Nilus (Larry) Mattive
Title: Facility Administrator

Name: Richard Nickless
Title: Service and Supply Director

Reconciliation:
Name: Al Stanley
Title: Director of Finance - Coastal

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information
Beginning Balance at July 1, 2013: 49,928.88

Detailed Transactions During FY 2013-2014:
Deposits (Please list each deposit separately. Add lines as needed.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>1,549,122.63</td>
<td>Summary of Deposits</td>
</tr>
</tbody>
</table>
Withdrawals: (Please list each withdrawal separately. Add lines as needed)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Payee</th>
<th>Description of Goods/Services Purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>1,543,243.37</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2014: 55,808.14
Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Midland Center - Acct No. 51318889 (Operating)
Purpose of Account: Client Funds

Exemption Requested: Yes x No
If exemption is requested, reason:
Previously granted 3/6/12

Exemption Approved in Prior Y: Yes x No

Authorized Personnel
Check Writing/Withdrawal:
Name: Nancy Hall
Title: Facility Administrator

Name: Kim Layton
Title: Director of Finance - Midlands

Reconciliation:
Name: Kim Layton
Title: Director of Finance - Midlands

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2013: 26,435.04

Detailed Transactions During FY 2013-2014:
Deposits (Please list each deposit separately. Add lines as needed.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>2,129,571.01</td>
<td>Summary of Deposits</td>
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</tbody>
</table>
Withdrawals: (Please list each withdrawal separately. Add lines as needed)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Payee</th>
<th>Description of Goods/Services Purchased</th>
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<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>2,107,874.93</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2014: 48,131.12
FY 2013-14 Bank Account and Transparency Accountability Report
FY 2014-15 Appropriation Act, Proviso 117.88

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Client Funds - Acct No. 50014539 (Direct Deposit)
Purpose of Account: Client Funds

Exemption Requested: Yes ✗ No ______
If exemption is requested, reason:
Previously granted 3/6/12

Exemption Approved in Prior Y Yes ✗ No ______

Authorized Personnel
Check Writing/Withdrawal:
Name: Nancy Hall
Title: Facility Administrator

Name: Kim Layton
Title: Director of Finance - Midlands

Reconciliation:
Name: Kim Layton
Title: Director of Finance - Midlands

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information
Beginning Balance at July 1, 2013: 6.27

Detailed Transactions During FY 2013-2014:
Deposits (Please list each deposit separately. Add lines as needed.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>1,943,305.08</td>
<td>Summary of Deposits</td>
</tr>
</tbody>
</table>
Withdrawals: (Please list each withdrawal separately. Add lines as needed)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Payee</th>
<th>Description of Goods/Services Purchased</th>
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<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>1,943,310.91</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2014: 0.44
FY 2013-14 Bank Account and Transparency Accountability Report
FY 2014-15 Appropriation Act, Proviso 117.88

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Midland Ctr RD - Acct No. 775879401 (Dedicated)
Purpose of Account: Client Funds

Exemption Requested: Yes x No
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y: Yes x No

Authorized Personnel
Check Writing/Withdrawal:
Name: Nancy Hall
Title: Facility Administrator

Name: Kim Layton
Title: Director of Finance - Midlands

Reconciliation:
Name: Kim Layton
Title: Director of Finance - Midlands

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2013: -

Detailed Transactions During FY 2013-2014:
Deposits (Please list each deposit separately. Add lines as needed.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>-</td>
<td>Summary of Deposits</td>
</tr>
</tbody>
</table>
Withdrawals: (Please list each withdrawal separately. Add lines as needed)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Payee</th>
<th>Description of Goods/Services Purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>-</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2014: _______________________________ -
Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Pee Dee Client - Acct No. 2079900429480 (Direct Deposit)
Purpose of Account: Client Funds

Exemption Requested: Yes x No
If exemption is requested, reason:
Previously granted 3/6/12

Exemption Approved in Prior Y
Yes x No

Authorized Personnel
Check Writing/Withdrawal:
Name: Deborah Reddick
Title: Director of Finance

Name: Jack Kolesar
Title: Co-Administrator/Program Services/Supports

Reconciliation:
Name: Joe Freeman
Title: Claims and Collections - Pee Dee

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2013: ____________________________ -

Detailed Transactions During FY 2013-2014:
Deposits (Please list each deposit separately. Add lines as needed.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>1,809,366.82</td>
<td>Summary of Deposits</td>
</tr>
</tbody>
</table>
**Withdrawals:** (Please list each withdrawal separately. Add lines as needed)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Payee</th>
<th>Description of Goods/Services Purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>1,809,366.82</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

**Ending Balance at June 30, 2014:**  

-
### FY 2013-14 Bank Account and Transparency Accountability Report

#### FY 2014-15 Appropriation Act, Proviso 117.88

**Agency Name/Number:** S.C. Department of Disabilities and Special Needs/J160

**Account Name:** Pee Dee Ctr RDA - Acct No. 2000034691564 (Dedicated)

**Purpose of Account:** Client Funds

**Exemption Requested:** Yes x No _____

**If exemption is requested, reason:** Previously granted 3/6/12

**Exemption Approved in Prior Y** Yes x No _____

#### Authorized Personnel

**Check Writing/Withdrawal:**

- **Name:** Deborah Reddick
- **Title:** Director of Finance

- **Name:** Jack Kolesar
- **Title:** Co-Administrator/Program Services/Supports

**Reconciliation:**

- **Name:** Joe Freeman
- **Title:** Claims and Collections - Pee Dee

- **Name:** Michelle Blanchfield
- **Title:** Fiscal Analyst III - Central Office

#### Financial Information

**Beginning Balance at July 1, 2013:** ___________________________

#### Detailed Transactions During FY 2013-2014:

**Deposits** (Please list each deposit separately. Add lines as needed.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>-</td>
<td>Summary of Deposits</td>
</tr>
</tbody>
</table>
Withdrawals: (Please list each withdrawal separately. Add lines as needed)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Payee</th>
<th>Description of Goods/Services Purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td></td>
<td>-</td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2014: _______________________________
FY 2013-14 Bank Account and Transparency Accountability Report  
FY 2014-15 Appropriation Act, Proviso 117.88

Agency Name/Number: S.C. Department of Disabilities and Special Needs/1160  
Account Name: Pee Dee Ctr - Acct No. 2079900435306 (Operating)  
Purpose of Account: Client Funds

Exemption Requested: Yes x No  
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y: Yes x No  

Authorized Personnel  
Check Writing/Withdrawal:  
Name: Deborah Reddick  
Title: Director of Finance

Name: Jack Kolesar  
Title: Co-Administrator/Program Services/Supports

Reconciliation:  
Name: Joe Freeman  
Title: Claims and Collections - Pee Dee

Name: Michelle Blanchfield  
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2013: 158,104.62

Detailed Transactions During FY 2013 - 2014:  
Deposits (Please list each deposit separately. Add lines as needed.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>1,862,009.82</td>
<td>Summary of Deposits</td>
</tr>
</tbody>
</table>
**Withdrawals:** (Please list each withdrawal separately. Add lines as needed)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Payee</th>
<th>Description of Goods/Services Purchased</th>
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<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>1,901,561.33</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

**Ending Balance at June 30, 2014:** 118,553.11
FY 2013-14 Bank Account and Transparency Accountability Report  
FY 2014-15 Appropriation Act, Proviso 117.88

Agency Name/Number:  S.C. Department of Disabilities and Special Needs/J160  
Account Name:  Client Funds - Acct No. 2000021012172  
Purpose of Account:  Client Funds

Exemption Requested:  Yes  x  No  
If exemption is requested, reason:  Previously granted 3/6/12

Exemption Approved in Prior Y  Yes  x  No

Authorized Personnel
Check Writing/Withdrawal:
Name:  Alan Longshore  
Title:  Claims and Claims

Name:  Tracy Long  
Title:  Fiscal Analyst

Reconciliation:
Name:  Debbie Detoria  
Title:  Director of Finance - Whitten

Name:  Michelle Blanchfield  
Title:  Fiscal Analyst III - Central Office

Financial Information
Beginning Balance at July 1, 2013:  25,768.58

Detailed Transactions During FY 2013-2014:
Deposits (Please list each deposit separately. Add lines as needed.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>3,650,016.77</td>
<td>Summary of Deposits</td>
</tr>
</tbody>
</table>
Withdrawals: (Please list each withdrawal separately. Add lines as needed)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Payee</th>
<th>Description of Goods/Services Purchased</th>
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<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>3,525,482.76</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2014: 150,302.59
FY 2013-14 Bank Account and Transparency Accountability Report
FY 2014-15 Appropriation Act, Proviso 117.88

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Dedicated - Acct No. 2000021012185
Purpose of Account: Client Funds

Exemption Requested: Yes x No
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y Yes x No

Authorized Personnel
Check Writing/Withdrawal:
Name: Alan Longshore
Title: Claims and Claims

Name: Tracy Long
Title: Fiscal Analyst

Reconciliation:
Name: Debbie Detoria
Title: Director of Finance - Whitten

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information
Beginning Balance at July 1, 2013: __________________________-

Detailed Transactions During FY 2013-2014:
Deposits (Please list each deposit separately. Add lines as needed.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>-</td>
<td>Summary of Deposits</td>
</tr>
</tbody>
</table>
Withdrawals: (Please list each withdrawal separately. Add lines as needed)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Payee</th>
<th>Description of Goods/Services Purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>-</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2014: -
财政年度：2013-14银行账户和透明度问责报告

财政年度：2014-15拨款法案，第117.88号

机构名/编号：S.C. 部门的残疾和特殊需要/J160
账户名：直接存款-账户号 2000021012169
目的：客户基金

免征申请：是 □ 否 □ 未申请
如果申请免征，原因：
以前被授予 3/6/12

免征在前一年批准：是 □ 否 □ 未申请

授权人员

支票出票/支取：
姓名：Alan Longshore
职位：索赔和索赔

姓名：Tracy Long
职位：财政分析师

对账：
姓名：Debbie Detoria
职位：财政 - Whitten

姓名：Michelle Blanchfield
职位：财政分析师 III - 中央办公室

财务信息

7月1日2013年余额：4.92

详细交易 FY 2013-2014：

存款（请列出每笔存款。如有必要，添加行。）

<table>
<thead>
<tr>
<th>日期</th>
<th>金额</th>
<th>来源</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>3,444,937.77</td>
<td>汇总存款</td>
</tr>
</tbody>
</table>
Withdrawals: (Please list each withdrawal separately. Add lines as needed)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Payee</th>
<th>Description of Goods/Services Purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>3,444,941.39</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2014: 1.30
Agency Name/Number: S.C. Department of Disabilities and Special Needs/160
Account Name: Return Check - Acct No. 2079900429231
Purpose of Account:

Exemption Requested: Yes x No ______
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y: Yes x No ______

Authorized Personnel
Check Writing/Withdrawal:
Name: N/A
Title

Name:
Title:

Reconciliation:
Name: Tarsha Gant
Title: Fiscal Analyst II

Name: Michelle Blanchfield
Title: Fiscal Analyst III

Financial Information
Beginning Balance at July 1, 2013: 1,000.00

Detailed Transactions During FY 2013-2014:
Deposits (Please list each deposit separately. Add lines as needed.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Source</th>
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<tr>
<td>7/1/2013-6/30/2014</td>
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<td>Summary of Deposits</td>
</tr>
</tbody>
</table>
Withdrawals: (Please list each withdrawal separately. Add lines as needed)

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<tr>
<th>DATE</th>
<th>Amount</th>
<th>Payee</th>
<th>Description of Goods/Services Purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2013-6/30/2014</td>
<td>25.00</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2014: 975.00