FY 2016-17 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/1160
Account Name: Coastal Center - Acct No. xxxxxxxxxx8494 (Operating)
Purpose of Account: Client Funds

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

Exemption Approved in Prior Year: Yes ☒ No ☐

Authorized Personnel
Check Writing/Withdrawal:
Name: John Dooney
Title: District II HRM Director

Name: Richard Nickless
Title: Service and Supply Director

Name: Barbara Taylor
Title: Administrative Assistant to the Facilities

Name: Rebecca Hill
Title: Facility Administrator

Name: James Harris
Title: Director of Maintenance

Reconciliation:
Name: Lori McCurley
Title: Director of Finance

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information
Beginning Balance at July 1, 2016: 46,266.33

Detailed Transactions During FY 2016-2017:
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>07/01/16 - 06/30/17</td>
<td>1,646,218.06</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>07/01/16 - 06/30/17</td>
<td>1,649,568.96</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2017: 42,915.43
FY 2016-17 Bank Account and Transparency Accountability Report
Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Coastal Center - Acct No. xxxxxxxx9493 (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 Year: Yes ☒ No ☐

Authorized Personnel
Check Writing/Withdrawal:
Name: John Dooney
Title: District II HRM Director

Name: Richard Nickless
Title: Service and Supply Director

Name: Barbara Taylor
Title: Administrative Assistant to the Facilities

Name: Rebecca Hill
Title: Facility Administrator

Name: James Harris
Title: Director of Maintenance

Reconciliation:
Name: Lori McCurley
Title: Director of Finance - Coastal

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2016: (1.98)

Detailed Transactions During FY 2016 -2017:

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>07/01/16 - 06/30/17</td>
<td>1,604,778.56</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>07/01/16 - 06/30/17</td>
<td>1,600,647.52</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2017: 4,129.06
FY 2016-17 Bank Account and Transparency Accountability Report
Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Coastal Center - Acct No. xxxxxxxx2428 (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 Year: Yes [X] No

Authorized Personnel
Check Writing/Withdrawal:
Name: John Dooney
Title: District II HRM Director
Name: Richard Nickless
Title: Service and Supply Director
Name: Barbara Taylor
Title: Administrative Assistant to the Facilities
Name: Rebecca Hill
Title: Facility Administrator
Name: James Harris
Title: Director of Maintenance

Reconciliation:
Name: Lori McCurley
Title: Director of Finance - Coastal
Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2016:

Detailed Transactions During FY 2016-2017:
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>07/01/16 - 06/30/17</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>07/01/16 - 06/30/17</td>
<td>-</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2017: -
FY 2016-17 Bank Account and Transparency Accountability Report
Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Midland Center - Acct No. xxxx8889 (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 Year: Yes [X] No

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

Name: Kim Layton
Title: Director of Finance - Midlands

Name: Paul Justus
Title: Procurement/Claims Officer

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

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information
Beginning Balance at July 1, 2016: 53,414.58

Detailed Transactions During FY 2016-2017:

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Source</th>
</tr>
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<tr>
<td>07/01/16 - 06/30/17</td>
<td>1,990,261.05</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>07/01/16 - 06/30/17</td>
<td>2,042,728.83</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2017: 946.80
FY 2016-17 Bank Account and Transparency Accountability Report
Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Midlands Center- Acct No. xxxx4539 (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 Year: Yes □ No □

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

Name: Kim Layton
Title: Director of Finance - Midlands

Name: Paul Justus
Title: Procurement/Claims Officer

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

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information
Beginning Balance at July 1, 2016: 245.32

Detailed Transactions During FY 2016-2017:
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>07/01/16 - 06/30/17</td>
<td>1,755,695.03</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>07/01/16 - 06/30/17</td>
<td>1,751,056.22</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2017: 4,884.13
FY 2016-17 Bank Account and Transparency Accountability Report
Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Midland Center - Acct No. xxxx9401 (Dedicated)
Purpose of Account: Client Funds

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

Exemption Approved in Prior Year: Yes ☑ No ☐

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

Name: Kim Layton
Title: Director of Finance - Midlands

Name: Paul Justus
Title: Procurement/Claims Officer

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

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2016: -

Detailed Transactions During FY 2016-2017:
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>07/01/16 - 06/30/17</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>07/01/16 - 06/30/17</td>
<td>-</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2017: -
FY 2016-17 Bank Account and Transparency Accountability Report
Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Pee Dee Center- Acct No. xxxxxxxx5306 (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 Year: 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: Cassandra Jackson
Title: Claims and Collections - Pee Dee

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information
Beginning Balance at July 1, 2016: 147,649.15

Detailed Transactions During FY 2016-2017:
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>07/01/16 - 06/30/17</td>
<td>1,816,349.68</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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</thead>
<tbody>
<tr>
<td>07/01/16 - 06/30/17</td>
<td>1,813,256.44</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2017: 150,742.39
FY 2016-17 Bank Account and Transparency Accountability Report
Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Pee Dee Center - Acct No. xxxxxxxxxx9480 (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 Year: Yes ☒ 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: Cassandra Jackson
Title: Claims and Collections - Pee Dee
Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information
Beginning Balance at July 1, 2016: (6,275.72)

Detailed Transactions During FY 2016-2017:
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>07/01/16 - 06/30/17</td>
<td>1,774,467.89</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>07/01/16 - 06/30/17</td>
<td>1,763,815.31</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2017: 4,376.86
FY 2016-17 Bank Account and Transparency Accountability Report
Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Pee Dee Center - Acct No. xxxxxxxxx1564 (Dedicated)
Purpose of Account: Client Funds

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

Exemption Approved in Prior Year: Yes ☒ 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: Casandra Jackson
Title: Fiscal Analyst III - Central Office

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information
Beginning Balance at July 1, 2016: -

Detailed Transactions During FY 2016 -2017:
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>07/01/16 - 06/30/17</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>07/01/16 - 06/30/17</td>
<td>-</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2017: -
FY 2016-17 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Whitten Center - Acct No. xxxxxxxxxx2172 (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 Year: Yes [X] No 

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

Name: Tracy A Long
Title: Fiscal Analyst

Name: Wes Leonard
Title: Facility Administrator

Reconciliation:
Name: Deborah De Troia
Title: Director of Finance - Whitten

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2016: 70,655.24

Detailed Transactions During FY 2016 -2017:

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>07/01/16 - 06/30/17</td>
<td>3,242,324.17</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>07/01/16 - 06/30/17</td>
<td>3,236,554.95</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2017: 76,424.46
FY 2016-17 Bank Account and Transparency Accountability Report
Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Whitten Center - Acct No. xxxxxxxxxx2169 (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 Year: Yes [X] No [ ]

Authorized Personnel
Check Writing/Withdrawal:
Name: J. Alan Longshore
Title: Claims and Claims
Name: Tracy A Long
Title: Fiscal Analyst
Name: Wes Leonard
Title: Facility Administrator

Reconciliation:
Name: Deborah De Troia
Title: Director of Finance - Whitten
Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2016:  239.17

Detailed Transactions During FY 2016 -2017:
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>07/01/16 - 06/30/17</td>
<td>3,192,757.18</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>07/01/16 - 06/30/17</td>
<td>3,189,393.83</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2017:  3,602.52
FY 2016-17 Bank Account and Transparency Accountability Report
Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Whitten Center - Acct No. xxxxxxxx2185 (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 Year: Yes [X] No

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

Name: Tracy A Long
Title: Fiscal Analyst

Name: Wes Leonard
Title: Facility Administrator

Reconciliation:
Name: Deborah De Troia
Title: Director of Finance - Whitten

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2016: -

Detailed Transactions During FY 2016-2017:
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>07/01/16 - 06/30/17</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>07/01/16 - 06/30/17</td>
<td>-</td>
<td></td>
<td>Summary of Expenditures</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2017: -
FY 2016-17 Bank Account and Transparency Accountability Report
Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Return Check - Acct No. xxxxxxxxxxx9231
Purpose of Account: Return Checks

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

Exemption Approved in Prior Year:
Yes x No □

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

Name:
Title:

Reconciliation:
Name: Ed Tustin
Title: Fiscal Analyst III
Name: Geneva Thomas
Title: Accounts Receivable
Name: Deloris Hill
Title: Accounts Payable

Financial Information

Beginning Balance at July 1, 2016: 1,000.00

Detailed Transactions During FY 2016 -2017:
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>7/1/2016 - 6/30/2017</td>
<td>320.00</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>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2016 - 6/30/2017</td>
<td>320.00</td>
</tr>
</tbody>
</table>

Description of Goods/Services Purchased

<table>
<thead>
<tr>
<th>Description of Goods/Services Purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover Bad Checks</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2017: 1,000.00