

Iowa Department of Justice
 Crime Victim Assistance Division (CVAD)
 Claim Voucher

Fund: DA-13 SA-13

Month: November

Family Crisis Centers of Northwest Iowa

PO Box 295

Sioux Center, IA 51250

712-722-4483

ATTORNEY GENERAL'S OFFICE
 CRIME VICTIM ASSISTANCE

12 DEC 10 AM 11:05

RECEIVED

Program
 Address
 City
 E-mail Contact
 Phone/Ext.
 Vendor #

DA - Domestic Abuse

SA - Sexual Abuse

Expense	Budget	Claim	YTD	Balance	Budget	Claim	YTD	Balance
Payroll	37,670	4,171.32	22,889.22	14,780.78	17,885	2,024.60	12,376.47	5,508.53
Benefits	10,433	1,125.78	6,275.49	4,157.51	5,088	573.67	3,327.07	1,760.93
Travel & Training		-	-	-		-	-	-
Contracted Svc.	750	381.60	468.11	281.89		-	-	-
Equipment		-	-	-		-	-	-
Repairs & Maint.	2,500	236.95	734.47	1,765.53		-	-	-
Rent		-	-	-		-	-	-
Utilities	13,000	668.56	2,894.00	10,106.00		-	-	-
Communications	5,000	80.86	1,232.05	3,767.95		-	-	-
Supplies	2,000	36.48	148.56	1,851.44		294.76	294.76	(294.76)
Insurance	445	-	-	445.00	14,938	-	2,551.05	12,386.95
Other Direct		-	-	-	173	-	-	173.00
Total	71,798	6,701.55	34,641.90	37,156.10	38,084	2,893.03	18,549.35	19,534.65

PAID DEC 13 2012

Total DA/SA

9,594.58

Program Signature

Date

Shari Koster
 December 7, 2012

CVAD Signature

Date

[Signature]
 12-12-12

Original or First claim	
Doc # AGKH	090412001
Date Paid	09/05/12

FAMILY CRISIS CENTERS OF NW IA
STATEMENT OF ACTIVITIES - MODIFIED CASH BASIS
For The Period

November 01, 2012
to
November 30, 2012

GENERAL & ADMINISTRATIVE

Admin. Services - DA Grant			1,575.70
Prevention/Ed Coord - DA			353.65
Osceola Victim Advocate - DA			1,425.00
Shelter Coord/Monitor - DA			463.32
Sx. Vic/Chd Advocate - DA	787.85	+	353.65
Utilities - DA Grant	787.85	-	668.56
Monitoring System - DA Grant	353.65	+	381.60
Employee Insurance - DA Grant	712.50	+	745.33
Employee IRA Exp - DA Grant	712.50	+	61.35
Repairs & Maint. - DA Grant	231.66	+	236.95
Shelter supplies-DA	231.66	+	36.48
Taxes - Payroll - DA Grant	353.65	+	319.10
Telephone Main Off - DA Grant	353.65	+	80.86
			6,701.55
Total GENERAL & ADMINISTRATIVE	008.....		6,701.55
	<i>roll</i> 4	+	171.32
Total NET OPERATING INCOME (LOSS)			(6,701.55)
		+	745.33
NET INCOME (LOSS) BEFORE TAX		+	(6,701.55)
		+	61.35
NET INCOME (LOSS)	003.....		(6,701.55)
	<i>ben.</i> 1	+	125.78
		+	381.60
	001.....		0.00
	<i>Contr.</i>	+	381.60
		+	60.00
		+	60.95
		+	58.00
		+	58.00
	004.....		80.86
	<i>R/M</i>	+	236.95
		+	9.95
		+	70.91
	002.....		80.86
	<i>Comm.</i>	+	80.86
		+	4,171.32
		+	1,125.78
		+	381.60
		+	236.95
		+	80.86
		+	668.56
		+	36.48
	007.....		6,701.55

FAMILY CRISIS CENTERS OF NW IOWA

014606


Employee # Employee Name Soc Sec # From To Check Date
 11/01/12 11/15/12 11/15/12

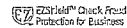
Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
PROGSUPDA	0.00	0.00	787.85	IRA	123.66	2596.86
PROGSUPFV	0.00	0.00	619.03	FEDM	82.00	1722.00
PROGSUPESG	0.00	0.00	468.96	SOCSEC	78.79	1644.03
PROGVOCST	0.00	0.00	0.00	STS	66.00	1386.00
PROGSUPUNR	0.00	0.00	0.00	MEDICARE	27.20	567.60
PROGSUPCA	0.00	0.00	0.00	BONUS		
BONUS	0.00	0.00	0.00	CAFEHI		
PROGSUPVOC	0.00	0.00	0.00			
PROSUPSA	0.00	0.00	0.00			
PROGSUPISP	0.00	0.00	0.00			

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1875.84	377.65	1498.19	39142.56	7916.49	31226.07	00014606

014606

FAMILY CRISIS CENTERS OF NW IOWA
 P.O. BOX 295
 SIOUX CENTER, IA 51250

 AMERICAN STATE BANK
 525 N MAIN AVE
 PO BOX 140
 SIOUX CENTER, IA 51250
 72-1764-739



00014606

PAY ONE THOUSAND FOUR HUNDRED NINETY-EIGHT AND 19/100 DATE/ 100 Dollars AMOUNT
 11/15/12 *****\$1,498.19

TO THE ORDER OF

AUTHORIZED SIGNATURE

2110

Employee # Employee Name Soc Sec # From To Check Date
 11/01/12 11/15/12 11/15/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
PROGSUPDA	0.00	0.00	787.85	IRA	123.66	2596.86
PROGSUPFV	0.00	0.00	619.03	FEDM	82.00	1722.00
PROGSUPESG	0.00	0.00	468.96	SOCSEC	78.79	1644.03
PROGVOCST	0.00	0.00	0.00	STS	66.00	1386.00
PROGSUPUNR	0.00	0.00	0.00	MEDICARE	27.20	567.60
PROGSUPCA	0.00	0.00	0.00	BONUS		
BONUS	0.00	0.00	0.00	CAFEHI		
PROGSUPVOC	0.00	0.00	0.00			
PROSUPSA	0.00	0.00	0.00			
PROGSUPISP	0.00	0.00	0.00			

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1875.84	377.65	1498.19	39142.56	7916.49	31226.07	00014606

FAMILY CRISIS CENTERS OF NW IOWA

014606

Security features. Details on back.

FAMILY CRISIS CENTERS OF NW IOWA

014642


Employee # Employee Name Soc Sec # From To Check Date
 P G 11/16/12 11/30/12 11/30/12

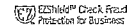
Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
PROGSUPDA	0.00	0.00	787.85	IRA	123.66	2720.52
PROGSUPFV	0.00	0.00	619.03	FEDM	82.00	1804.00
PROGSUPESG	0.00	0.00	468.96	SOCSEC	78.79	1722.82
PROGVOCST	0.00	0.00	0.00	STS	66.00	1452.00
PROGSUPUNR	0.00	0.00	0.00	MEDICARE	27.20	594.80
PROGSUPCA	0.00	0.00	0.00	BONUS		
BONUS	0.00	0.00	0.00	CAFEHI		
PROGSUPVOC	0.00	0.00	0.00			
PROSUPSA	0.00	0.00	0.00			
PROGSUPISP	0.00	0.00	0.00			

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1875.84	377.65	1498.19	41018.40	8294.14	32724.26	00014642

014642

FAMILY CRISIS CENTERS OF NW IOWA
 P.O. BOX 295
 SIOUX CENTER, IA 51250

 AMERICAN STATE BANK
 525 N MAIN AVE
 PO BOX 140
 SIOUX CENTER, IA 51250
 72-1764-739



00014642

PAY ONE THOUSAND FOUR HUNDRED NINETY-EIGHT AND 19/100 Dollars AMOUNT
 DATE 11/30/12 *****\$1,498.19

TO THE ORDER OF

AUTHORIZED SIGNATURE

Security features. Details on back.

Employee # Employee Name Soc Sec # From To Check Date
 1875.84 377.65 1498.19 41018.40 8294.14 32724.26 00014642

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
PROGSUPDA	0.00	0.00	787.85	IRA	123.66	2720.52
PROGSUPFV	0.00	0.00	619.03	FEDM	82.00	1804.00
PROGSUPESG	0.00	0.00	468.96	SOCSEC	78.79	1722.82
PROGVOCST	0.00	0.00	0.00	STS	66.00	1452.00
PROGSUPUNR	0.00	0.00	0.00	MEDICARE	27.20	594.80
PROGSUPCA	0.00	0.00	0.00	BONUS		
BONUS	0.00	0.00	0.00	CAFEHI		
PROGSUPVOC	0.00	0.00	0.00			
PROSUPSA	0.00	0.00	0.00			
PROGSUPISP	0.00	0.00	0.00			

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1875.84	377.65	1498.19	41018.40	8294.14	32724.26	00014642

FAMILY CRISIS CENTERS OF NW IOWA

014642

FAMILY CRISIS CENTERS OF NW IOWA

014613

Employee # Employee Name Soc Sec # From To Check Date
 11/01/12 11/15/12 11/15/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
SAP-SS	0.00	0.00	707.29	FEDM	131.00	2673.02
SAP-VOCA	0.00	0.00	353.65	STS	71.00	1425.00
SAP-DA	0.00	0.00	353.65	SOCSEC	59.41	1237.17
WOCAVO	0.00	0.00	0.00	MEDICARE	20.51	427.11
WOCAVOS	0.00	0.00	0.00	BONUS		
WOCAVW	0.00	0.00	0.00			
WOCAFV	0.00	0.00	0.00			
WOCAUN	0.00	0.00	0.00			
BONUS	0.00	0.00	0.00			
SAP-RPE	0.00	0.00	0.00			
Other	0.00	0.00	0.00			

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1414.59	281.92	1132.67	29456.35	5762.30	23694.05	00014613

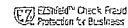
014613

FAMILY CRISIS CENTERS OF NW IOWA

P.O. BOX 295
 SIOUX CENTER, IA 51250



525 N MAIN AVE
 PO BOX 140
 SIOUX CENTER, IA 51250



72-1764-739

00014613

PAY ONE THOUSAND ONE HUNDRED THIRTY-TWO AND 67 / 100 Dollars

DATE 11/15/12 AMOUNT *****\$1,132.67

TO THE ORDER OF 37

AUTHORIZED SIGNATURE

2110

Employee # Employee Name Soc Sec # From To Check Date
 11/01/12 11/15/12 11/15/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
SAP-SS	0.00	0.00	707.29	FEDM	131.00	2673.02
SAP-VOCA	0.00	0.00	353.65	STS	71.00	1425.00
SAP-DA	0.00	0.00	353.65	SOCSEC	59.41	1237.17
WOCAVO	0.00	0.00	0.00	MEDICARE	20.51	427.11
WOCAVOS	0.00	0.00	0.00	BONUS		
WOCAVW	0.00	0.00	0.00			
WOCAFV	0.00	0.00	0.00			
WOCAUN	0.00	0.00	0.00			
BONUS	0.00	0.00	0.00			
SAP-RPE	0.00	0.00	0.00			
Other	0.00	0.00	0.00			

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1414.59	281.92	1132.67	29456.35	5762.30	23694.05	00014613

FAMILY CRISIS CENTERS OF NW IOWA

014613

Security features. Details on back.

FAMILY CRISIS CENTERS OF NW IOWA

014607

Employee # Employee Name Soc Sec # From To Check Date
 1/01/12 11/15/12 11/15/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
OSVICADVDA	0.00	0.00	712.50	FEDM	101.00	2121.00
OSCVASA	0.00	0.00	364.17	STM	68.00	1428.00
OSCVICADVO	0.00	0.00	269.17	SOCSEC	66.50	1385.95
OSVICADVUN	0.00	0.00	237.50	MEDICARE	22.96	478.56
VOLCOOR2DA	0.00	18700.00	0.00	IRA	15.63	328.43
OSCVAVAWA	0.00	0.00	0.00	BONUS		
OSVASA	0.00	0.00	0.00	CAFEHI		
OSCVCVOCAS	0.00	0.00	0.00	CHILD		
OSCVCVAWAS	0.00	0.00	0.00	DENTAL		
OSCVACA	0.00	0.00	0.00	GARN		
Other	0.00	0.00	0.00	Other	0.00	0.00

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1583.34	274.09	1309.25	32999.96	5741.94	27258.02	00014607

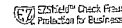
014607

FAMILY CRISIS CENTERS OF NW IOWA

P.O. BOX 295
 SIOUX CENTER, IA 51250



525 N MAIN AVE
 PO BOX 140
 SIOUX CENTER, IA 51250



72-1764-739

00014607

PAY

ONE THOUSAND THREE HUNDRED NINE AND 25 / 100 DOLLARS

AMOUNT

11/15/12

*****\$1,309.25

TO THE ORDER OF

AUTHORIZED SIGNATURE

Employee # Employee Name Soc Sec # From To Check Date
 11/01/12 11/15/12 11/15/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
OSVICADVDA	0.00	0.00	712.50	FEDM	101.00	2121.00
OSCVASA	0.00	0.00	364.17	STM	68.00	1428.00
OSCVICADVO	0.00	0.00	269.17	SOCSEC	66.50	1385.95
OSVICADVUN	0.00	0.00	237.50	MEDICARE	22.96	478.56
VOLCOOR2DA	0.00	18700.00	0.00	IRA	15.63	328.43
OSCVAVAWA	0.00	0.00	0.00	BONUS		
OSVASA	0.00	0.00	0.00	CAFEHI		
OSCVCVOCAS	0.00	0.00	0.00	CHILD		
OSCVCVAWAS	0.00	0.00	0.00	DENTAL		
OSCVACA	0.00	0.00	0.00	GARN		
Other	0.00	0.00	0.00	Other	0.00	0.00

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1583.34	274.09	1309.25	32999.96	5741.94	27258.02	00014607

FAMILY CRISIS CENTERS OF NW IOWA

014607

Security features. Details on back.

FAMILY CRISIS CENTERS OF NW IOWA

014643

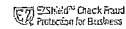
Employee #	Employee Name	Soc Sec #	From	To	Check Date	
			11/16/12	11/30/12	11/30/12	
Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
OSVICADVDA	0.00	0.00	712.50	FEDM	101.00	2222.00
OSCVASA	0.00	0.00	364.17	STM	68.00	1496.00
OSCVICADVO	0.00	0.00	269.17	SOCSEC	66.50	1452.45
OSVICADVUN	0.00	0.00	237.50	MEDICARE	22.96	501.52
VOLCOOR2DA	0.00	18700.00	0.00	IRA	15.63	344.06
OSCVAVAWA	0.00	0.00	0.00	BONUS		
OSVASA	0.00	0.00	0.00	CAFEHI		
OSCVCVOCAS	0.00	0.00	0.00	CHILD		
OSCVCVAWAS	0.00	0.00	0.00	DENTAL		
OSCVACA	0.00	0.00	0.00	GARN		
Other	0.00	0.00	0.00	Other	0.00	0.00
Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1583.34	274.09	1309.25	34583.30	6016.03	28567.27	00014643

014643

FAMILY CRISIS CENTERS OF NW IOWA
P.O. BOX 295
SIOUX CENTER, IA 51250



525 N MAIN AVE
PO BOX 140
SIOUX CENTER, IA 51250



72-1764-739

00014643

PAY

ONE THOUSAND THREE HUNDRED NINE AND 25 / 100 DOLLARS

AMOUNT

11/30/12

*****\$1,309.25

TO THE ORDER OF

AUTHORIZED SIGNATURE

Employee #	Employee Name	Soc Sec #	From	To	Check Date	
			/16/12	11/30/12	11/30/12	
Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
OSVICADVDA	0.00	0.00	712.50	FEDM	101.00	2222.00
OSCVASA	0.00	0.00	364.17	STM	68.00	1496.00
OSCVICADVO	0.00	0.00	269.17	SOCSEC	66.50	1452.45
OSVICADVUN	0.00	0.00	237.50	MEDICARE	22.96	501.52
VOLCOOR2DA	0.00	18700.00	0.00	IRA	15.63	344.06
OSCVAVAWA	0.00	0.00	0.00	BONUS		
OSVASA	0.00	0.00	0.00	CAFEHI		
OSCVCVOCAS	0.00	0.00	0.00	CHILD		
OSCVCVAWAS	0.00	0.00	0.00	DENTAL		
OSCVACA	0.00	0.00	0.00	GARN		
Other	0.00	0.00	0.00	Other	0.00	0.00
Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1583.34	274.09	1309.25	34583.30	6016.03	28567.27	00014643

FAMILY CRISIS CENTERS OF NW IOWA

014643

FAMILY CRISIS CENTERS OF NW IOWA

014608

Employee #	Employee Name	Soc Sec #	From	To	Check Date
			11/01/12	11/15/12	11/15/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
SHELC/MVOC	0.00	0.00	263.25	FEDM	76.00	699.00
SHELCMESGD	0.00	0.00	263.25	STS	48.00	447.00
SHELC/MDA	0.00	0.00	231.66	SOCSEC	44.23	425.85
SHELCSOAR	0.00	0.00	189.54	MEDICARE	15.27	147.02
SHELCE SOG	0.00	0.00	105.30			
SHELC/MFV	0.00	0.00	0.00			

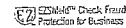
Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1053.00	183.50	869.50	10138.50	1718.87	8419.63	00014608

014608

FAMILY CRISIS CENTERS OF NW IOWA
 P.O. BOX 295
 SIOUX CENTER, IA 51250



525 N MAIN AVE
 PO BOX 140
 SIOUX CENTER, IA 51250



72-1764-739

00014608

PAY

EIGHT HUNDRED SIXTY-NINE AND 50 / 100 Dollars DATE

AMOUNT

11/15/12

*****\$869.50

TO THE ORDER OF

 AUTHORIZED SIGNATURE

Employee #	Employee Name	Soc Sec #	From	To	Check Date
			11/01/12	11/15/12	11/15/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
SHELC/MVOC	0.00	0.00	263.25	FEDM	76.00	699.00
SHELCMESGD	0.00	0.00	263.25	STS	48.00	447.00
SHELC/MDA	0.00	0.00	231.66	SOCSEC	44.23	425.85
SHELCSOAR	0.00	0.00	189.54	MEDICARE	15.27	147.02
SHELCE SOG	0.00	0.00	105.30			
SHELC/MFV	0.00	0.00	0.00			

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1053.00	183.50	869.50	10138.50	1718.87	8419.63	00014608

FAMILY CRISIS CENTERS OF NW IOWA

014608

Service/feature Details on back

FAMILY CRISIS CENTERS OF NW IOWA

014644


Employee #	Employee Name	Soc Sec #	From	To	Check Date
			11/16/12	11/30/12	11/30/12

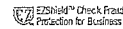
Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
SHELC/MVOC	0.00	0.00	263.25	FEDM	76.00	775.00
SHELCEMESHGD	0.00	0.00	263.25	STS	48.00	495.00
SHELC/MDA	0.00	0.00	231.66	SOCSEC	44.23	470.08
SHELCSOAR	0.00	0.00	189.54	MEDICARE	15.27	162.29
SHELCEMESHGD	0.00	0.00	105.30			
SHELC/MFV	0.00	0.00	0.00			

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1053.00	183.50	869.50	11191.50	1902.37	9289.13	00014644

014644

FAMILY CRISIS CENTERS OF NW IOWA
 P.O. BOX 295
 SIOUX CENTER, IA 51250

 AMERICAN STATE BANK
 525 N MAIN AVE
 PO BOX 140
 SIOUX CENTER, IA 51250



72-1764-739

00014644

PAY

EIGHT HUNDRED SIXTY-NINE AND 50 / 100 Dollars DATE

AMOUNT

11/30/12

*****\$869.50

TO THE ORDER OF

AUTHORIZED SIGNATURE

Security features. Details on back.

Employee #	Employee Name	Soc Sec #	From	To	Check Date
			11/16/12	11/30/12	11/30/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
SHELC/MVOC	0.00	0.00	263.25	FEDM	76.00	775.00
SHELCEMESHGD	0.00	0.00	263.25	STS	48.00	495.00
SHELC/MDA	0.00	0.00	231.66	SOCSEC	44.23	470.08
SHELCSOAR	0.00	0.00	189.54	MEDICARE	15.27	162.29
SHELCEMESHGD	0.00	0.00	105.30			
SHELC/MFV	0.00	0.00	0.00			

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1053.00	183.50	869.50	11191.50	1902.37	9289.13	00014644

FAMILY CRISIS CENTERS OF NW IOWA

014644

FAMILY CRISIS CENTERS OF NW IOWA

014648

Employee # Employee Name Soc Sec # From To Check Date
 11/16/12 11/30/12 11/30/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
SX.VICSS	0.00	0.00	707.29	FEDM	131.00	2804.02
SXVIC/CHDA	0.00	0.00	353.65	STS	71.00	1496.00
SX. VIC/CH	0.00	0.00	353.65	SOCSEC	59.41	1296.58
WOCAVO	0.00	0.00	0.00	MEDICARE	20.51	447.62
WOCAVOS	0.00	0.00	0.00	BONUS		
WOCAVW	0.00	0.00	0.00			
WOCAFV	0.00	0.00	0.00			
WOCAUN	0.00	0.00	0.00			
BONUS	0.00	0.00	0.00			
SAP-RPE	0.00	0.00	0.00			
Other	0.00	0.00	0.00			

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1414.59	281.92	1132.67	30870.94	6044.22	24826.72	00014648

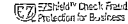
014648

FAMILY CRISIS CENTERS OF NW IOWA

P.O. BOX 295
 SIOUX CENTER, IA 51250



525 N MAIN AVE
 PO BOX 140
 SIOUX CENTER, IA 51250



72-1764-739

00014648

PAY ONE THOUSAND ONE HUNDRED THIRTY-TWO AND 67 / 100 Dollars

DATE 11/30/12

AMOUNT

*****\$1,132.67

TO THE ORDER OF

AUTHORIZED SIGNATURE

Employee # Employee Name Soc Sec # From To Check Date
 11/16/12 11/30/12 11/30/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
SX.VICSS	0.00	0.00	707.29	FEDM	131.00	2804.02
SXVIC/CHDA	0.00	0.00	353.65	STS	71.00	1496.00
SX. VIC/CH	0.00	0.00	353.65	SOCSEC	59.41	1296.58
WOCAVO	0.00	0.00	0.00	MEDICARE	20.51	447.62
WOCAVOS	0.00	0.00	0.00	BONUS		
WOCAVW	0.00	0.00	0.00			
WOCAFV	0.00	0.00	0.00			
WOCAUN	0.00	0.00	0.00			
BONUS	0.00	0.00	0.00			
SAP-RPE	0.00	0.00	0.00			
Other	0.00	0.00	0.00			

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1414.59	281.92	1132.67	30870.94	6044.22	24826.72	00014648

FAMILY CRISIS CENTERS OF NW IOWA

014648

FAMILY CRISIS CENTERS OF NW IOWA

014624

VENDOR ID: SANFORDHEA
PAYEE: Sanford Health Plan

CHECK NO: 00014624
MEMO:

DATE: 11/30/12

ACCOUNT	AMOUNT
6230-13 Employee Insurance -VOCA Grant	606.28
6230-10 Employee Insurance-FV Grant	183.55
6230-12 Employee Insurance -SA Grant	411.60
6230-11 Employee Insurance - DA Grant	745.33
6230-14 Employee Insurance -VAWA Grant	183.55
6230-25 Employee Insurance - SOAR	289.23
6230-35 Employee Insurance - Variety	278.11
6230-08 Employee Insurance - Don. Gen.	639.67
6230-40 Employee Insurance - HOH	556.22

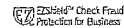
CHECK TOTAL: *****\$3,893.54

014624

FAMILY CRISIS CENTERS OF NW IOWA
P.O. BOX 295
SIOUX CENTER, IA 51250



525 N MAIN AVE
PO BOX 140
SIOUX CENTER, IA 51250



72-1764-739

00014624

PAY THREE THOUSAND EIGHT HUNDRED NINETY-THREE AND 54 / 100 Dollars
DATE 11/30/12 AMOUNT *****\$3,893.54

TO THE ORDER OF Sanford Health Plan
PO Box 91110
Sioux Falls, SD 57109-1110

AUTHORIZED SIGNATURE

VENDOR ID: SANFORDHEA
PAYEE: Sanford Health Plan

CHECK NO: 00014624
MEMO:

DATE: 11/30/12

ACCOUNT	AMOUNT
6230-13 Employee Insurance -VOCA Grant	606.28
6230-10 Employee Insurance-FV Grant	183.55
6230-12 Employee Insurance -SA Grant	411.60
6230-11 Employee Insurance - DA Grant	745.33
6230-14 Employee Insurance -VAWA Grant	183.55
6230-25 Employee Insurance - SOAR	289.23
6230-35 Employee Insurance - Variety	278.11
6230-08 Employee Insurance - Don. Gen.	639.67
6230-40 Employee Insurance - HOH	556.22

CHECK TOTAL: *****\$3,893.54

FAMILY CRISIS CENTERS OF NW IOWA

014624

SANFORD HEALTH PLAN

Sioux Falls, SD 57109-1110
605-328-6868 877-305-5463

Invoice Date: 11/20/2012
Payment Due Date: 12/1/2012
Invoice From: 12/1/2012
Invoice To: 12/31/2012

FAMILY CRISIS CENTERS OF NW IOWA
PO BOX 295
SIOUX CENTER, IA 51250

Previous Balance: \$3,893.54
Amount Paid: (\$3,893.54)
Adjustments: \$0.00
Premium: \$3,893.54
Amount Due: \$3,893.54

Customer ID: _____ Account ID _____

Subscriber ID	Subscriber Name	Coverage Eff	Size	Type	From	Thru	Rate	Tot Prem
		7/1/2012	1	S	12/1/2012	12/31/2012	\$556.22	\$556.22
		7/1/2012	1	S	12/1/2012	12/31/2012	\$556.22	\$556.22
		7/1/2012	1	S	12/1/2012	12/31/2012	\$556.22	\$556.22
		8/1/2012	1	S	12/1/2012	12/31/2012	\$556.22	\$556.22
		7/1/2012	1	S	12/1/2012	12/31/2012	\$556.22	\$556.22
		7/1/2012	1	S	12/1/2012	12/31/2012	\$556.22	\$556.22
		7/1/2012	1	S	12/1/2012	12/31/2012	\$556.22	\$556.22
Group		Total Sub/Mbrs		7/7				\$3,893.54

Total for Group 020024 Total Sub/Mbrs 7/7 \$3,893.54

Type	Subscribers			Members			Premium Amount		
	Current	Retro	Total	Current	Retro	Total	Current	Retro	Total
S	7	0	7	7	0	7	\$3,893.54	\$0.00	\$3,893.54
	7	0	7	7	0	7	\$3,893.54	\$0.00	\$3,893.54

Acct. #	Amount
	183.55
	411.60
	<u>745.33</u>
Appd by Dir.	<u>134</u>
Date	<u>11-30-12</u>
Appd by Bd.	_____
Date	_____

Acct. #	Amount
	606.28
	183.55
	<u>289.23</u>
Appd by Dir.	_____
Date	_____
Appd by Bd.	_____
Date	_____

Acct. #	Amount
	278.11
	639.65
	<u>556.22</u>
Appd by Dir.	_____
Date	_____
Appd by Bd.	<u>JL</u>
Date	_____

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. For inquiries please call (605) 328-6868.

FAMILY CRISIS CENTERS OF NW IOWA

014650

VENDOR ID: ASB
PAYEE: American State Bank

CHECK NO: 00014650
MEMO:

DATE: 11/30/12

ACCOUNT	AMOUNT
2110-00 Employee IRA Payable	475.97
6255-08 Employee IRA - Gen. Donations	175.99
6255-10 Employee IRA Exp - FV Grant	37.14
6255-11 Employee IRA Exp - DA Grant	61.35
6255-12 Employee IRA Exp - SA Grant	7.19
6255-13 Employee IRA Exp - VOCA	31.40
6255-40 Employee IRA Exp - HOH	28.14

CHECK TOTAL: *****\$817.18

014650

FAMILY CRISIS CENTERS OF NW IOWA
P.O. BOX 295
SIOUX CENTER, IA 51250



525 N MAIN AVE
PO BOX 140
SIOUX CENTER, IA 51250

FD-325 (Rev. 11-17-93) Check Fraud
Prevention for Business

72-1764-739

00014650

PAY EIGHT HUNDRED SEVENTEEN AND 18 / 100 Dollars

DATE

AMOUNT

11/30/12

*****\$817.18

TO THE
ORDER
OF

American State Bank

AUTHORIZED SIGNATURE

VENDOR ID: ASB
PAYEE: American State Bank

CHECK NO: 00014650
MEMO:

DATE: 11/30/12

ACCOUNT	AMOUNT
2110-00 Employee IRA Payable	475.97
6255-08 Employee IRA - Gen. Donations	175.99
6255-10 Employee IRA Exp - FV Grant	37.14
6255-11 Employee IRA Exp - DA Grant	61.35
6255-12 Employee IRA Exp - SA Grant	7.19
6255-13 Employee IRA Exp - VOCA	31.40
6255-40 Employee IRA Exp - HOH	28.14

CHECK TOTAL: *****\$817.18

FAMILY CRISIS CENTERS OF NW IOWA

014650

Family Crisis Center
Employee's IRA

<u>Employee Name</u>	<u>Amount</u>	<u>Employee w/h'ing</u>	<u>Employer Match</u>	
	\$ 342.60	\$ 171.30	\$ 171.30	
	\$ 52.18	\$ 26.09	\$ 26.09	
	\$ 62.52	\$ 31.26	\$ 31.26	
	\$ 359.88	\$ 247.32	\$ 112.56	
check total	<u>\$ 817.18</u>	<u>\$ 475.97</u>	<u>\$ 341.21</u>	817.18

FAMILY CRISIS CENTERS OF NW IOWA

014596

VENDOR ID: MIDWESTALA
PAYEE: Midwest Alarm

CHECK NO: 00014596
MEMO:

DATE: 11/15/12

ACCOUNT

AMOUNT

6223-11 Monitoring System - DA Grant

381.60

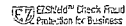
CHECK TOTAL: *****\$381.60

014596

FAMILY CRISIS CENTERS OF NW IOWA
P.O. BOX 295
SIOUX CENTER, IA 51250



525 N MAIN AVE
PO BOX 140
SIOUX CENTER, IA 51250



72-1764-739

00014596

PAY THREE HUNDRED EIGHTY-ONE AND 60 / 100 Dollars

DATE

AMOUNT

11/15/12

*****\$381.60

TO THE
ORDER
OF

Midwest Alarm
2300 South Dakota Ave
Sioux Falls, SD 57105

AUTHORIZED SIGNATURE

11010500

2110

VENDOR ID: MIDWESTALA
PAYEE: Midwest Alarm

CHECK NO: 00014596
MEMO:

DATE: 11/15/12

ACCOUNT

AMOUNT

6223-11 Monitoring System - DA Grant

381.60

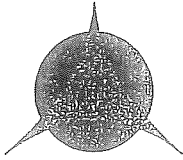
- Contracted Services -

CHECK TOTAL: *****\$381.60

FAMILY CRISIS CENTERS OF NW IOWA

014596

Security features. Details on back.



Midwest Alarm Company, Inc.

2300 South Dakota Ave.
Sioux Falls, SD 57105
Phone: 605-339-1709 • 1-800-303-1709
www.midwestalarm.com

UL listed Central Station
Access Control Systems
Burglar Alarms • Fire Alarms
CCTV Systems • Digital Recording
www.midwestalarm.com

Bill to: FAMILY CRISIS CENTER
P.O. BOX 295
SIOUX CENTER, IA 51250

Date	Invoice	Page
11/05/12	76811-A	1
Account #	Customer P.O. #	

For Service and Billing Inquires Call ~ 605-339-1709

DESCRIPTION

FIRE ALARM MONITORING COMMERCIAL
PERIOD FROM 12/01/12 TO 11/30/13
FAMILY CRISIS CENTER (FIRE)
601 4th AVE NE

360.00

Acct. #	Amount
_____	381.60
_____	_____
_____	_____
Appd by Dir.	By _____
Date	11-15-12
Appd by Bd.	_____
Date	_____

Payment Due Upon Receipt: Late Fee charges will be applied on past due amounts	Sub-Total	\$360.00
	Taxes	\$21.60
	Total Due	\$381.60

Account #	Date
_____	11/05/12
Name	
FAMILY CRISIS CENTER	

MAKE CHECK PAYABLE TO:

Midwest Alarm Company, Inc.
2300 South Dakota Ave.
Sioux Falls, SD 57105

Use reverse of stub for
Necessary changes.

To Ensure proper credit,
Please include this stub
with your payment.

PLEASE FILL IN AMOUNT

Invoice	Amount Paid
76811-A	

PLEASE PAY AMOUNT SHOWN →	\$381.60
------------------------------	----------

FAMILY CRISIS CENTERS OF NW IOWA

014600

VENDOR ID: YARDMAN
PAYEE:

CHECK NO: 00014600
MEMO:

DATE: 11/15/12

ACCOUNT	AMOUNT
7030-40 House of Ruth - Upkeep	65.00
6380-11 Repairs & Maint. - DA Grant	60.00

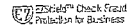
CHECK TOTAL: *****\$125.00

014600

FAMILY CRISIS CENTERS OF NW IOWA
P.O. BOX 295
SIOUX CENTER, IA 51250



525 N MAIN AVE
PO BOX 140
SIOUX CENTER, IA 51250



72-1764-739

00014600

PAY	ONE HUNDRED TWENTY-FIVE AND XX / 100 Dollars	DATE	AMOUNT
		11/15/12	*****\$125.00

TO THE ORDER OF
Yardman
725 4th St NW
Sioux Center, IA 51250

AUTHORIZED SIGNATURE

346 210

VENDOR ID: YARDMAN
PAYEE:

CHECK NO: 00014600
MEMO:

DATE: 11/15/12

ACCOUNT	AMOUNT
7030-40 House of Ruth - Upkeep	65.00
6380-11 Repairs & Maint. - DA Grant	60.00

CHECK TOTAL: *****\$125.00

014600

FAMILY CRISIS CENTERS OF NW IOWA

Invoice

PO BOX 295
 Sioux Center, IA 51250
 712-722-3884

Date	Invoice #
10/31/2012	20583
Terms	
Net 15	

Bill To
Family Crisis Center PO Box 295 Sioux Center, IA 51250

Quantity	Description	Price Each	Amount														
	Mow Oct 22- house	65.00	65.00														
	Mow Oct 22 FCC	60.00	60.00														
<table border="1" style="margin: auto;"> <tr> <td>Job #</td> <td>Amount</td> </tr> <tr> <td><u>7030-40</u></td> <td><u>65.00</u></td> </tr> <tr> <td><u>6380-11</u></td> <td><u>60.00</u></td> </tr> <tr> <td>Appd by Dr.</td> <td><u>By</u></td> </tr> <tr> <td>Date</td> <td><u>11-15-12</u></td> </tr> <tr> <td>Appd by Ed.</td> <td>_____</td> </tr> <tr> <td>Date</td> <td>_____</td> </tr> </table>				Job #	Amount	<u>7030-40</u>	<u>65.00</u>	<u>6380-11</u>	<u>60.00</u>	Appd by Dr.	<u>By</u>	Date	<u>11-15-12</u>	Appd by Ed.	_____	Date	_____
Job #	Amount																
<u>7030-40</u>	<u>65.00</u>																
<u>6380-11</u>	<u>60.00</u>																
Appd by Dr.	<u>By</u>																
Date	<u>11-15-12</u>																
Appd by Ed.	_____																
Date	_____																
Total			\$125.00														

FAMILY CRISIS CENTERS OF NW IOWA

014598

VENDOR ID: BROMMERTRU
PAYEE: Brommer Truck Line, Inc

CHECK NO: 00014598
MEMO:

DATE: 11/15/12

ACCOUNT

AMOUNT

6380-11 Repairs & Maint. - DA Grant

60.95

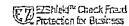
CHECK TOTAL: *****\$60.95

014598

FAMILY CRISIS CENTERS OF NW IOWA
P.O. BOX 295
SIOUX CENTER, IA 51250



525 N MAIN AVE
PO BOX 140
SIOUX CENTER, IA 51250



72-1764-739

00014598

PAY SIXTY AND 95 / 100 Dollars

DATE

AMOUNT

11/15/12

*****\$60.95

TO THE
ORDER
OF

Brommer Truck Line, Inc
360 4th Street, NW
Sioux Center, IA 51250

AUTHORIZED SIGNATURE

VENDOR ID: BROMMERTRU
PAYEE: Brommer Truck Line, Inc

CHECK NO: 00014598
MEMO:

DATE: 11/15/12

ACCOUNT

AMOUNT

6380-11 Repairs & Maint. - DA Grant

60.95

CHECK TOTAL: *****\$60.95

FAMILY CRISIS CENTERS OF NW IOWA

014598

BROMMER SANITATION, INC

360 4TH STREET NW
 SIOUX CENTER, IA 51250
 (712)722-0631

Invoice

DATE	INVOICE #
10/31/2012	74910

BILL TO
FAMILY CRISIS CENTER P. O. BOX 295 SIOUX CENTER, IA 51250

TERMS
DUE ON 20...

DESCRIPTION	QUANTITY	RATE	AMOUNT																
Haul Rubbish- Commercial - PER MONTH		54.25	54.25T																
Fuel Surcharge		5.00%	2.71T																
Sales Tax		7.00%	3.99																
<table border="1" style="width: 100%;"> <tr> <td>Acct. #</td> <td>Amount</td> </tr> <tr> <td>6380-11</td> <td>60.95</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Appd by Dir.</td> <td>BY _____</td> </tr> <tr> <td>Date</td> <td>11-15-12</td> </tr> <tr> <td>Appd by Bd.</td> <td>_____</td> </tr> <tr> <td>Date</td> <td>_____</td> </tr> </table>				Acct. #	Amount	6380-11	60.95	_____	_____	_____	_____	Appd by Dir.	BY _____	Date	11-15-12	Appd by Bd.	_____	Date	_____
Acct. #	Amount																		
6380-11	60.95																		
_____	_____																		
_____	_____																		
Appd by Dir.	BY _____																		
Date	11-15-12																		
Appd by Bd.	_____																		
Date	_____																		
		Subtotal	\$56.96																
		Total	\$60.95																

FAMILY CRISIS CENTERS OF NW IOWA

014597

VENDOR ID: ARAMARK
PAYEE: Aramark

CHECK NO: 00014597
MEMO:

DATE: 11/15/12

ACCOUNT

AMOUNT

6380-11 Repairs & Maint. - DA Grant

58.00

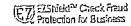
CHECK TOTAL: *****\$58.00

014597

FAMILY CRISIS CENTERS OF NW IOWA
P.O. BOX 295
SIOUX CENTER, IA 51250



525 N MAIN AVE
PO BOX 140
SIOUX CENTER, IA 51250



72-1764-739

00014597

PAY FIFTY-EIGHT AND XX / 100 Dollars

DATE
11/15/12

AMOUNT
*****\$58.00

TO THE ORDER OF
Aramark
PO Box 236
Sioux City, IA 51102-0236

AUTHORIZED SIGNATURE

VENDOR ID: ARAMARK
PAYEE: Aramark

CHECK NO: 00014597
MEMO:

DATE: 11/15/12

ACCOUNT

AMOUNT

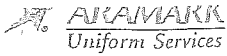
6380-11 Repairs & Maint. - DA Grant

58.00

CHECK TOTAL: *****\$58.00

FAMILY CRISIS CENTERS OF NW IOWA

014597



PO BOX 236
SIOUX CITY, IA 51102-0236

STATEMENT

CUSTOMER SERVICE (712) 258-0192

STATEMENT DATE 10/26/2012

ACCOUNT NUMBER

PAGE NUMBER 1 of 1

FAMILY CRISIS CENTER
PO BOX 295
SIOUX CENTER, IA 51250-0295

THANK YOU FOR YOUR PAYMENT

FAMILY CRISIS CENTER
601 4TH AVE NE
SIOUX CENTER, IA 51250



DATE	INVOICE/CHECK NUMBER	DESCRIPTION	ORIGINAL AMOUNT	CREDIT AMOUNT	REMAINING AMOUNT												
10/17/2012	14531	Payment - Thank You			.00												
10/26/2012	638-3422596	Service Invoice	58.00	-116.00	58.00												
<table border="1" style="margin: auto;"> <tr> <td>Acct. #</td> <td>Amount</td> </tr> <tr> <td>6380-11</td> <td>58.⁰⁰</td> </tr> <tr> <td>Appd by Dir.</td> <td>By</td> </tr> <tr> <td>Date</td> <td>11-15-12</td> </tr> <tr> <td>Appd by Bd.</td> <td></td> </tr> <tr> <td>Date</td> <td></td> </tr> </table>						Acct. #	Amount	6380-11	58. ⁰⁰	Appd by Dir.	By	Date	11-15-12	Appd by Bd.		Date	
Acct. #	Amount																
6380-11	58. ⁰⁰																
Appd by Dir.	By																
Date	11-15-12																
Appd by Bd.																	
Date																	
TOTAL DUE					58.00												

Visit us at: www.ARAMARK-Uniform.com

TOTAL AMOUNT DUE ➤

TOTAL CURRENT CHARGES	TOTAL 30-60 DAYS PAST DUE	TOTAL 60-90 DAYS PAST DUE	TOTAL OVER 90 DAYS PAST DUE	LATE PAYMENT CHARGE
58.00				

Please detach and return all copies of this remittance.

CUSTOMER NAME FAMILY CRISIS CENTER
STATEMENT DATE 10/26/2012 AMOUNT DUE \$ 58.00
ACCOUNT NUMBER 8147001 AMOUNT ENCLOSED \$ _____
CHECK NUMBER _____

Please reference Account Number on your payment.

Remit to.



PO BOX 236
SIOUX CITY, IA 51102-0236



INVOICE NUMBER	AMOUNT
638-3422596	58.00

ACCOUNTS PAST DUE 30 OR MORE DAYS ARE SUBJECT TO A LATE PAYMENT CHARGE TERMS - NET 10 DAYS OF STATEMENT

Deliver To >

FAMILY CRISIS CENTER

1/12/12 722-4404

IA 51250

ROUTER	STOP	TERMS	GARMENT ID
04	19	2	
ARMY	SERVICE DATE	PREVIOUS BALANCE	
		00	

CUSTOMER INVOICE 638-3422595
DATE 10/26/12
PAGE 1 of 01

0-30 DAYS 31-60 DAYS OVER 60 DAYS

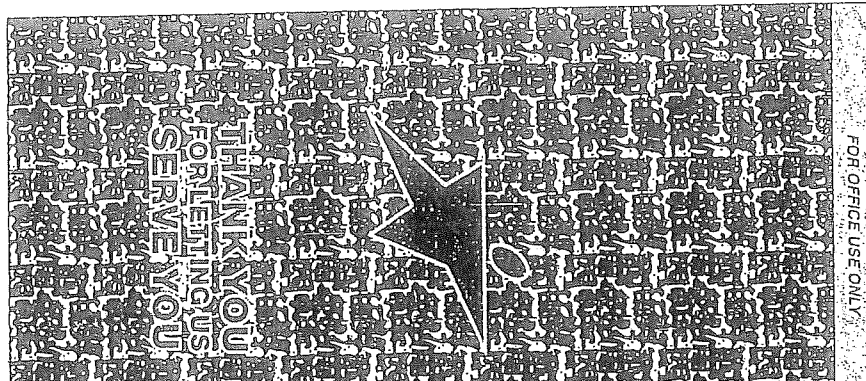
SERVICE	WEATER	ITEM DESCRIPTION/NAME	INVENTORY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDITIONAL AMOUNT	CREDIT AMOUNT
4M		MAT_NYLON/RUBBER BRWN 3X10	4	2	9235	1847		
4M		MAT_NYLON/RUBBER BRWN 4X6	4	2	757	1514		
4M		MAT_NYLON/RUBBER BRWN 3X4	4	2	464	928		
		SERVICE CHARGE SER		1	1192	1192		
		IA STATE TAX ON				325		
		IA/COUNTIES TAX ON				54		

AMOUNT DUE > 58.00

CUSTOMER INVOICE

CUSTOMER NAME FAMILY CRISIS CENTER
CUSTOMER / MASTER INVOICE
10/26/12 638-3422595

APPROVED BY *Shirley Howard*
Minimum bill quantity
www.ARAMARK-Uniform.com
P. O. BOX 236
SIOUX CITY IA 51102-0236



FOR OFFICE USE ONLY
TOTAL ADJUSTMENT
ADJUSTED AMOUNT DUE
AMOUNT ENCLOSED \$
TERMS: NET 10 DAYS
CHECK NUMBERS
NET AMOUNT

VENDOR ID: ARAMARK
PAYEE: Aramark

CHECK NO: 00014638
MEMO:

DATE: 11/30/12

ACCOUNT	AMOUNT
6380-11 Repairs & Maint. - DA Grant	58.00

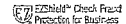
CHECK TOTAL: *****\$58.00

014638

FAMILY CRISIS CENTERS OF NW IOWA
P.O. BOX 295
SIOUX CENTER, IA 51250



525 N MAIN AVE
PO BOX 140
SIOUX CENTER, IA 51250



72-1764-739

00014638

PAY FIFTY-EIGHT AND XX / 100 Dollars

DATE	AMOUNT
11/30/12	*****\$58.00

TO THE ORDER OF Aramark
PO Box 236
Sioux City, IA 51102-0236

AUTHORIZED SIGNATURE

VENDOR ID: ARAMARK
PAYEE: Aramark

CHECK NO: 00014638
MEMO:

DATE: 11/30/12

ACCOUNT	AMOUNT
6380-11 Repairs & Maint. - DA Grant	58.00

CHECK TOTAL: *****\$58.00

014638

Uniform Services
 PO BOX 236
 SIOUX CITY, IA 51102-0236

STATEMENT

CUSTOMER SERVICE (712) 236-0192

STATEMENT DATE 11/23/2012
 ACCOUNT NUMBER
 PAGE NUMBER 1 of 1

FAMILY CRISIS CENTER
 PO BOX 295
 SIOUX CENTER, IA 51250-0295

THANK YOU FOR YOUR PAYMENT

FAMILY CRISIS CENTER
 601 4TH AVE NE
 SIOUX CENTER, IA 51250



DATE	INVOICE/CHECK NUMBER	DESCRIPTION	ORIGINAL AMOUNT	CREDIT AMOUNT	REMAINING AMOUNT												
11/20/2012	14597	Payment - Thank You Service Invoice	58.00	-58.00	.00												
11/23/2012	638-3433060				58.00												
<table border="1" style="margin: auto;"> <tr> <td>Acct. #</td> <td>Amount</td> </tr> <tr> <td><u>6380-11</u></td> <td><u>58.00</u></td> </tr> <tr> <td>Appd by Dir.</td> <td><u>By</u></td> </tr> <tr> <td>Date</td> <td><u>11-30-12</u></td> </tr> <tr> <td>Appd by Bld.</td> <td>_____</td> </tr> <tr> <td>Date</td> <td>_____</td> </tr> </table>						Acct. #	Amount	<u>6380-11</u>	<u>58.00</u>	Appd by Dir.	<u>By</u>	Date	<u>11-30-12</u>	Appd by Bld.	_____	Date	_____
Acct. #	Amount																
<u>6380-11</u>	<u>58.00</u>																
Appd by Dir.	<u>By</u>																
Date	<u>11-30-12</u>																
Appd by Bld.	_____																
Date	_____																
TOTAL DUE					58.00												

Visit us at: www.ARAMARK-Uniform.com

TOTAL AMOUNT DUE ➤

TOTAL CURRENT CHARGES	TOTAL 30-60 DAYS PAST DUE	TOTAL 60-90 DAYS PAST DUE	TOTAL OVER 90 DAYS PAST DUE	LATE PAYMENT CHARGE
58.00				

Please detach and return all copies of this remittance.

CUSTOMER NAME FAMILY CRISIS CENTER
 STATEMENT DATE 11/23/2012 AMOUNT DUE \$ 58.00
 ACCOUNT NUMBER 8147001 AMOUNT ENCLOSED \$ _____
 CHECK NUMBER _____

Please reference Account Number on your payment.

Remit to:



PO BOX 236
 SIOUX CITY, IA 51102-0236



INVOICE NUMBER	AMOUNT
638-3433060	58.00

ACCOUNTS PAST DUE 30 OR MORE DAYS ARE SUBJECT TO A LATE PAYMENT CHARGE. TERMS - NET 10 DAYS OF STATEMENT



INVOICE

CUSTOMER SERVICE

Deliver To > FAMILY CRISIS CENTER
 IA 51250
 (712) 722-4404

ROUTE	STOP	TERMS	GARMENT ID
04	19	2	
ARR INV	SERVICE DAYS		PREVIOUS BALANCE
			5800

CUSTOMER SERVICE
 INVOICE 638-3433060
 DATE 11/23/12
 PAGE 1 of 01

SERVICE	WEARER#	ITEM DESCRIPTION/NAME	INVENTORY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDITIONAL AMOUNT	CREDIT AMOUNT
24M		MAT NYLON/RUBBER BRWN 3X10	4	2	9235	1847		
24M		MAT NYLON/RUBBER BRWN 4X6	4	2	757	1514		
24M		MAT NYLON/RUBBER BRWN 3X4	4	2	464	928		
		SERVICE CHARGE SER		1	1132	1132		
		IA STATE				54.21		
		IA/COUNTIES				54.21		
		tax on				6.000%		
		tax on				11.000%		

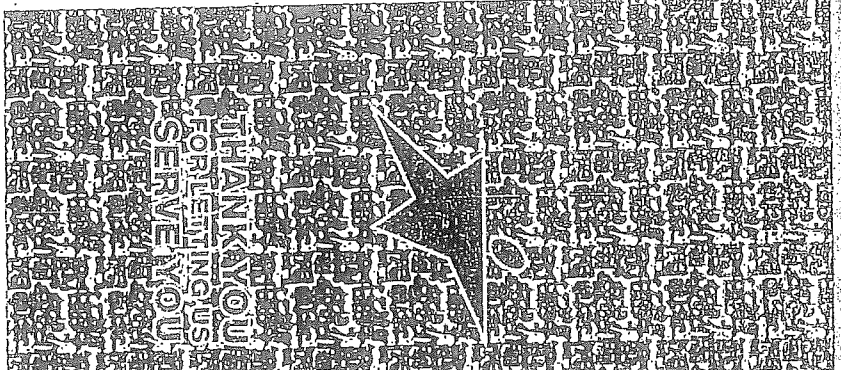
AMOUNT DUE >	58.00	10
--------------	-------	----

APPROVED BY _____
 Visit us at: www.ARAMARK-Uniform.com
 Payable To > ARAMARK UNIFORM SERVICES
 P. O. BOX 236
 SIOUX CITY IA 51102-0236

CUSTOMER INVOICE
 CUSTOMER NAME FAMILY CRISIS CENTER
 CUSTOMER / MASTER INVOICE
 11/23/12 638-3433060

AMOUNT ENCLOSED \$

TERMS: NET 10 DAYS



FOR OFFICE USE ONLY	CHECK NUMBER	NET AMOUNT
---------------------	--------------	------------

FAMILY CRISIS CENTERS OF NW IOWA.

014634

VENDOR ID: SXC
PAYEE: City of Sioux Center

CHECK NO: 00014634
MEMO: 16-8890-0000

DATE: 11/30/12

ACCOUNT	AMOUNT
6220-11 Utilities - DA Grant	668.56

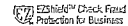
CHECK TOTAL: *****\$668.56

014634

FAMILY CRISIS CENTERS OF NW IOWA
P.O. BOX 295
SIOUX CENTER, IA 51250



525 N MAIN AVE
PO BOX 140
SIOUX CENTER, IA 51250



72-1764-739

00014634

PAY SIX HUNDRED SIXTY-EIGHT AND 56 / 100 Dollars
DATE 11/30/12

AMOUNT *****\$668.56

TO THE ORDER OF
City of Sioux Center
335 1st Ave NW
Sioux Center, IA 51250

AUTHORIZED SIGNATURE

FD Security features. Details on back.

VENDOR ID: SXC
PAYEE: City of Sioux Center

CHECK NO: 00014634
MEMO: 16-8890-0000

DATE: 11/30/12

ACCOUNT	AMOUNT
6220-11 Utilities - DA Grant	668.56

CHECK TOTAL: *****\$668.56

014634

FAMILY CRISIS CENTERS OF NW IOWA

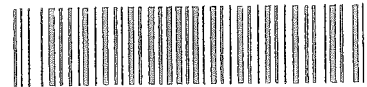
Sioux Center
growing bright

SIoux CENTER MUNICIPAL UTILITIES
335 1ST AVENUE NW
SIoux CENTER, IA 51250

ACCOUNT NO.	
AMOUNT DUE	DUE DATE
\$668.56	12/20/2012
PROJECT SHARE DONATION	

FAMILY CRISIS CENTER
PO BOX 295
SIoux CENTER IA 51250

Service Address: (

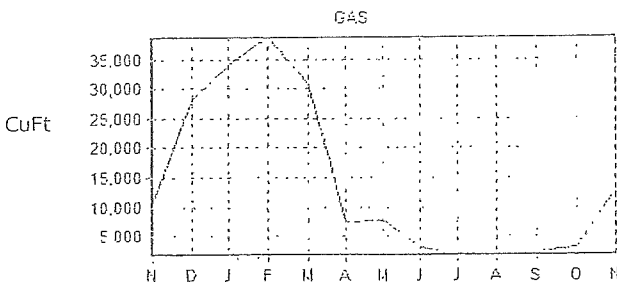
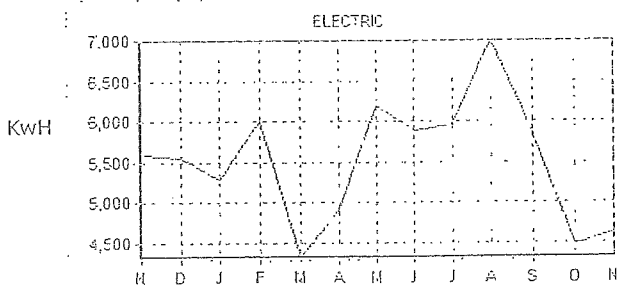


PLEASE RETURN THIS STUB WITH YOUR PAYMENT

ACCOUNT NO.: 10/03/12 TO 11/05/12
SERVICE PERIOD:

SERVICE ADDRESS:
DUE DATE: 12/20/12

SERVICE	METER READING		MULTIPLIER	USAGE	AMOUNT
	PRESENT	PREVIOUS			
ELECTRIC	4832	4716	40.0	4640kwh	390.84
ELEC COST ADJ @ 0.00740-					34.34-
GAS	8117	7989	100	12800cuft	112.08
GAS COST ADJ @ 0.00250-					32.00-
ELECTRIC	560	543	1.0	17kwh	16.38
ELEC COST ADJ @ 0.00740-					0.13-
WATER	306	283	1000	23000gals	89.00
SEWER				23000gals	72.98
STORM WA					10.00
TAX					43.75



Total Current Charges	\$668.56
Previous Balance	\$564.43
Current Payments	\$564.43CR
Adjustments	\$0.00
Late Fee*	\$0.00

Account Balance

\$668.56

*1.5% Late Fee Charges for
Payment After 20th of Month

Acct. #	Amount
6220-11	668.56
Appd by Dir.	By
Date	11-30-12
Appd by Cd.	
Date	

SIoux CENTER MUNICIPAL UTILITIES
335 1ST AVENUE NW - 712-722-0761
OFFICE HOURS: 7:00 A.M. TO 4:30 P.M. MONDAY-FRIDAY

Sioux Center
growing bright

FAMILY CRISIS CENTERS OF NW IOWA

014593

VENDOR ID: LONGLINESI
PAYEE: Long Lines Internet

CHECK NO: 00014593
MEMO: 0227005

DATE: 11/15/12

ACCOUNT

AMOUNT

6523-11 Telephone Main Off - DA Grant

9.95

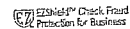
CHECK TOTAL: *****\$9.95

014593

FAMILY CRISIS CENTERS OF NW IOWA
P.O. BOX 295
SIOUX CENTER, IA 51250



525 N MAIN AVE
PO BOX 140
SIOUX CENTER, IA 51250



72-1764-739

00014593

PAY NINE AND 95 / 100 Dollars

DATE

AMOUNT

11/15/12

*****\$9.95

TO THE
ORDER
OF

Long Lines Internet
PO Box 38
Sergeant Bluff, IA 51054

AUTHORIZED SIGNATURE

VENDOR ID: LONGLINESI
PAYEE: Long Lines Internet

CHECK NO: 00014593
MEMO: 0227005

DATE: 11/15/12

ACCOUNT

AMOUNT

6523-11 Telephone Main Off - DA Grant

9.95

CHECK TOTAL: *****\$9.95

FAMILY CRISIS CENTERS OF NW IOWA

014593

FAMILY CRISIS CENTERS OF NW IO
 PO BOX 295
 SIOUX CENTER, IA 51250-0295

Page: 1
 Billing Period Ending: 11/15/12
 Invoice Date: 11/16/12
 Customer Number:

Summary of Charges

Balance Forward	Account Adjustments	SPRINT Charges	SPRINT Discounts	Taxes, Surcharges and Fees	Current Total	Amount Due By 12/09/12
\$0.00	\$0.00	\$67.77	-\$2.03	\$8.68	\$74.42	\$74.42

Acct. #	Amount
6523-11	70.91
6520-02	3.51
Appd by Dir.	134
Date	11-30-12
Appd by 3rd.	<i>[Signature]</i>
Date	<i>[Signature]</i>

If you have any questions about your invoice, please call Customer Service at 1-800-877-4646,
 or visit us at www.sprintbiz.com/myaccount.
 Fold, then Detach and Return this Portion with Your Payment.



5040 RIVERSIDE DR
 IRVING, TX 75039-4307

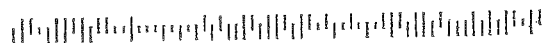
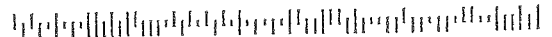
Customer Number: 922607255

Amount Due By 12/09/12 \$74.42
AMOUNT ENCLOSED \$ _____

#RWRBDWH

MB 02 028629 16631 H 113 A
 FAMILY CRISIS CENTERS OF NW IO
 PO BOX 295
 SIOUX CENTER, IA 51250-0295

SPRINT
 P O BOX 219100
 KANSAS CITY MO 64121-9100



Thank You For Using Sprint.
 Make Check or Money Order Payable to Sprint in U. S. Dollars.
 Do Not Send Cash.
 Complete Reverse for Address Changes.

541101226526426

1000007442922607255005

FAMILY CRISIS CENTERS OF NW IOWA

014622

VENDOR ID: WALMARTCOM
PAYEE: Wal-Mart Community

CHECK NO: 00014622 DATE: 11/30/12
MEMO: 6032 2020 0020 6780

ACCOUNT	AMOUNT
6410-11 Shelter supplies-DA	36.48
6810-00 Women Expo Expenses	7.30

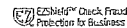
CHECK TOTAL: *****\$43.78

014622

FAMILY CRISIS CENTERS OF NW IOWA
P.O. BOX 295
SIOUX CENTER, IA 51250



525 N MAIN AVE
PO BOX 140
SIOUX CENTER, IA 51250



72-1764-739

00014622

PAY FORTY-THREE AND 78 / 100 Dollars

DATE	AMOUNT
11/30/12	*****\$43.78

TO THE ORDER OF
Wal-Mart Community
PO Box 530934
Atlanta, GA 30353-0934

AUTHORIZED SIGNATURE

Security features. Details on back.



VENDOR ID: WALMARTCOM
PAYEE: Wal-Mart Community

CHECK NO: 00014622 DATE: 11/30/12
MEMO: 6032 2020 0020 6780

ACCOUNT	AMOUNT
6410-11 Shelter supplies-DA	36.48
6810-00 Women Expo Expenses	7.30

CHECK TOTAL: *****\$43.78

FAMILY CRISIS CENTERS OF NW IOWA

014622

Save money. Live better.

**Walmart®
Community Card**

FAMILY CRISIS CENTER
Account Number:

Visit us at walmart.com/credit
Customer Service: 1-877-294-1086

Summary of Account Activity		Payment Information	
Previous Balance		New Balance	\$43.78
- Payments		Total Minimum Payment Due	\$43.78
+ Purchases/Debits		Payment Due Date	12/12/2012
New Balance			
Credit Limit			
Available Credit			
Statement Closing Date	11/16/2012		
Days in Billing Cycle	31		

Transaction Summary				
Tran Date	Post Date	Reference Number	Description of Transaction or Credit	Amount
10/18	10/18	P927300MP0153LKWM	WLMRT - SIOUX CENTER SIOUX CENTER IA	\$6.22
10/19	10/19	P927300MR015X3807	WLMRT - SIOUX CENTER SIOUX CENTER IA	\$7.30
10/25	10/25	P927300MY01A5XPYF	WLMRT - SIOUX CENTER SIOUX CENTER IA	\$4.26
11/08	11/08	P927300NQ01LBNWP3	WLMRT - SIOUX CENTER SIOUX CENTER IA	\$7.23
11/09	11/09	P927300ND01M5H74P	WLMRT - SIOUX CENTER SIOUX CENTER IA	\$18.77
			TOTAL FOR AUTHORIZED BUYER NO 07	\$43.78
11/04	11/04	P927300N6014D3QQF	PAYMENT - THANK YOU	(\$145.73)

Late Charge Summary			
Annual Percentage Rate	Balance Subject to Late Charge	Late Charge	
18.00%	\$0.00	\$0.00	

010

Acct. #	Amount
6410-11	36.48
Women's Expo-26	7.30
Appd by Dir.	Bl
Date	11-30-12
Appd by Clk.	JL
Date	

PAYMENT DUE BY 5 P.M. (ET) ON THE DUE DATE.
NOTICE: We may convert your payment into an electronic debit. See reverse for details, Billing Rights and other important information.

Walmart 
Save money. Live better.

(712) 722 - 1990
MANAGER LISA DE BOER
255 - 16TH ST SW
SIOUX CENTER IA 51250
ST# 1152 OP# 00302726 TE# 03 TR# 07505
DRAIN CLENER 00198000117 3.98 X
SUBTOTAL 3.98
TAX 1 7.000 % 0.28
TOTAL 4.26
WALHART CREDIT TEND 4.26

ACCOUNT # **** *80 07 S
APPROVAL # 025250
REF # 229900085201
TERMINAL # 33059881

10/25/12 11:57:33
CHANGE DUE 0.00

ITEMS SOLD 1



TC# 9423 0249 1021 1791 3050

Layaway is back!
Sept 16 - Dec 14
10/25/12 11:57:33

CUSTOMER COPY

Walmart 
Save money. Live better.

Self Checkout
Fast. Fun. Easy.

(712) 722 - 1990
MANAGER LISA DE BOER
255 - 16TH ST SW
SIOUX CENTER IA 51250
ST# 1152 OP# 00009044 TE# 44 TR# 00972
DRAIN CLENER 001980000117 3.98 X
DRAIN CLENER 001980000117 3.98 X
AW RF 1.34FO 006233880420 4.77 X
AW OILWM 2PK 006233878048 1.88 X
SON PURE BRZ 002340036043 1.96 X
AIR FRESHER 001980003674 0.97 X
TAX 1 7.000 % 1.23
SUBTOTAL 18.77
TOTAL 18.77
WALHART CREDIT TEND 18.77

ACCOUNT # **** *80 07 S
APPROVAL # 009004
REF # 231400803402
TERMINAL # 21078150
11/09/12 16:32:18
CHANGE DUE 0.00

ITEMS SOLD 6

TC# 5735 3430 9175 5484 7323

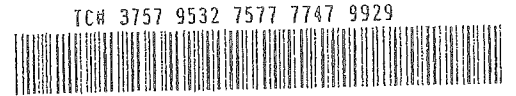
Walmart 
Save money. Live better.

(712) 722 - 1990
MANAGER LISA DE BOER
255 - 16TH ST SW
SIOUX CENTER IA 51250
ST# 1152 OP# 00002680 TE# 21 TR# 00609
SCOTCH TAPE 002120001683 3.47 X
HD PKG TAPE 005114195445 2.34 X
SUBTOTAL 5.81
TAX 1 7.000 % 0.41
TOTAL 6.22
WALHART CREDIT TEND 6.22

ACCOUNT # **** *80 07 S
APPROVAL # 018180
REF # 229200109655
TERMINAL # 14000565

10/18/12 16:26:26
CHANGE DUE 0.00

ITEMS SOLD 2



TC# 3757 9532 7577 7747 9929

Layaway is back!
Sept 16 - Dec 14
10/18/12 16:26:26

CUSTOMER COPY

36.48

Tape + Storage bags

Walmart 
Save money. Live better.

Self Checkout
Fast. Fun. Easy.

(712) 722 - 1990
MANAGER LISA DE BOER
255 - 16TH ST SW
SIOUX CENTER IA 51250
ST# 1152 OP# 00009045 TE# 45 TR# 00628
STORAGE BAGS 007874205782 1.76 X
FOAMTAPE 002600004025 5.00 X
TAX 1 7.000 % 0.47
SUBTOTAL 7.23
TOTAL 7.23
WALHART CREDIT TEND 7.23

ACCOUNT # **** *80 07 S
APPROVAL # 008653
REF # 231300449868
TERMINAL # 21077941
11/08/12 16:44:57
CHANGE DUE 0.00

ITEMS SOLD 2

TC# 7061 4245 0612 2032 3494



Find low prices on the go.
Get the Walmart app. Call **WMT.

FAMILY CRISIS CENTERS OF NW IA
 STATEMENT OF ACTIVITIES - MODIFIED CASH BASIS
 For The Period

November 01, 2012
 to
November 30, 2012

GENERAL & ADMINISTRATIVE

O'Brien Victim Advocate - SA	\$	1,296.26
Osceola Victim Advocate - SA		728.34
Employee Insurance -SA Grant		411.60
Employee IRA Exp - SA Grant		7.19
Taxes - Payroll - SA Grant		154.88
Telephone Main Off - SA		<u>294.76</u>
 Total GENERAL & ADMINISTRATIVE	 \$	 <u>2,893.03</u>
Total NET OPERATING INCOME (LOSS)	\$	<u>(2,893.03)</u>
NET INCOME (LOSS) BEFORE TAX	\$	<u>(2,893.03)</u>
NET INCOME (LOSS)	\$	<u>(2,893.03)</u> =====

U.C
 O.C

294.76 +
 001
 294.76 *

411.60 +
 154.88 +
 7.19 +
 003
 573.67 *

2,024.60 +
 573.67 +
 294.76 +
 003
 2,893.03 *

FAMILY CRISIS CENTERS OF NW IOWA

014610

Employee # Employee Name Soc Sec # From To Check Date
 11/01/12 11/15/12 11/15/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
OBRIENSA	0.00	0.00	648.13	FEDM	80.00	1680.00
OBRIENVAWA	0.00	0.00	419.38	STS	59.00	1239.00
O'BRIENSR	0.00	0.00	203.33	SOCSEC	53.38	1110.42
O'BRIENDA	0.00	0.00	0.00	MEDICARE	18.43	383.43
O'BRIENVOC	0.00	0.00	0.00	BONUS		
BONUS	0.00	0.00	0.00	IRA		

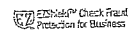
Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1270.84	210.81	1060.03	26437.56	4412.85	22024.71	00014610

014610

FAMILY CRISIS CENTERS OF NW IOWA
 P.O. BOX 295
 SIOUX CENTER, IA 51250



525 N MAIN AVE
 PO BOX 140
 SIOUX CENTER, IA 51250



72-1764-739

00014610

PAY ONE THOUSAND SIXTY AND 03 / 100 Dollars DATE 11/15/12 AMOUNT *****\$1,060.03

TO THE ORDER OF

Sioux Center, IA 51250

AUTHORIZED SIGNATURE

⑈014610⑈ ⑆07391764⑆ 126 646 2⑈

Employee # Employee Name Soc Sec # From To Check Date
 11/01/12 11/15/12 11/15/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
OBRIENSA	0.00	0.00	648.13	FEDM	80.00	1680.00
OBRIENVAWA	0.00	0.00	419.38	STS	59.00	1239.00
O'BRIENSR	0.00	0.00	203.33	SOCSEC	53.38	1110.42
O'BRIENDA	0.00	0.00	0.00	MEDICARE	18.43	383.43
O'BRIENVOC	0.00	0.00	0.00	BONUS		
BONUS	0.00	0.00	0.00	IRA		

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1270.84	210.81	1060.03	26437.56	4412.85	22024.71	00014610

FAMILY CRISIS CENTERS OF NW IOWA

014610

014646

FAMILY CRISIS CENTERS OF NW IOWA

Employee #	Employee Name	Soc Sec #	From	To	Check Date
			11/16/12	11/30/12	11/30/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
OBRIENSA	0.00	0.00	648.13	FEDM	80.00	1760.00
OBRIENVAWA	0.00	0.00	419.38	STS	59.00	1298.00
O'BRIENSR	0.00	0.00	203.33	SOCSEC	53.38	1163.80
O'BRIENDA	0.00	0.00	0.00	MEDICARE	18.43	401.86
O'BRIENVOC	0.00	0.00	0.00	BONUS		
BONUS	0.00	0.00	0.00	IRA		

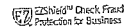
Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1270.84	210.81	1060.03	27708.40	4623.66	23084.74	00014646

014646

FAMILY CRISIS CENTERS OF NW IOWA
 P.O. BOX 295
 SIOUX CENTER, IA 51250



525 N MAIN AVE
 PO BOX 140
 SIOUX CENTER, IA 51250



72-1764-739

00014646

PAY

ONE THOUSAND SIXTY AND 03 / 100 Dollars

DATE

AMOUNT

11/30/12

*****\$1,060.03

TO THE ORDER OF

AUTHORIZED SIGNATURE

⑈014646⑈ ⑆07396764⑆ 126 646 2⑈

Employee #	Employee Name	Soc Sec #	From	To	Check Date
			11/16/12	11/30/12	11/30/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
OBRIENSA	0.00	0.00	648.13	FEDM	80.00	1760.00
OBRIENVAWA	0.00	0.00	419.38	STS	59.00	1298.00
O'BRIENSR	0.00	0.00	203.33	SOCSEC	53.38	1163.80
O'BRIENDA	0.00	0.00	0.00	MEDICARE	18.43	401.86
O'BRIENVOC	0.00	0.00	0.00	BONUS		
BONUS	0.00	0.00	0.00	IRA		

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1270.84	210.81	1060.03	27708.40	4623.66	23084.74	00014646

FAMILY CRISIS CENTERS OF NW IOWA

014646

014607

FAMILY CRISIS CENTERS OF NW IOWA

Employee # Employee Name Soc Sec # From To Check Date
11/01/12 11/15/12 11/15/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
OSVICADVDA	0.00	0.00	712.50	FEDM	101.00	2121.00
OSCVASA	0.00	0.00	364.17	STM	68.00	1428.00
OSVCICADVO	0.00	0.00	269.17	SOCSEC	66.50	1385.95
OSVICADVUN	0.00	0.00	237.50	MEDICARE	22.96	478.56
VOLCOOR2DA	0.00	18700.00	0.00	IRA	15.63	328.43
OSCVAVAWA	0.00	0.00	0.00	BONUS		
OSVASA	0.00	0.00	0.00	CAFEHI		
OSCVCVOCAS	0.00	0.00	0.00	CHILD		
OSCVCVAWAS	0.00	0.00	0.00	DENTAL		
OSCVACA	0.00	0.00	0.00	GARN		
Other	0.00	0.00	0.00	Other	0.00	0.00

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1583.34	274.09	1309.25	32999.96	5741.94	27258.02	00014607

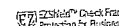
014607

FAMILY CRISIS CENTERS OF NW IOWA

P.O. BOX 295
SIOUX CENTER, IA 51250



525 N MAIN AVE
PO BOX 140
SIOUX CENTER, IA 51250



72-1764-739

00014607

PAY

ONE THOUSAND THREE HUNDRED NINE AND 25 / 100 Dollars

AMOUNT

11/15/12

*****\$1,309.25

TO THE ORDER OF

AUTHORIZED SIGNATURE

⑈014607⑈ ⑆07396764⑆ 126 646 2⑈

Employee # Employee Name Soc Sec # From To Check Date
11/01/12 11/15/12 11/15/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
OSVICADVDA	0.00	0.00	712.50	FEDM	101.00	2121.00
OSCVASA	0.00	0.00	364.17	STM	68.00	1428.00
OSVCICADVO	0.00	0.00	269.17	SOCSEC	66.50	1385.95
OSVICADVUN	0.00	0.00	237.50	MEDICARE	22.96	478.56
VOLCOOR2DA	0.00	18700.00	0.00	IRA	15.63	328.43
OSCVAVAWA	0.00	0.00	0.00	BONUS		
OSVASA	0.00	0.00	0.00	CAFEHI		
OSCVCVOCAS	0.00	0.00	0.00	CHILD		
OSCVCVAWAS	0.00	0.00	0.00	DENTAL		
OSCVACA	0.00	0.00	0.00	GARN		
Other	0.00	0.00	0.00	Other	0.00	0.00

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1583.34	274.09	1309.25	32999.96	5741.94	27258.02	00014607

014607

FAMILY CRISIS CENTERS OF NW IOWA

014643

Employee # Employee Name Soc Sec # From To Check Date
 11/16/12 11/30/12 11/30/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
OSVICADVDA	0.00	0.00	712.50	FEDM	101.00	2222.00
OSCVASA	0.00	0.00	364.17	STM	68.00	1496.00
OSCVICADVO	0.00	0.00	269.17	SOCSEC	66.50	1452.45
OSVICADVUN	0.00	0.00	237.50	MEDICARE	22.96	501.52
VOLCOOR2DA	0.00	18700.00	0.00	IRA	15.63	344.06
OSCVAVAWA	0.00	0.00	0.00	BONUS		
OSVASA	0.00	0.00	0.00	CAFEHI		
OSCVCVOCAS	0.00	0.00	0.00	CHILD		
OSCVCVAWAS	0.00	0.00	0.00	DENTAL		
OSCVACA	0.00	0.00	0.00	GARN		
Other	0.00	0.00	0.00	Other	0.00	0.00

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1583.34	274.09	1309.25	34583.30	6016.03	28567.27	00014643

014643

FAMILY CRISIS CENTERS OF NW IOWA
 P.O. BOX 295
 SIOUX CENTER, IA 51250



525 N MAIN AVE
 PO BOX 140
 SIOUX CENTER, IA 51250



72-1764-739

00014643

PAY

ONE THOUSAND THREE HUNDRED NINE AND 25 / 100 DOLLARS

AMOUNT

11/30/12

*****\$1,309.25

TO THE ORDER OF

AUTHORIZED SIGNATURE

100

Employee # Employee Name Soc Sec # From To Check Date
 11/16/12 11/30/12 11/30/12

Earnings	Hours	Rate	Current Amt	WH/Ded	Current Amt	YTD
OSVICADVDA	0.00	0.00	712.50	FEDM	101.00	2222.00
OSCVASA	0.00	0.00	364.17	STM	68.00	1496.00
OSCVICADVO	0.00	0.00	269.17	SOCSEC	66.50	1452.45
OSVICADVUN	0.00	0.00	237.50	MEDICARE	22.96	501.52
VOLCOOR2DA	0.00	18700.00	0.00	IRA	15.63	344.06
OSCVAVAWA	0.00	0.00	0.00	BONUS		
OSVASA	0.00	0.00	0.00	CAFEHI		
OSCVCVOCAS	0.00	0.00	0.00	CHILD		
OSCVCVAWAS	0.00	0.00	0.00	DENTAL		
OSCVACA	0.00	0.00	0.00	GARN		
Other	0.00	0.00	0.00	Other	0.00	0.00

Curr Amt	Curr Ded	Net Pay	YTD Earn	YTD Ded	YTD Net Pay	Check No.
1583.34	274.09	1309.25	34583.30	6016.03	28567.27	00014643

FAMILY CRISIS CENTERS OF NW IOWA

014643

014624

FAMILY CRISIS CENTERS OF NW IOWA

VENDOR ID: SANFORDHEA
PAYEE: Sanford Health Plan

CHECK NO: 00014624
MEMO:

DATE: 11/30/12

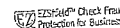
ACCOUNT	AMOUNT
6230-13 Employee Insurance -VOCA Grant	606.28
6230-10 Employee Insurance-FV Grant	183.55
6230-12 Employee Insurance -SA Grant	411.60
6230-11 Employee Insurance - DA Grant	745.33
6230-14 Employee Insurance -VAWA Grant	183.55
6230-25 Employee Insurance - SOAR	289.23
6230-35 Employee Insurance - Variety	278.11
6230-08 Employee Insurance - Don. Gen.	639.67
6230-40 Employee Insurance - HOH	556.22
CHECK TOTAL:	*****\$3,893.54

014624

FAMILY CRISIS CENTERS OF NW IOWA
P.O. BOX 295
SIOUX CENTER, IA 51250



525 N MAIN AVE
PO BOX 140
SIOUX CENTER, IA 51250



72-1764-739

00014624

PAY THREE THOUSAND EIGHT HUNDRED NINETY-THREE AND 54 / 100 Dollars
DATE 11/30/12 AMOUNT *****\$3,893.54

TO THE ORDER OF Sanford Health Plan
PO Box 91110
Sioux Falls, SD 57109-1110

AUTHORIZED SIGNATURE

VENDOR ID: SANFORDHEA
PAYEE: Sanford Health Plan

CHECK NO: 00014624
MEMO:

DATE: 11/30/12

ACCOUNT	AMOUNT
6230-13 Employee Insurance -VOCA Grant	606.28
6230-10 Employee Insurance-FV Grant	183.55
6230-12 Employee Insurance -SA Grant	411.60
6230-11 Employee Insurance - DA Grant	745.33
6230-14 Employee Insurance -VAWA Grant	183.55
6230-25 Employee Insurance - SOAR	289.23
6230-35 Employee Insurance - Variety	278.11
6230-08 Employee Insurance - Don. Gen.	639.67
6230-40 Employee Insurance - HOH	556.22
CHECK TOTAL:	*****\$3,893.54

014624

FAMILY CRISIS CENTERS OF NW IOWA

SAINT JOSEPH HEALTH PLAN

Sioux Falls, SD 57109-1110
605-328-6868 877-305-5463

Invoice Date: 11/20/2012
Payment Due Date: 12/1/2012
Invoice From: 12/1/2012
Invoice To: 12/31/2012

FAMILY CRISIS CENTERS OF NW IOWA

PO BOX 295
SIoux FALLS, SD 57109

Previous Balance: \$3,893.54
Amount Paid: (\$3,893.54)
Adjustments: \$0.00
Premium: \$3,893.54
Amount Due: \$3,893.54

Customer ID: _____ Account ID: _____

Subscriber ID	Subscriber Name	Coverage Eff	Size	Type	From	Thru	Rate	Tot Prem	
		7/1/2012	1	S	12/1/2012	12/31/2012	\$556.22	\$556.22	
		7/1/2012	1	S	12/1/2012	12/31/2012	\$556.22	\$556.22	
		7/1/2012	1	S	12/1/2012	12/31/2012	\$556.22	\$556.22	
		8/1/2012	1	S	12/1/2012	12/31/2012	\$556.22	\$556.22	
		7/1/2012	1	S	12/1/2012	12/31/2012	\$556.22	\$556.22	
		7/1/2012	1	S	12/1/2012	12/31/2012	\$556.22	\$556.22	
		7/1/2012	1	S	12/1/2012	12/31/2012	\$556.22	\$556.22	
		7/1/2012	1	S	12/1/2012	12/31/2012	\$556.22	\$556.22	
Total Sub/Mbrs								7/7	\$3,893.54

200283276 Y
Group 0200240001

Total for Group 020024

Total Sub/Mbrs 7/7

\$3,893.54

Type	Subscribers			Members			Premium Amount		
	Current	Retro	Total	Current	Retro	Total	Current	Retro	Total
S	7	0	7	7	0	7	\$3,893.54	\$0.00	\$3,893.54
	7	0	7	7	0	7	\$3,893.54	\$0.00	\$3,893.54

Acct. #	Amount
_____	183.55
_____	411.60
_____	745.33
Appd by Dir.	134
Date	11-30-12
Appd by Bd.	_____
Date	_____

Acct. #	Amount
_____	606.28
_____	183.55
_____	289.23
Appd by Dir.	_____
Date	_____
Appd by Bd.	_____
Date	_____

Acct. #	Amount
_____	278.11
_____	639.65
_____	556.22
Appd by Dir.	_____
Date	_____
Appd by Bd.	<i>JL</i>
Date	_____

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. For inquiries please call (605) 328-6868.

014650

FAMILY CRISIS CENTERS OF NW IOWA

VENDOR ID: ASB
PAYEE: American State Bank

CHECK NO: 00014650
MEMO:

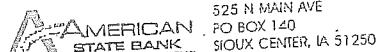
DATE: 11/30/12

ACCOUNT	AMOUNT
2110-00 Employee IRA Payable	475.97
6255-08 Employee IRA - Gen. Donations	175.99
6255-10 Employee IRA Exp - FV Grant	37.14
6255-11 Employee IRA Exp - DA Grant	61.35
6255-12 Employee IRA Exp - SA Grant	7.19
6255-13 Employee IRA Exp - VOCA	31.40
6255-40 Employee IRA Exp - HOH	28.14

CHECK TOTAL: *****\$817.18

014650

FAMILY CRISIS CENTERS OF NW IOWA
P.O. BOX 295
SIOUX CENTER, IA 51250



72-1764-739

00014650

PAY EIGHT HUNDRED SEVENTEEN AND 18 / 100 Dollars
DATE 11/30/12 AMOUNT *****\$817.18

TO THE ORDER OF

American State Bank

AUTHORIZED SIGNATURE

VENDOR ID: ASB
PAYEE: American State Bank

CHECK NO: 00014650
MEMO:

DATE: 11/30/12

ACCOUNT	AMOUNT
2110-00 Employee IRA Payable	475.97
6255-08 Employee IRA - Gen. Donations	175.99
6255-10 Employee IRA Exp - FV Grant	37.14
6255-11 Employee IRA Exp - DA Grant	61.35
6255-12 Employee IRA Exp - SA Grant	7.19
6255-13 Employee IRA Exp - VOCA	31.40
6255-40 Employee IRA Exp - HOH	28.14

CHECK TOTAL: *****\$817.18

01465

FAMILY CRISIS CENTERS OF NW IOWA

Family Crisis Center
Employee's IRA

<u>Employee Name</u>	<u>Amount</u>	<u>Employee w/h'ing</u>	<u>Employer Match</u>	
	\$ 342.60	\$ 171.30	\$ 171.30	
	\$ 52.18	\$ 26.09	\$ 26.09	
	\$ 62.52	\$ 31.26	\$ 31.26	
	\$ 359.88	\$ 247.32	\$ 112.56	
check total	<u>\$ 817.18</u>	<u>\$ 475.97</u>	<u>\$ 341.21</u>	817.18

VENDOR ID: PREMIERCOM
PAYEE: Premier Communications

CHECK NO: 00014631
MEMO:

DATE: 11/30/12

ACCOUNT

6523-12 Telephone Main Off - SA
7040-40 House of Hope - Tel

AMOUNT

294.76
74.37

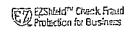
CHECK TOTAL: *****\$369.13

014631

FAMILY CRISIS CENTERS OF NW IOWA
P.O. BOX 295
SIOUX CENTER, IA 51250



525 N MAIN AVE
PO BOX 140
SIOUX CENTER, IA 51250



72-1764-739

00014631

PAY THREE HUNDRED SIXTY-NINE AND 13 / 100 Dollars

DATE

AMOUNT

11/30/12

*****\$369.13

TO THE ORDER OF Premier Communications
PO Box 200
Sioux Center, IA 51250

AUTHORIZED SIGNATURE

VENDOR ID: PREMIERCOM
PAYEE: Premier Communications

CHECK NO: 00014631
MEMO:

DATE: 11/30/12

ACCOUNT

6523-12 Telephone Main Off - SA
7040-40 House of Hope - Tel

AMOUNT

294.76
74.37

CHECK TOTAL: *****\$369.13

FAMILY CRISIS CENTERS OF NW IOWA

014631

Security features. Details on back.

Inquiries: (712) 722-3451 or (800)-741-8351

PO BOX 200 Sioux Center, IA 51250 www.mypremieronline.com

Balance Forward

Previous Bill \$ 464.95
Payment made on Nov 5 \$ 464.95cr
Total payments through Nov 26 \$ 464.95cr

Balance Before Current Charges \$ 0.00

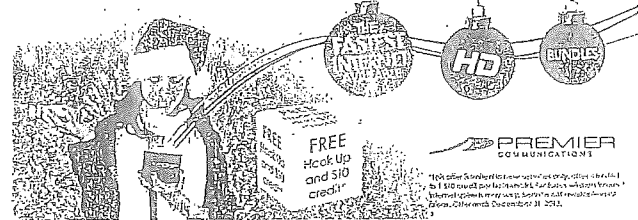
Service Summary

	Recurring	Adj	Usage	Taxes Surcharges Fees	Subtotal
Business Phone					
712-722-4404	33.70			3.22	36.92
712-722-4407	30.20			3.22	33.42
712-722-4417	30.20			3.22	33.42
712-722-4418	32.20			3.22	35.42
712-722-4483	30.70			3.22	33.92
712-722-4589	31.20			3.22	34.42
Cable TV	43.99			3.70	47.69
DialUp Internet	22.50				22.50
Directory Advertising					17.05
					17.05
25 10th St SE					74.37
Cable TV	43.95			3.70	47.65
Residential Phone					
712-722-4423	24.50			2.22	26.72
					95.82
Melissa's Hope Chest					
Business Phone					
712-722-4488	30.20			3.22	33.42
Directory Advertising					12.65
	12.65				12.65
DSL	47.95			1.80	49.75
	430.99			33.96	464.95
Subtotal Current Charges					464.95

Total Amount Due \$ 464.95

Account Summary	
Account Number	C
Invoice Number	10700730
Bill Date	Dec 01, 2012
Due Date	Dec 20, 2012
Previous Bill	\$
Previous Payments	\$
Previous Balance	
Advance Payments	
Current Charges	
Amount Due	\$ 464.95

THIS CHRISTMAS
GIVE YOURSELF THE GIFT OF...



Acct. #	Amount
6523-12	294.76
7040-40	74.37
M.H.C.	95.82
Appd by Dir.	BY
Date	11-30-12
Appd by Bd.	
Date	

KEEP THIS PORTION FOR YOUR RECORDS

To ensure proper credit, please return the bottom portion of this page with your payment

PREMIER
COMMUNICATIONS
Looking Ahead
PO BOX 200
Sioux Center, IA 51250
ADDRESS SERVICE REQUESTED

Phone Number: (712) 722-3451 or (800) 741-8351

Remittance Information	
Account Number	---
Invoice Number	10700730
Bill Date	Dec 01, 2012
Delinquent After	Dec 20, 2012
Amount Due	\$ 464.95
Amount Enclosed:	\$ -----

005091 1 AV 0.350 T19 12
FAMILY CRISIS CENTER
PO BOX 295
SIOUX CENTER, IA 51250-0295

PREMIER COMMUNICATIONS
PO BOX 200
SIOUX CENTER, IA 51250

Check here to enroll in automatic payments (See reverse for details)

