

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

Fund: DA-Domestic Abuse & SA-Sexual Abuse

Month: February

Program Family Resources, Inc.

Address

City

Davenport

E-mail Contact

Phone/Ext.

563-468-2237

Vendor #

Contract #

DA-54-20-SH

SA-14-

RECEIVED
 11/20/13 10:07 AM

<u>Expense</u>	<u>Budget</u>	<u>Claim</u>	<u>YTD</u>	<u>Balance</u>	<u>Budget</u>	<u>Claim</u>	<u>YTD</u>	<u>Balance</u>
Payroll	106,214	8,388.86	68,313.37	37,900.63	-	-	-	-
Benefits	32,555	2,123.74	14,530.81	18,024.19	-	-	-	-
Travel & Training	2,705	114.02	3,101.18	(396.18)	-	-	-	-
Contracted Svc.	10,000	794.73	2,781.56	7,218.44	-	-	-	-
Equipment		-	-	-	-	-	-	-
Repairs & Maint.	1,200	100.58	1,820.81	(620.81)	-	-	-	-
Rent	1,200	135.58	1,057.33	142.67	-	-	-	-
Utilities	4,800	-	5,552.58	(752.58)	-	-	-	-
Communications	6,630	1,214.30	5,884.49	745.51	-	-	-	-
Advertising		-	-	-	-	-	-	-
Supplies	2,981	-	4,403.91	(1,422.91)	-	-	-	-
Insurance		-	-	-	-	-	-	-
Other Direct		-	-	-	-	-	-	-
Total	168,285	12,871.81	#####	60,838.96				

P A D
 APR - 2 2014

Total DA/SA 12,871.81

Program Signature

Stephanie Kuffner 3/21/14

Date

CVAD Signature

Janie Schuberger

Date

3/26/14

Original or First claim	
Doc # AGKH	092013001
Date Paid	09/24/13

Expense Summary

Program: *Family Resources, Inc.*

Month/Year: *Feb-14*

Travel & Training:		DA	FV	SA	SS	VA	VW	TOTAL
Date:	Type of Invoice:	Amount:	Amount:	Amount:	Amount:	Amount:	Amount:	
18-Feb-14	Kwik Shop - Gas for Agency Vehicle		\$181.47					\$181.47
11-Feb-14	Mileage	\$4.05						\$4.05
11-Feb-14		\$45.00						\$45.00
11-Feb-14	Mileage	\$17.62						\$17.62
11-Feb-14	Mileage	\$5.34						\$5.34
11-Feb-14	Travel	\$23.40						\$23.40
11-Feb-14	Mileage	\$18.61						\$18.61
Total:		\$114.02	\$181.47	\$0.00	\$0.00	\$0.00	\$0.00	\$295.49

Contracted Services:		DA	FV	SA	SS	VA	VW	TOTAL
Date:	Type of Invoice:	Amount:	Amount:	Amount:	Amount:	Amount:	Amount:	
18-Feb-14	Iowa Coalition Against DV - Americorp	\$794.73						\$794.73
Total:		\$794.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$794.73

Rent		DA	FV	SA	SS	VA	VW	TOTAL
Date:	Type of Invoice:	Amount:	Amount:	Amount:	Amount:	Amount:	Amount:	
4-Feb-14	Davenport Family Homes	\$135.58	\$135.58			\$135.58		\$406.74
Total:		\$135.58	\$135.58	\$0.00	\$0.00	\$135.58	\$0.00	\$406.74

Repairs & Maintenance		DA	FV	SA	SS	VA	VW	TOTAL
Date:	Type of Invoice:	Amount:	Amount:	Amount:	Amount:	Amount:	Amount:	
18-Feb-14	County Waste System	\$100.58	\$100.58					\$201.16
27-Feb-14	Jack Stoffers & Sons		\$325.00					\$325.00
Total:		\$100.58	\$425.58	\$0.00	\$0.00	\$0.00	\$0.00	\$526.16

Utilities		DA	FV	SA	SS	VA	VW	TOTAL
Date:	Type of Invoice:	Amount:	Amount:	Amount:	Amount:	Amount:	Amount:	
Total:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Communications		DA	FV	SA	SS	VA	VW	TOTAL
Date:	Type of Invoice:	Amount:	Amount:	Amount:	Amount:	Amount:	Amount:	
11-Feb-14	CenturyLink					\$160.05		\$160.05
11-Feb-14	CenturyLink					\$53.18		\$53.18
11-Feb-14	CenturyLink	\$16.47						\$16.47
27-Feb-14	CenturyLink Business Services	\$416.32						\$416.32
4-Feb-14	CenturyLink Business Services	\$750.72						\$750.72
27-Feb-14	US Cellular - Cell Phones		\$135.82					\$135.82
11-Feb-14	US Cellular - Hot Spots		\$78.51					\$78.51
11-Feb-14	Cell Phone	\$12.50						\$12.50
11-Feb-14	Cell Phone	\$11.77						\$11.77
11-Feb-14	Cell Phone	\$2.50						\$2.50
11-Feb-14		\$4.02						\$4.02
Total:		\$1,214.30	\$214.33	\$0.00	\$0.00	\$213.23	\$0.00	\$1,641.86

Supplies		DA	FV	SA	SS	VA	VW	TOTAL
Date:	Type of Invoice:	Amount:	Amount:	Amount:	Amount:	Amount:	Amount:	
Total:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL EXPENSES: \$2,359.21 \$956.96 \$0.00 \$0.00 \$348.81 \$0.00 \$3,664.98

1093 Family Resources Inc

Payroll Register (S109)

Check Date: 02/14/2014-1 TO 02/28/2014-1
 Period Range: 01/19/2014 TO 02/15/2014
 Week Number: Week #9

Employee Name	Social Security Number			Frequency		Salary Deductions Description	Taxes Description	Check-Number	Check-Date	Check-Type	Net-Check
	Current	Hours	Amount	YTD	Amount						
Regular	79.75	341.75	3,861.78	IA	IL	0.00	0.00	0.00	02/14/2014	Regular	0.00
holiday Pay	8.00	24.00	271.20			71 Dental Benefits	32.00	434.57			121.76
overtime 1.5	6.75	8.50	144.07			75 PPO Wellness - I	316.00	242.52			62.91
Week Totals:	94.50	374.25	4,277.05	IA	IL	D3DD - Savings 1	2,982.11	195.57			50.73
								929.38	02/28/2014	Regular	0.00
Regular	78.00	341.75	3,861.78	IA	IL	0.00	0.00	0.00			
holiday Pay	0.00	24.00	271.20			71 Dental Benefits	32.00	434.57			88.07
overtime 1.5	6.75	8.50	144.07			75 PPO Wellness - I	316.00	242.52			48.98
Week Totals:	84.75	374.25	4,277.05	IA	IL	D3DD - Savings 1	2,982.11	195.57			39.50
								929.38	02/28/2014	Regular	0.00
Regular	157.75	341.75	3,861.78	IA	IA	0.00	0.00	0.00			
holiday Pay	8.00	24.00	271.20			71 Dental Benefits	32.00	434.57			209.83
overtime 1.5	6.75	8.50	144.07			75 PPO Wellness - I	316.00	242.52			111.89
Week Totals:	172.50	374.25	4,277.05	IA	IA	D3DD - Savings 1	2,982.11	195.57			90.23
								929.38	02/28/2014	Regular	0.00
Regular	78.50	380.50	4,299.66	IA	IA	0.00	0.00	0.00			
holiday Pay	8.00	24.00	271.20			D1DD - Checking 1	3,752.10	295.01			65.25
overtime 1.5	0.00	0.25	4.24			OASDI	60.60	283.65			60.60
Week Totals:	86.50	404.75	4,575.10	IA	IA	Medicare	14.17	66.34			14.17
						State IA (S/O)	39.00	178.00			39.00
Regular	78.25	380.50	4,299.66	IA	IA	0.00	0.00	0.00			
holiday Pay	0.00	24.00	271.20			D1DD - Checking 1	3,752.10	295.01			55.92
overtime 1.5	0.00	0.25	4.24			OASDI	60.60	283.65			60.60
Week Totals:	78.25	404.75	4,575.10	IA	IA	Medicare	14.17	66.34			14.17
						State IA (S/O)	39.00	178.00			39.00
Regular	156.75	380.50	4,299.66	IA	IA	0.00	0.00	0.00			
Week Totals:	156.75	380.50	4,299.66	IA	IA	D1DD - Checking 1	3,752.10	295.01			157.56
								121.17			121.17

Date Printed: 03/03/2014 10:45:56 AM

Sheakley PaySystems - Burlington
 Phone: 800-582-2327, 319-752-3612
 Fax: 319-540-8757
 Email: service3@sheakleypay.com

093 Family Resources Inc

Payroll Register (8109)
 Check Date : 02/14/2014-J TO 02/28/2014-I
 Period Range : 01/19/2014 TO 02/15/2014
 Week Number : Week #9

Employee Name	Rate of Pay		Current		Social Security Number		YTD		Salary Deductions Description	Frequency	Current Amount	YTD Amount	Taxes Description	Check Number	Check Date	Check Type	Net Check
	Hours	Amount	Hours	Amount	Hours	Amount	Hours	Amount									
Holiday Pay	11.30	8.00	90.40	24.00	271.20								OASDI				283.66
overtime	1.5	0.00	0.00	0.25	4.24								Medicare				66.34
													State IA				178.00
Employee Totals:			1,861.68	404.75	4,575.10	IA	IL				1,525.10	3,752.10					823.00
									1038.46	Bi-Weekly					02/14/2014	Regular	0.00
Salary	0.00	0.00	1,038.46	0.00	5,192.30				05 United Way-QC	1.00	4.00	4.00	Federal (M/F)				270.27
									22 Aflac Hospital P/	26.26	105.04	105.04	OASDI				315.42
									24 Aflac STD A/T	19.44	77.76	77.76	Medicare				73.78
									D1 DD - Checking 1	814.27	4,112.06	4,112.06	State IL (S/I)				233.97
Week Totals:			1,038.46	0.00	5,192.30	IA	IL			860.97	4,298.86						893.44
									1038.46	Bi-Weekly					02/28/2014	Regular	0.00
Salary	0.00	0.00	1,038.46	0.00	5,192.30				05 United Way-QC	1.00	4.00	4.00	Federal (M/F)				270.27
									22 Aflac Hospital P/	26.26	105.04	105.04	OASDI				315.42
									24 Aflac STD A/T	19.44	77.76	77.76	Medicare				73.78
									D1 DD - Checking 1	814.27	4,112.06	4,112.06	State IL (S/I)				233.97
Week Totals:			1,038.46	0.00	5,192.30	IA	IL			860.97	4,298.86						893.44
									107.06	2.00	4.00	4.00	Federal				270.27
Salary	0.00	0.00	2,076.92	0.00	5,192.30				22 Aflac Hospital P/	52.52	105.04	105.04	OASDI				315.42
									24 Aflac STD A/T	38.88	77.76	77.76	Medicare				73.78
									D1 DD - Checking 1	1,628.54	4,112.06	4,112.06	State IL				233.97
Week Totals:			2,076.92	0.00	5,192.30	IA	IA			1,721.94	4,298.86						893.44
									05 United Way-QC	2.00	4.00	4.00	Federal				270.27
Employee Totals:			78.00	392.25	4,809.00				05 United Way-QC	0.50	2.00	2.00	Federal (S/B)				177.07
									70 Def Contrib M3	9.56	48.00	48.00	OASDI				275.52
									71 Dental Benefits	8.00	32.00	32.00	Medicare				64.42
									75 PPO Wellness - I	79.00	316.00	316.00	State IA (S2/S)				76.00
									76 Vision Benefits	4.39	17.56	17.56					
									D1 DD - Checking 1	742.97	3,848.43	3,848.43					
Week Totals:			968.29	392.25	4,809.00					834.86	4,215.99						593.01

Date Printed: 03/03/2014 10:45:57 AM

093 Family Resources Inc

Payroll Register (S109)

Check Date:	02/14/2014-1 TO 02/28/2014-1
Period Range:	01/19/2014 TO 02/15/2014
Week Number:	Week #9

Employee Name	Rate of Pay	Current		Social Security Number		YTD		Amount	IA	IA	Salary Deductions Description	Frequency	YTD Amount	Taxes Description	Check Number	Check Date	Check Type	Net Check
		Hours	Amount	Hours	Amount	Hours	Amount											
Regular	12.26	69.00	845.94	314.50	3,855.78	0.50	2.00	Federal (S/3)	0.00	Bi-Weekly	0.00	0.00	Regular	02/28/2014	Regular	33.49	177.07	
Group Term L	0.00	0.00	0.04	0.00	0.20	0.20	0.00	70 Def Contrib M3	0.00	0.00	48.00	0.00	OASDI			54.39	275.52	
Medical	12.26	5.00	61.30	45.00	551.70	8.00	32.00	71 Dental Benefits	0.00	0.00	32.00	0.00	Medicare			12.72	64.42	
Sick Leave	12.26	5.00	61.30	8.75	107.28	79.00	316.00	75 PPO Wellness - I	0.00	0.00	17.56	0.00	State IA (S2/3)			24.00	76.00	
Vacation Pay	0.00	0.00	0.00	24.00	294.24	4.39	17.56	76 Vision Benefits	0.00	0.00	3,848.43	0.00						
Week Totals:		79.00	968.54	392.25	4,809.00	843.94	4,215.96	D1 DD - Checking 1	0.00	Bi-Weekly	124.60	593.01						
Employee Totals:		157.00	1,924.83	392.25	4,809.00	1,678.80	4,215.96	05 United Way-OC	0.00	Bi-Weekly	65.75	177.07						
Regular	12.26	127.25	1,560.09	314.50	3,855.78	1.00	2.00	Federal	0.00	Bi-Weekly	108.02	275.52						
Group Term L	0.00	0.00	0.08	0.00	0.20	0.20	0.00	70 Def Contrib M3	0.00	0.00	25.26	64.42						
Medical	12.26	13.00	159.38	45.00	551.70	16.00	32.00	71 Dental Benefits	0.00	0.00	47.00	76.00						
Sick Leave	12.26	8.75	107.28	8.75	107.28	158.00	316.00	75 PPO Wellness - I	0.00	0.00	17.56	0.00						
Vacation Pay	12.26	8.00	98.08	24.00	294.24	8.78	17.56	76 Vision Benefits	0.00	0.00	3,848.43	0.00						
Week Totals:		157.00	1,924.83	392.25	4,809.00	1,678.80	4,215.96	D1 DD - Checking 1	0.00	Bi-Weekly	246.03	593.01						
Employee Totals:		314.00	3,849.66	784.50	9,618.00	3,357.60	7,431.92	0.00	0.00	Bi-Weekly	0.00	0.00						
Regular	9.18	53.25	488.84	315.25	2,894.02	14.95	59.80	OASDI	0.00	Bi-Weekly	41.98	201.35						
Sick Leave	9.18	12.50	114.75	14.50	133.11	15.00	75.00	Medicare	0.00	0.00	9.82	47.09						
Holiday Pay	9.18	8.00	73.44	24.00	220.32	6.77	32.47	State IA (S/1)	0.00	0.00	22.00	101.00						
Week Totals:		73.75	677.03	353.75	3,247.45	603.23	2,898.01	D1 DD - Checking 1	0.00	Bi-Weekly	73.80	349.44						
Employee Totals:		147.50	1,372.62	583.50	4,378.82	1,216.46	3,706.01	0.00	0.00	Bi-Weekly	0.00	0.00						
Regular	9.18	74.25	681.62	315.25	2,894.02	14.95	59.80	OASDI	0.00	Bi-Weekly	42.26	201.35						
Sick Leave	0.00	0.00	0.00	14.50	133.11	15.00	75.00	Medicare	0.00	0.00	9.88	47.09						
Holiday Pay	0.00	0.00	0.00	24.00	220.32	6.82	32.47	State IA (S/1)	0.00	0.00	22.00	101.00						
Week Totals:		74.25	681.62	353.75	3,247.45	607.48	2,898.01	D1 DD - Checking 1	0.00	Bi-Weekly	74.14	349.44						
Employee Totals:		148.50	1,363.24	583.50	4,378.82	1,216.46	3,706.01	0.00	0.00	Bi-Weekly	0.00	0.00						
Regular	9.18	127.50	1,170.46	315.25	2,894.02	29.90	59.80	OASDI	0.00	0.00	84.24	201.35						
Sick Leave	9.18	12.50	114.75	14.50	133.11	30.00	75.00	Medicare	0.00	0.00	19.70	47.09						
Holiday Pay	9.18	8.00	73.44	24.00	220.32	13.59	32.47	State IA	0.00	0.00	44.00	101.00						
Week Totals:		148.00	1,358.65	583.50	4,378.82	1,150.81	2,763.21	D1 DD - Checking 1	0.00	Bi-Weekly	0.00	0.00						

Date Printed: 03/03/2014 10:45:57 AM

Sheakley PaySystems - Burlington
 Phone: 800-582-2327, 319-752-3612
 Fax: 319-540-8757
 Email: service3@sheakleypay.com

093 Family Resources Inc

Payroll Register (S109)

Check Date : 02/14/2014-1 TO 02/28/2014-1
 Period Range : 01/19/2014 TO 02/15/2014
 Week Number : Week #9

Employee Name	Rate of Pay		Social Security Number		YTD Amount	Salary Deductions Description	Frequency	YTD Amount	Taxes Description	Check Date		YTD Amount
	Hours	Amount	Hours	Amount						Current Amount	Net Check	
Employee Totals:	148.00	1,358.85	353.75	3,247.45				2,898.01		02/14/2014	147.94	349.44
Salary	0.00	980.77	0.00	4,903.85		980.77	Bi-Weekly	80.84	Federal (S/I)	02/28/2014	80.84	404.20
						75 PPO Wellness - I		395.00	OASDI		55.41	277.05
						D1DD - Checking 1		3,567.80	Medicare		12.96	64.80
									State IA (S/I)		31.00	155.00
Week Totals:	0.00	980.77	0.00	4,903.85		980.77	Bi-Weekly	180.21		02/28/2014	180.21	901.05
Salary	0.00	980.77	0.00	4,903.85		980.77	Bi-Weekly	80.84	Federal (S/I)		80.84	404.20
						75 PPO Wellness - I		395.00	OASDI		55.41	277.05
						D1DD - Checking 1		3,567.80	Medicare		12.96	64.80
									State IA (S/I)		31.00	155.00
Week Totals:	0.00	980.77	0.00	4,903.85		980.77	Bi-Weekly	180.21		02/28/2014	180.21	901.05
Salary	0.00	1,961.54	0.00	4,903.85		1,961.54	Bi-Weekly	161.68	Federal		161.68	404.20
						75 PPO Wellness - I		395.00	OASDI		110.82	277.05
						D1DD - Checking 1		3,567.80	Medicare		25.92	64.80
									State IA		62.00	155.00
Week Totals:	0.00	1,961.54	0.00	4,903.85		1,961.54	Bi-Weekly	360.42		02/28/2014	360.42	901.05
Salary	0.00	1,192.31	0.00	5,961.55		1,192.31	Bi-Weekly	62.84	Federal (M/I)		62.84	323.76
						39 Roth 403B		238.45	Federal (M/I)		68.53	348.04
						70 Def Contrib M3		47.68	OASDI		16.03	81.41
						71 Dental Benefits		32.00	Medicare		47.00	241.00
						75 PPO Wellness - I		316.00	State IA (S/I)		47.00	241.00
						D1DD - Checking 1		4,380.85				
Week Totals:	0.00	1,192.31	0.00	5,961.55		1,192.31	Bi-Weekly	194.40		02/28/2014	194.40	994.21

Date Printed: 03/03/2014 10:45:57 AM

1093 Family Resources Inc

Payroll Register (S109)

Check Date : 02/14/2014-1 TO 02/28/2014-1
 Period Range : 01/19/2014 TO 02/15/2014
 Week Number : Week #9

Employee Name	Rate of Pay	Hours	Current Amount	Social Security Number		YTD Amount	Salary Description	Frequency	Current Amount	YTD Amount	Taxes Description	Check Number	Check Date	Check Type	Nef Check
				Hours	Amount										
Salary	0.00	0.00	1,192.31	0.00	0.00	5,961.55	7192.31	Bi-Weekly	47.69	238.45	Federal (M/1)	62.84	02/14/2014	Regular	323.76
							39 Roth 403B		11.92	47.68	OASDI	68.53			348.04
							70 Def Contrib M3		8.00	32.00	Medicare	16.03			81.41
							71 Dental Benefits		79.00	318.00	State IA (S/O)	47.00			241.00
							75 PPO Wellness - I		863.22	4,380.88					
							D1DD - Checking 1		997.91	4,967.34					994.21
ck Totals:		0.00	1,192.31	0.00	0.00	5,961.55			95.38	238.45	Federal	125.68			323.76
Salary	0.00	0.00	2,384.62	0.00	0.00	5,961.55	39 Roth 403B		11.92	47.68	OASDI	137.06			348.04
							70 Def Contrib M3		16.00	32.00	Medicare	32.06			91.41
							71 Dental Benefits		153.00	316.00	State IA	94.00			241.00
							75 PPO Wellness - I		1,726.44	4,380.88					
							D1DD - Checking 1		1,995.82	4,967.34					994.21
mployee Totals:		0.00	2,384.62	0.00	0.00	5,961.55			5.00	20.00	Federal (M/1)	33.47	02/14/2014	Regular	163.95
							05 United Way-OC		150.00	600.00	OASDI	54.69			283.74
							27 HSA Medical		70.36	351.80	Medicare	12.79			66.36
							38 403B		11.73	58.65	State IL (M/1)	36.50			190.84
							70 Def Contrib M3		16.00	64.00					
							71 Dental Benefits		128.00	512.00					
							72 HSA Insur Bene		0.00	128.00					
							75 PPO Wellness - I		665.87	3,462.71					
							D1DD - Checking 1		1,035.23	5,138.51					724.89
ck Totals:		0.00	1,172.68	0.00	0.00	5,863.40									

Date Printed: 03/03/2014 10:45:57 AM

093 Family Resources Inc

Payroll Register (S109)	
Check Date :	02/14/2014-1 TO 02/28/2014-1
Period Range :	01/19/2014 TO 02/15/2014
Week Number :	Week #9

Employee Name	Rate of Pay	Social Security Number		Hours	YTD Amount	IA	IL	Salary Deductions Description	Current Amount	Frequency	YTD Amount	Taxes Description	Check Information		YTD Amount		
		Current	Amount										Check Date	Check Type		Net Check	
Regular	15.00	30.00	450.00	148.00	2,220.00			22 Alliac Hospital P/	1176.93	Bi-Weekly	26.26	105.04	Federal (M/1)	1/28/2014	Regular	131.30	659.34
Group Term L	0.00	0.00	0.31	0.00	1.55			39 Roth 403B			48.81	243.15	OASDI			98.27	492.11
Salary	0.00	0.00	1,176.93	0.00	5,884.65			70 Def Contrib M3			16.27	81.05	Medicare			22.98	115.08
								71 Dental Benefits			16.00	64.00	State IL (M/1)			75.16	376.47
Week Totals:		30.00	1,626.93	148.00	8,104.65			D1 DD - Checking 1			1,208.15	6,050.46				327.71	1,642.00
Regular	15.00	60.00	900.00	148.00	2,220.00			22 Alliac Hospital P/			52.52	105.04	Federal			262.60	658.34
Group Term L	0.00	0.00	0.62	0.00	1.55			39 Roth 403B			97.62	243.15	OASDI			196.54	492.11
Salary	0.00	0.00	2,353.86	0.00	5,884.65			70 Def Contrib M3			32.54	81.05	Medicare			45.96	115.08
								71 Dental Benefits			32.00	64.00	State IL			150.32	376.47
Week Totals:		60.00	3,253.86	148.00	8,104.65			D1 DD - Checking 1			2,416.30	6,050.46				655.42	1,642.00
Employee Totals:						IA	IL			Bi-Weekly				02/14/2014	Regular		0.00
Group Term L	0.00	0.00	1.62	0.00	8.10			05 United Way-QC			2.00	8.00	Federal (M/2)			75.69	417.39
Salary	0.00	0.00	1,804.61	0.00	9,023.05			19 Flex - Dep Care			208.33	833.32	OASDI			95.89	495.55
								22 Alliac Hospital P/			26.26	105.04	Medicare			22.43	115.91
								24 Alliac STD A/T			29.64	118.56	State IL (M/0)			68.31	354.53
								38 403B			180.46	902.30					
								70 Def Contrib M3			18.05	90.25					
								71 Dental Benefits			17.00	68.00					
								76 Vision Benefits			8.04	32.16					
								D1 DD - Checking 1			1,070.56	5,572.29					
Week Totals:		0.00	1,804.61	0.00	9,023.05						1,542.29	7,639.67				262.32	1,383.38

Date Printed: 03/03/2014 10:45:58 AM

1093 Family Resources Inc

Payroll Register (S109)	
Check Date:	02/14/2014-1 TO 02/28/2014-1
Period Range:	01/19/2014 TO 02/15/2014
Week Number:	Week #9

Employee Name	Rate of Pay	Hours	Current Amount	YTD Amount	Hours	YTD Hours	Current Amount	YTD Amount	Frequency	YTD Amount	YTD Amount	YTD Amount	Check Date	Check Type	Net/Check
Group Term L	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Bi-Weekly	8.00	417.39	0.00	02/28/2014	Regular	0.00
Salary	0.00	0.00	1,804.61	9,023.05	0.00	0.00	1,804.61	9,023.05	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
19 Flex - Dep Care	0.00	0.00	1,804.61	9,023.05	0.00	0.00	1,804.61	9,023.05	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
22 Aflac Hospital P/T	0.00	0.00	1,804.61	9,023.05	0.00	0.00	1,804.61	9,023.05	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
24 Aflac STD A/T	0.00	0.00	1,804.61	9,023.05	0.00	0.00	1,804.61	9,023.05	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
38 403B	0.00	0.00	1,804.61	9,023.05	0.00	0.00	1,804.61	9,023.05	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
70 Def Contrib M3	0.00	0.00	1,804.61	9,023.05	0.00	0.00	1,804.61	9,023.05	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
71 Dental Benefits	0.00	0.00	1,804.61	9,023.05	0.00	0.00	1,804.61	9,023.05	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
76 Vision Benefits	0.00	0.00	1,804.61	9,023.05	0.00	0.00	1,804.61	9,023.05	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
D1 DD - Checking 1	0.00	0.00	1,804.61	9,023.05	0.00	0.00	1,804.61	9,023.05	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
Check Totals:			1,804.61	9,023.05	0.00	0.00	1,804.61	9,023.05	Bi-Weekly	8.10	417.39	0.00			
Group Term L	0.00	0.00	3,609.22	18,046.10	0.00	0.00	3,609.22	18,046.10	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
Salary	0.00	0.00	3,609.22	18,046.10	0.00	0.00	3,609.22	18,046.10	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
05 United Way-OC	0.00	0.00	3,609.22	18,046.10	0.00	0.00	3,609.22	18,046.10	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
19 Flex - Dep Care	0.00	0.00	3,609.22	18,046.10	0.00	0.00	3,609.22	18,046.10	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
22 Aflac Hospital P/T	0.00	0.00	3,609.22	18,046.10	0.00	0.00	3,609.22	18,046.10	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
24 Aflac STD A/T	0.00	0.00	3,609.22	18,046.10	0.00	0.00	3,609.22	18,046.10	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
38 403B	0.00	0.00	3,609.22	18,046.10	0.00	0.00	3,609.22	18,046.10	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
70 Def Contrib M3	0.00	0.00	3,609.22	18,046.10	0.00	0.00	3,609.22	18,046.10	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
71 Dental Benefits	0.00	0.00	3,609.22	18,046.10	0.00	0.00	3,609.22	18,046.10	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
76 Vision Benefits	0.00	0.00	3,609.22	18,046.10	0.00	0.00	3,609.22	18,046.10	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
D1 DD - Checking 1	0.00	0.00	3,609.22	18,046.10	0.00	0.00	3,609.22	18,046.10	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
Employee Totals:			3,609.22	18,046.10	0.00	0.00	3,609.22	18,046.10	Bi-Weekly	8.10	417.39	0.00			
Group Term L	0.00	0.00	1059.23	5,296.15	0.00	0.00	1059.23	5,296.15	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
Salary	0.00	0.00	1059.23	5,296.15	0.00	0.00	1059.23	5,296.15	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
70 Def Contrib M3	0.00	0.00	1059.23	5,296.15	0.00	0.00	1059.23	5,296.15	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
75 PPO Wellness - I	0.00	0.00	1059.23	5,296.15	0.00	0.00	1059.23	5,296.15	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
D1 DD - Checking 1	0.00	0.00	1059.23	5,296.15	0.00	0.00	1059.23	5,296.15	Bi-Weekly	8.10	417.39	0.00	02/28/2014	Regular	0.00
Employee Totals:			1059.23	5,296.15	0.00	0.00	1059.23	5,296.15	Bi-Weekly	8.10	417.39	0.00			

Date Printed: 03/03/2014 10:45:58 AM

4093 Family Resources Inc

Payroll Register (S109)	
Check Date :	02/14/2014-1 TO 02/28/2014-1
Period Range :	01/19/2014 TO 02/15/2014
Week Number :	Week #9

Employee Name	Rate of Pay	Social Security Number		YTD Amount	Salary Deductions Description	Frequency	YTD Amount	Taxes Description	Check Date	Check Type	Net Check
		Hours	Amount								
Salary	0.00	0.00	2,267.70	5,669.25	71 Dental Benefits	16.00	32.00	OASDI	02/14/2014	Regular	135.34
73 HSA-Wellness In					73 HSA-Wellness In	70.00	140.00	Medicare			31.66
D1DD - Checking 1					D1DD - Checking 1	1,664.12	4,191.56	State IA			84.00
Employee Totals:		0.00	2,267.70	5,669.25		1,750.12	4,363.56		02/14/2014	Regular	517.58
Group Term L	0.00	0.00	0.77	3.85	38-403B	23.50	117.50	Federal (S/4)			38.24
70 Def Contrib M3					70 Def Contrib M3	11.75	58.75	OASDI			67.52
71 Dental Benefits					71 Dental Benefits	8.00	32.00	Medicare			15.79
75 PPO Wellness - I					75 PPO Wellness - I	79.00	316.00	State IL (S/4)			36.93
D1DD - Checking 1					D1DD - Checking 1	906.25	4,594.01				188.19
Week Totals:		0.00	1,175.23	5,876.15		1,016.75	5,059.51		02/28/2014	Regular	158.48
Group Term L	0.00	0.00	1.54	3.85	38-403B	47.00	117.50	Federal			76.48
70 Def Contrib M3					70 Def Contrib M3	23.50	58.75	OASDI			135.04
71 Dental Benefits					71 Dental Benefits	16.00	32.00	Medicare			31.58
75 PPO Wellness - I					75 PPO Wellness - I	158.00	316.00	State IL			73.86
D1DD - Checking 1					D1DD - Checking 1	1,812.50	4,594.01				188.19
Week Totals:		0.00	2,350.46	5,876.15		2,033.50	5,059.51		02/14/2014	Regular	316.96
Regular	11.53	33.50	386.26	1,360.54	05 United Way-QC	0.00	1.00	Federal (S/0)			29.97
70 Def Contrib M3					70 Def Contrib M3	3.86	13.60	OASDI			23.95
D1DD - Checking 1					D1DD - Checking 1	297.43	1,043.96	Medicare			5.60
State IL (S/0)					State IL (S/0)						29.31
Week Totals:		33.50	386.26	1,360.54		297.43	1,044.99				88.83

Date Printed: 03/03/2014 10:45:59 AM

Sheakley PaySystems - Burlington
 Phone: 800-582-2327, 319-752-3612
 Fax: 319-540-8757
 Email: service3@sheakleypay.com

993 Family Resources Inc

Payroll Register (S109)

Check Date : 02/14/2014-1 TO 02/28/2014-1
 Period Range : 01/19/2014 TO 02/15/2014
 Week Number : Week #9

Employee Name	Social Security Number		YTD		Hours	Amount	Current	Rate of Pay	Hours	Current	Deductions Description	Salary	Frequency	YTD Amount	Taxes Description	Check #9		Net Check
	IA	IL	Hours	Amount												Current Amount	YTD Amount	
Regular	11.53	41.25	118.00	1,360.54	118.00	1,360.54	0.00	0.00	0.00	0.00	105 United Way-QC	0.00	Bi-Weekly	1.00	Federal (S/O)	40.91	103.44	0.00
Regular	11.53	74.75	118.00	1,360.54	118.00	1,360.54	0.00	4.76	13.60	13.60	70 Def Contrib M3	0.00	Bi-Weekly	4.76	OASDI	29.49	84.36	0.00
Regular	11.53	364.53	1,043.99	1,043.99	364.53	1,043.99	0.00	364.53	1,043.99	1,043.99	D1DD - Checking 1	0.00	Bi-Weekly	364.53	Medicare	6.90	19.73	0.00
Regular	11.53	364.53	1,043.99	1,043.99	364.53	1,043.99	0.00	364.53	1,043.99	1,043.99	State IL (S/O)	0.00	Bi-Weekly	364.53	State IL (S/O)	33.78	108.02	0.00
Employee Totals:	74.75	861.87	118.00	1,360.54	118.00	1,360.54	0.00	8.62	13.60	13.60	105 United Way-QC	0.00	Bi-Weekly	8.62	Federal	70.88	103.44	0.00
Regular	12.75	8.00	8.00	102.00	8.00	102.00	0.00	8.00	102.00	102.00	70 Def Contrib M3	0.00	Bi-Weekly	8.00	OASDI	53.44	84.36	0.00
Regular	12.75	8.00	8.00	102.00	8.00	102.00	0.00	8.00	102.00	102.00	D1DD - Checking 1	0.00	Bi-Weekly	8.00	Medicare	12.50	19.73	0.00
Employee Totals:	78.50	1,000.88	190.25	2,425.69	190.25	2,425.69	0.00	10.01	24.26	24.26	39 Roth 403B	0.00	Bi-Weekly	10.01	Federal (S/I)	96.91	213.16	0.00
Regular	12.75	8.00	8.00	102.00	8.00	102.00	0.00	8.00	102.00	102.00	D1DD - Checking 1	0.00	Bi-Weekly	8.00	OASDI	62.05	150.39	0.00
Regular	12.75	8.00	8.00	102.00	8.00	102.00	0.00	8.00	102.00	102.00	Medicare	0.00	Bi-Weekly	8.00	Medicare	14.51	35.17	0.00
Employee Totals:	78.50	1,000.88	190.25	2,425.69	190.25	2,425.69	0.00	781.45	1,578.51	1,578.51	State IL (S/I)	0.00	Bi-Weekly	781.45	State IL (S/I)	45.96	109.02	0.00
Regular	12.75	8.00	8.00	102.00	8.00	102.00	0.00	8.00	102.00	102.00	39 Roth 403B	0.00	Bi-Weekly	8.00	Federal (S/I)	99.30	213.16	0.00
Regular	12.75	8.00	8.00	102.00	8.00	102.00	0.00	8.00	102.00	102.00	D1DD - Checking 1	0.00	Bi-Weekly	8.00	OASDI	63.04	150.39	0.00
Employee Totals:	79.75	1,016.81	190.25	2,425.69	190.25	2,425.69	0.00	792.98	1,578.51	1,578.51	State IL (S/I)	0.00	Bi-Weekly	792.98	State IL (S/I)	46.75	109.02	0.00
Regular	12.75	8.00	8.00	102.00	8.00	102.00	0.00	8.00	102.00	102.00	39 Roth 403B	0.00	Bi-Weekly	8.00	Federal	196.21	213.16	0.00
Regular	12.75	8.00	8.00	102.00	8.00	102.00	0.00	8.00	102.00	102.00	D1DD - Checking 1	0.00	Bi-Weekly	8.00	OASDI	125.09	150.39	0.00
Employee Totals:	158.25	2,017.69	190.25	2,425.69	190.25	2,425.69	0.00	1,574.43	1,578.51	1,578.51	State IL	0.00	Bi-Weekly	1,574.43	State IL	92.71	109.02	0.00

Date Printed: 03/03/2014 10:45:59 AM

14093 Family Resources Inc

Payroll Register (S109)

Check Date:	02/14/2014-1 TO 02/28/2014-1
Period Range:	01/19/2014 TO 02/15/2014
Week Number:	Week #9

Employee Name	Rate of Pay	Hours	Current Amount	Social Security Number	YTD Hours	YTD Amount	Frequency	Current Amount	YTD Amount	Taxes Description	Check Date	Check Type	Net Check
Regular	11.31	40.50	458.06	186.75	2,112.15	IA	Bi-Weekly	26.26	105.04	Federal (S/O)	02/14/2014	Regular	0.00
Regular	11.31	35.00	395.85	186.75	2,112.15	IA	Bi-Weekly	4.58	21.12	OASDI	02/28/2014	Regular	160.38
Regular	11.31	35.00	395.85	186.75	2,112.15	IA	Bi-Weekly	3.96	21.12	OASDI	02/28/2014	Regular	124.43
Regular	11.31	35.00	395.85	186.75	2,112.15	IA	Bi-Weekly	307.01	1,655.20	Medicare	02/28/2014	Regular	29.10
Regular	11.31	35.00	395.85	186.75	2,112.15	IA	Bi-Weekly	381.50	1,760.24	State IA (S/O)	02/28/2014	Regular	38.00
Regular	11.31	35.00	395.85	186.75	2,112.15	IA	Bi-Weekly	333.27	1,760.24	State IA (S/O)	02/28/2014	Regular	351.91
Regular	11.31	75.50	853.91	186.75	2,112.15	IA	Bi-Weekly	52.52	105.04	Federal (S/O)	02/28/2014	Regular	160.38
Regular	11.31	75.50	853.91	186.75	2,112.15	IA	Bi-Weekly	8.54	21.12	OASDI	02/28/2014	Regular	124.43
Regular	11.31	75.50	853.91	186.75	2,112.15	IA	Bi-Weekly	662.25	1,655.20	Medicare	02/28/2014	Regular	29.10
Regular	11.31	75.50	853.91	186.75	2,112.15	IA	Bi-Weekly	714.77	1,760.24	State IA	02/28/2014	Regular	38.00
Employee Totals:													
Salary	16.83	-8.00	-134.61	-8.00	2,557.69	IA	Bi-Weekly	940.34	1,976.81	Federal (S/1)	02/14/2014	Regular	0.00
Salary	0.00	0.00	1,346.15	-8.00	2,557.69	IA	Bi-Weekly	1346.15	1,976.81	OASDI	02/14/2014	Regular	277.21
Salary	0.00	0.00	1,346.15	-8.00	2,557.69	IA	Bi-Weekly	17.57	158.58	Medicare	02/14/2014	Regular	158.58
Salary	0.00	0.00	1,346.15	-8.00	2,557.69	IA	Bi-Weekly	50.00	108.00	State IA (S/O)	02/14/2014	Regular	108.00
Salary	0.00	0.00	1,346.15	-8.00	2,557.69	IA	Bi-Weekly	271.20	580.88	State IA (S/O)	02/14/2014	Regular	580.88
Salary	0.00	0.00	1,346.15	-8.00	2,557.69	IA	Bi-Weekly	1,036.47	1,976.81	Federal (S/1)	02/28/2014	Regular	0.00
Salary	0.00	0.00	1,346.15	-8.00	2,557.69	IA	Bi-Weekly	1,036.47	1,976.81	OASDI	02/28/2014	Regular	277.21
Salary	0.00	0.00	1,346.15	-8.00	2,557.69	IA	Bi-Weekly	1,036.47	1,976.81	Medicare	02/28/2014	Regular	158.58
Salary	0.00	0.00	1,346.15	-8.00	2,557.69	IA	Bi-Weekly	1,036.47	1,976.81	State IA (S/O)	02/28/2014	Regular	37.09
Salary	0.00	0.00	1,346.15	-8.00	2,557.69	IA	Bi-Weekly	1,036.47	1,976.81	State IA (S/O)	02/28/2014	Regular	108.00
Salary	16.83	-8.00	-134.61	-8.00	2,557.69	IA	Bi-Weekly	1,976.81	1,976.81	Federal	02/28/2014	Regular	580.88
Salary	16.83	-8.00	-134.61	-8.00	2,557.69	IA	Bi-Weekly	1,976.81	1,976.81	Federal	02/28/2014	Regular	277.21

Date Printed: 03/03/2014 10:45:59 AM

Sheakley PaySystems - Burlington
 Phone: 800-582-2327, 319-752-3612
 Fax: 319-540-8757
 Email: service3@sheakleypay.com

093 Family Resources Inc

Payroll Register (S109)	
Check Date :	02/14/2014-1 TO 02/28/2014-1
Period Range :	01/19/2014 TO 02/15/2014
Week Number :	Week #9

Employee Name	Social Security Number		Frequency		Salary Deductions Description	Taxes Description	Check Date		Check Type	Net Check		
	Current	YTD	Current	YTD			Current Amount	YTD Amount				
Sup Term I	0.00	0.00	0.70	0.00	1059.23	1059.23	Bi-Weekly	1.00	4.00	Federal (S/I)	89.99	465.64
Salary	0.00	0.00	5,296.15	0.00	05 United Way-QC	05 United Way-QC	13.26	53.04	OASDI	OASDI	59.19	302.44
	0.00	0.00	1,059.23	0.00	20 Aflac Accident P/	20 Aflac Accident P/	10.59	52.95	Medicare	Medicare	13.84	70.72
	0.00	0.00	0.00	0.00	70 Def Contrib M3	70 Def Contrib M3	8.00	32.00	State IA (S/I)	State IA (S/I)	34.00	176.00
	0.00	0.00	0.00	0.00	71 Dental Benefits	71 Dental Benefits	79.00	316.00				
	0.00	0.00	0.00	0.00	75 PPO Wellness - I	75 PPO Wellness - I	4.39	17.56				
	0.00	0.00	0.00	0.00	76 Vision Benefits	76 Vision Benefits	756.56	3,858.75				
	0.00	0.00	0.00	0.00	D1DD - Checking 1	D1DD - Checking 1	862.21	4,281.35				
Week Totals:												
	0.00	0.00	5,296.15	0.00	05 United Way-QC	05 United Way-QC	2.00	4.00	Federal	Federal	179.98	465.64
Sup Term I	0.00	0.00	0.70	0.00	20 Aflac Accident P/	20 Aflac Accident P/	26.52	53.04	OASDI	OASDI	118.38	302.44
Salary	0.00	0.00	5,296.15	0.00	70 Def Contrib M3	70 Def Contrib M3	21.18	52.95	Medicare	Medicare	27.68	70.72
	0.00	0.00	0.00	0.00	71 Dental Benefits	71 Dental Benefits	16.00	32.00	State IA	State IA	68.00	176.00
	0.00	0.00	0.00	0.00	75 PPO Wellness - I	75 PPO Wellness - I	158.00	316.00				
	0.00	0.00	0.00	0.00	76 Vision Benefits	76 Vision Benefits	8.78	17.56				
	0.00	0.00	0.00	0.00	D1DD - Checking 1	D1DD - Checking 1	1,513.12	3,858.75				
Employee Totals:												
	0.00	0.00	5,296.15	0.00								
	0.00	0.00	0.00	0.00	1076.92	1076.92	Bi-Weekly	208.33	833.32	Federal (M/I)	39.17	216.68
Salary	0.00	0.00	5,384.60	0.00	19 Flex - Dep Care	19 Flex - Dep Care	730.98	3,814.45	OASDI	OASDI	53.85	282.17
	0.00	0.00	0.00	0.00	D1DD - Checking 1	D1DD - Checking 1	939.31	4,647.77	Medicare	Medicare	12.59	65.98
	0.00	0.00	0.00	0.00					State IA (S/I)	State IA (S/I)	32.00	172.00
Week Totals:												
	0.00	0.00	5,384.60	0.00								
	0.00	0.00	0.00	0.00	1076.92	1076.92	Bi-Weekly	208.33	833.32	Federal (M/I)	39.17	216.68
Salary	0.00	0.00	5,384.60	0.00	19 Flex - Dep Care	19 Flex - Dep Care	730.98	3,814.45	OASDI	OASDI	53.85	282.17
	0.00	0.00	0.00	0.00	D1DD - Checking 1	D1DD - Checking 1	939.31	4,647.77	Medicare	Medicare	12.59	65.98
	0.00	0.00	0.00	0.00					State IA (S/I)	State IA (S/I)	32.00	172.00
Week Totals:												
	0.00	0.00	5,384.60	0.00								
	0.00	0.00	5,384.60	0.00	19 Flex - Dep Care	19 Flex - Dep Care	416.66	833.32	Federal	Federal	78.34	216.68
Salary	0.00	0.00	5,384.60	0.00	D1DD - Checking 1	D1DD - Checking 1	1,461.96	3,814.45	OASDI	OASDI	107.70	282.17

Date Printed: 03/03/2014 10:46:00 AM

Sheakley PaySystems - Burlington
 Phone: 800-582-2327, 319-752-3612
 Fax: 319-540-8757
 Email: service3@sheakleypay.com

093 Family Resources Inc

Payroll Register (S109)	
Check Date :	02/14/2014-1 TO 02/28/2014-1
Period Range :	01/19/2014 TO 02/15/2014
Week Number :	Week #9

Employee Name	Rate of Pay	Social Security Number		YTD Amount	Hours	Current Amount	Frequency	YTD Amount	Salary Deductions Description	Current Amount	Frequency	YTD Amount	Taxes Description	Check Type - Net Check	
		Hours	Amount											Current Amount	YTD Amount
Weekly Totals:		0.00	2,153.84	0.00	5,384.60	IA	1,878.62	4,647.77	980.76	1,878.62	Bi-Weekly	4,647.77	Medicare	25.18	65.98
						IA							State IA	64.00	172.00
Weekly Totals:						IA								275.22	736.83
Bi-Weekly Totals:						IA								Regular	0.00
Weekly Totals:						IA								93.90	469.50
						IA								60.81	304.05
Weekly Totals:						IA								14.22	71.10
Weekly Totals:						IA								37.00	185.00
Bi-Weekly Totals:						IA								205.93	1,029.65
Bi-Weekly Totals:						IA								Regular	0.00
Weekly Totals:						IA								93.90	469.50
						IA								60.81	304.05
Weekly Totals:						IA								14.22	71.10
Weekly Totals:						IA								37.00	185.00
Bi-Weekly Totals:						IA								205.93	1,029.65
Bi-Weekly Totals:						IA								Regular	0.00
Weekly Totals:						IA								187.80	469.50
						IA								121.62	304.05
Weekly Totals:						IA								28.44	71.10
Weekly Totals:						IA								74.00	185.00
Bi-Weekly Totals:						IA								411.86	1,029.65
Bi-Weekly Totals:						IA								Regular	0.00
Weekly Totals:						IA								80.90	413.60
						IA								68.02	343.86
Weekly Totals:						IA								15.91	80.43
Weekly Totals:						IA								46.00	233.00
Bi-Weekly Totals:						IA								210.83	1,070.89

Date Printed: 03/03/2014 10:46:01 AM

1093 Family Resources Inc

Payroll Register (S109)

Check Date :	02/14/2014-1 TO 02/28/2014-1
Period Range :	01/19/2014 TO 02/15/2014
Week Number :	Week #9

Employee Name	Rate of Pay	Social Security Number		YTD Amount	Frequency	Current Amount	YTD Amount	Taxes Description	Check Number	Check Date	Check Type	Net Check
		Hours	Amount									
Group Term L	0.00	0.00	0.66	3.30	Bi-Weekly	15.10	60.40	Federal (S/I)		02/14/2014	Regular	0.00
Salary	0.00	0.00	1,423.08	7,115.40		3.60	14.40	OASDI				708.42
						42.69	213.45	Medicare				416.03
						14.23	71.15	State IA (S/I)				97.28
						8.00	32.00					266.00
						79.00	316.00					
						982.97	4,991.42					
Week Totals:		0.00	1,423.08	7,115.40	Bi-Weekly	1,131.36	5,627.67			02/28/2014	Regular	1,487.73
Group Term L	0.00	0.00	0.66	3.30		15.10	60.40	Federal (S/I)				708.42
Salary	0.00	0.00	1,423.08	7,115.40		3.60	14.40	OASDI				416.03
						42.69	213.45	Medicare				97.28
						14.23	71.15	State IA (S/I)				266.00
						8.00	32.00					
						79.00	316.00					
						982.97	4,991.42					
Week Totals:		0.00	1,423.08	7,115.40	Bi-Weekly	1,131.36	5,627.67			02/28/2014	Regular	1,487.73
Group Term L	0.00	0.00	1.32	3.30		30.20	60.40	Federal				708.42
Salary	0.00	0.00	2,846.16	7,115.40		7.20	14.40	OASDI				416.03
						85.38	213.45	Medicare				97.28
						28.46	71.15	State IA				266.00
						16.00	32.00					
						158.00	316.00					
						1,965.94	4,991.42					
Employee Totals:		0.00	2,846.16	7,115.40		2,262.72	5,627.67					1,487.73

Date Printed: 03/03/2014 10:46:01 AM

Sheakley PaySystems - Burlington
 Phone: 800-582-2327, 319-752-3612
 Fax: 319-540-8757
 Email: service3@sheakleypay.com

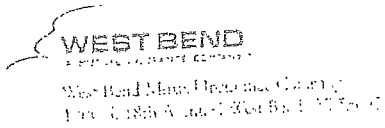
193 Family Resources Inc

Payroll Register (S109)																
Check Date:		02/14/2014-1 TO 02/28/2014-1														
Period Range:		01/19/2014 TO 02/15/2014														
Week Number:		Week #9														
Employee Name	Rate of Pay	Hours	Current Amount	Social Security Number	YTD	Hours	Amount	Frequency	YTD Amount							
Position																
Salary	Deductions Description	Current Amount	YTD Amount	Taxes Description	Current Amount	YTD Amount	Net Check	Check Date	Check Type							
Sup Term 1	0.00	0.00	0.08	0.40	IA	0.40	5,100.00	Bi-Weekly	781.39	3,906.95	0.00	02/14/2014	Regular	122.58	612.90	
ary	0.00	0.00	1,020.00	0.00	IA	0.00	5,100.00		781.39	3,906.95	0.00			63.24	316.20	
														14.79	73.95	
														38.00	190.00	
														238.61	1,193.05	
Totals:										781.39	3,906.95	0.00	02/28/2014	Regular	122.58	612.90
Sup Term 1	0.00	0.00	0.08	0.40	IA	0.40	5,100.00	Bi-Weekly	781.39	3,906.95	0.00			63.24	316.20	
ary	0.00	0.00	1,020.00	0.00	IA	0.00	5,100.00		781.39	3,906.95	0.00			14.79	73.95	
														38.00	190.00	
														238.61	1,193.05	
Totals:										781.39	3,906.95	0.00	02/14/2014	Regular	122.58	612.90
Sup Term 1	0.00	0.00	0.16	0.40	IA	0.40	5,100.00	Bi-Weekly	1,562.78	3,906.95	0.00			126.48	316.20	
ary	0.00	0.00	2,040.00	0.00	IA	0.00	5,100.00		1,562.78	3,906.95	0.00			29.58	73.95	
														76.00	190.00	
														477.22	1,193.05	
Totals:										1,562.78	3,906.95	0.00	02/14/2014	Regular	52.46	271.42
Sup Term 1	0.00	0.00	0.00	0.00	IA	0.00	5,100.00	Bi-Weekly	104.17	408.66	0.00			52.67	269.03	
ary	0.00	0.00	865.44	374.75	IA	374.75	4,504.50		104.17	408.66	0.00			12.32	62.91	
			96.16	24.00	IA	24.00	288.48		9.66	19.13	0.00			32.00	62.91	
			4.51	0.25	IA	0.25	4.51		8.00	32.00	0.00			32.00	62.91	
									4.39	17.56	0.00			32.00	62.91	
									700.10	3,572.91	0.00			32.00	62.91	
									816.66	4,031.13	0.00			32.00	62.91	
Totals:										80.25	966.11	0.00			149.45	766.36

Date Printed: 03/03/2014 10:46:01 AM

100.4933

I



1300

Premium Invoice
Payor Copy

Customer Number

Bill Date: 02/12/2014
Due Date: 03/05/2014

Bill to:
FAMILY RESOURCES, INC

Agency 14-437
HOLMES MURPHY & ASSOCIATES
3001 WESTTOWN PKWY
PO BOX 9207
DES MOINES IA 50306
(515) 223-6800

For inquiries or payments, call 1-800-573-1323 or www.thesilverlining.com
Access Number: 00001105065661 will be requested.
If you have any coverage questions or policy changes, please call agency shown above.

AOI1463956-Workers Comp

To Pay in Full	34,681.20
Installment Amount	17,337.10
Plus Installment Fee	7.00

RECEIVED FEB 18 2014

Due Date: 03/05/2014
E-Billing Enrollment: Visit us at www.paymyinsurance.com
Total Amount Due \$ 17,344.10

You may charge your FULL ACCOUNT balance of \$ 34,681.20 on a Credit Card. Please complete authorization on back of stub.

To make sure your coverage continues, please allow sufficient time for mail delivery. Late payments may result in cancellation.

Handwritten notes: "Went to 273.1" and "Comp" with a signature.

FAMILY RESOURCES, INC.

117615

VENDOR ID		NAME	PAYMENT NUMBER	CHECK DATE	117615			
1004983		WEST BEND MUTUAL INSURANCE	00000090000078412	2/25/2014				
OUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE-OFF	NET	
00000000000108283	0110506566-1 2/14	2/6/2014	\$17,344.10	\$17,344.10	\$0.00	\$0.00	\$17,344.10	
			\$17,344.10	\$17,344.10	\$0.00	\$0.00	\$17,344.10	

COMMENT

If you have any coverage questions or policy changes, please call agency shown above.

A011463956-Workers Comp

To Pay in Full 34,681.20

Installment Amount 17,337.10

Plus Installment Fee 7.00

RECEIVED FEB 18 2014

Due Date: 03/05/2014

Total Amount Due \$ 17,344.10

E-Billing Enrollment: Visit us at www.paymyinsurance.com

You may charge your FULL ACCOUNT balance of \$ 34,681.20 on a Credit Card. Please complete authorization on back of stub.

To make sure your coverage continues, please allow sufficient time for mail delivery. Late payments may result in cancellation.

1000621

Iowa Workforce Development - Tax Bureau
Unemployment Insurance Services Division
1000 East Grand Avenue
Des Moines, IA 50319-0203

of Reimbursable Benefit Charges

To make sure your payment is credited to your account you must send the enclosed voucher with your payment. You can also make your payment online at www.myiowawui.org.

COPY

OK
to Pay 12/1/13

ACCOUNT NUMBER | UNEMPLOYMENT CASE

FAMILY RESOURCES INC

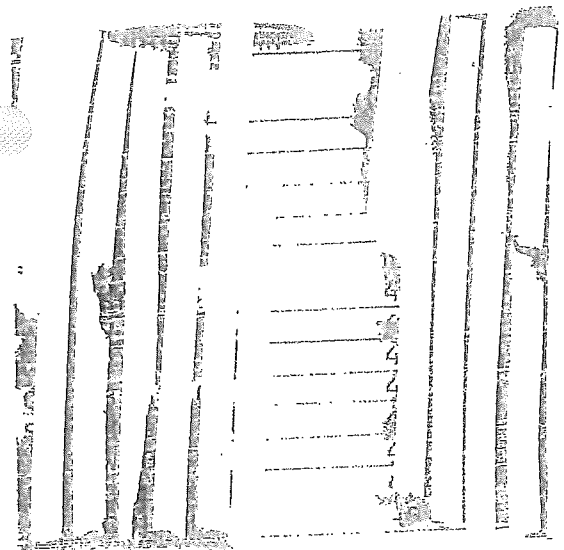
PAGE 01

PERIOD FOR WHICH PAID

12 31 13

BENEFITS PAID AND CHARGED TO YOUR ACCOUNT THIS QUARTER

Term dates



Benefit Date	Amount	Term Dates
04 28 13	46.52	9.28.12 Return 12.23.13
04 28 13	991.50	
04 28 13	60.92	1.10.12
06 09 13	1,806.39	6.12.13
06 09 13	818.25	6.12.13
09 29 13	4,896.00	9.21.12
08 18 13	224.29	8.9.13
05 05 13	2,130.00	
05 05 13	426.00	5.2.13
06 23 13	4,251.00	6.12.13
09 29 13	5,005.00	Employer - Don't know
06 30 13	5,148.00	6.11.13
06 16 13	4,924.00	6.11.13
07 07 13	3,507.59	6.11.13
06 02 13	406.00	9.14.12
06 02 13	117.83	

34,759.29

.00

PAID

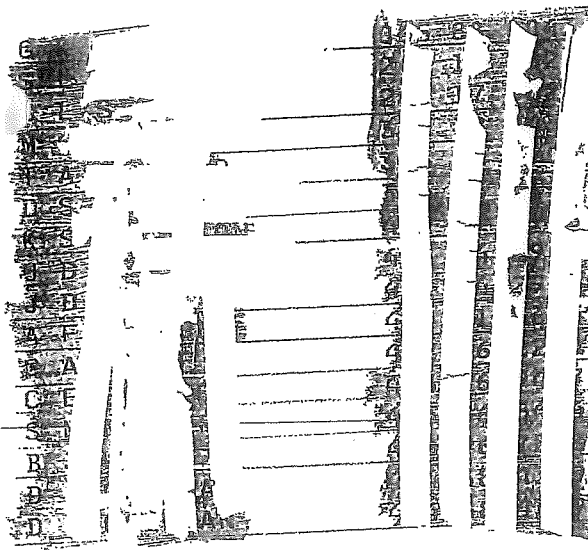
JAN 29 2014
34,759.29

Your payment must be postmarked within 30 days of the Notice Mailed Date provided at the top of this notice or you will be charged interest. You have 15 days from the Notice Mailed Date to file an appeal. Additional information and appeal rights are provided on the back of this notice.

VENDOR ID		NAME	PAYMENT NUMBER	CHECK DATE			
1000627		IOWA WORKFORCE DEVELOP-	00000000000077905	1/28/2014			
OUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE-OFF	NET
00000000000107725	104198-7 01/15/14	1/15/2014	\$34,759.29	\$34,759.29	\$0.00	\$0.00	\$34,759.29
			\$34,759.29	\$34,759.29	\$0.00	\$0.00	\$34,759.29

COMMENT

Term dates



04 28 13	46.52	9.28.12	Return 12.23.1
04 28 13	991.50		
04 28 13	60.92	1.10.12	
06 09 13	1,806.39	6.12.13	
06 09 13	818.25	6.12.13	
09 29 13	4,896.00	9.21.12	
08 18 13	224.29	8.19.13	
05 05 13	2,130.00		
05 05 13	426.00	5.2.13	
06 23 13	4,251.00	6.12.13	
09 29 13	5,005.00	Employer - Part-time	
06 30 13	5,148.00	6.11.13	
06 16 13	4,924.00	6.11.13	
07 07 13	3,507.59	6.11.13	
06 02 13	406.00		
06 02 13	117.83	9.14.12	

34,759.29

.00

PAID

JAN 28 2014
34,759.29

TOTAL BENEFITS PAID AND CHARGED TO YOUR ACCOUNT THIS QUARTER

Your payment must be postmarked within 30 days of the Notice Mailed Date provided at the top of this notice or you will be charged interest. You have 15 days from the Notice Mailed Date to file an appeal. Additional information and appeal rights are provided on the

gan



A Member of the Tokio Marine Group

PO Box 70231 Philadelphia, PA 19176-0231

Account Number: 18155
 Agent Name: Holmes Murphy
 (319) 364-0649

Billing Date: 02/01/2014
 Due Date: 02/21/2014
 Total Installment Due: \$8,217.84

FAMILY RESOURCES, INC.

Questions? Please call customer service 877-438-7459
 If payment has already been made, please disregard this invoice.

Policy Number Policy Term	Policy Type	Bill Plan	Term Prem	YTD Cash/Adj	Prior Balance	Current Installment	Taxes/ Surcharge	Fees	Current Cash/Adj	Balance Due
07/01/2013 - 14	Non-Fire Pli	25% & 9 7 of 9	92,438.00	-61,625.32	7,703.17	7,703.17	0.00	0.00	-7,703.17	7,703.17
Subtotal			92,438.00	-61,625.32	7,703.17	7,703.17	0.00	0.00	-7,703.17	7,703.17
07/01/2013 - 14	Non-Fire Unit	25% & 9 7 of 9	6,176.00	-4,117.32	514.67	514.67	0.00	0.00	-514.67	514.67
Subtotal			6,176.00	-4,117.32	514.67	514.67	0.00	0.00	-514.67	514.67
TOTAL BALANCE			98,614.00	-65,742.64	8,217.84	8,217.84	0.00	0.00	-8,217.84	8,217.84

* Denotes change in term premium

Coverage questions should be directed to your agent. Your agent's phone number is located at the top left of the invoice.

What additional services, coverages, or changes would make your experience with Philadelphia Insurance Companies better?
 E-mail us at custserv@phly.com

Visit us on the web at www.phly.com for applications, policy forms, loss control services and claims management services.

All mailed correspondence should be sent to:
 Philadelphia Insurance Companies
 Customer Service Department
 One Bala Plaza
 Bala Cynwyd, PA 19004

Do you have a website, network, database or do you store private information of your employees, customers, or other third parties? You may be susceptible to a Cyber or Privacy Liability Loss. Protect your most important Assets; your personal information and your reputation with our Cyber Security Insurance product which can be tailored to meet your needs. In order to obtain a no-obligation proposal from PHLY, please contact your agent and ask for a PHLY Cyber Liability quote. The process takes no more than 10 minutes.

Payment History

Payment #	Payment Date
02/11/2014	02/11/2014

Handwritten signature/initials

Family Resources, Inc. NAME		PAYMENT NUMBER	CHECK DATE					
VENDOR ID								
1001042	PHILADELPHIA INSURANCE	00000000000078073	2/11/2014					
OUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE-OFF	NET	
00000000000108072	04020365857	2/1/2014	\$8,217.84	\$8,217.84	\$0.00	\$0.00	\$8,217.84	
			\$8,217.84	\$8,217.84	\$0.00	\$0.00	\$8,217.84	

COMMENT

Questions? Please call customer service at 877-438-7459
 If payment has already been made, please disregard this invoice.

Send payment to:

PHILADELPHIA INSURANCE COMPANIES
 PO BOX 70251
 PHILADELPHIA PA 19176-0251

All correspondence should be sent to:

Philadelphia Insurance Companies
 Customer Service Department
 One Bala Plaza
 Bala Cynwyd, PA 19004

Did you know you can pay
 your bill online? Visit us at
www.phly.com for details.

PAID
 FEB 11 2014

PAYMENT INSTRUCTIONS:

Detach lower part of invoice and return with check made payable to:
Philadelphia Insurance Companies.
 We also accept payment via Check by Phone or Credit Card
 by calling Customer Service at 877-438-7459
 We accept Visa, MasterCard, and American Express.

FEB ✓

All mailed correspondence should be sent to:

Philadelphia Insurance Companies
 Customer Service Department
 One Bala Plaza
 Bala Cynwyd, PA 19004

Do you have a website, network, database or do you store private information of your employees, customers, or other third parties? You may be susceptible to a Cyber or Privacy Liability Loss. Protect your most important Assets; your personal information and your reputation with our Cyber Security Insurance product which can be tailored to meet your needs. In order to obtain a no-obligation proposal from PHLV, please contact your agent and ask for a PHLV Cyber Liability quote. The process takes no more than 10 minutes.

Payment History

Payment #	Payment Date
CK117046	01/14/2014

403(B) THRIFT PLAN OF FAMILY RESOURCES, INC., Plan ID: 4-44493

This information has not been submitted.

Pay Date: 02/14/2014

Plan Year: 2014

COPY

Tax Year*: 2014

*The reference to tax year does not apply to Employer Contributions for compliance testing and 5500 purposes.

Contributions

Member ID	Member Name	Elect	Deferral	ER Match In M	Roth Elect	Def	Additional
XXXXX7 12			118.08	59.04		0.00	11.81
XXXXX5 1			0.00	0.00		0.00	12.55
XXXXX3 2			0.00	0.00		0.00	10.76
XXXXXC 1			0.00	0.00		1.95	0.39
XXXXX7 11			0.00	0.00		0.00	2.70
XXXXX3 1			128.03	64.02		0.00	12.80
XXXXXE 7			73.82	36.91		0.00	12.30
XXXXX4 5			84.62	42.31		0.00	16.92
XXXXX9 2			0.00	0.00		0.00	15.12
XXXXXE 7 2			0.00	0.00		0.00	11.38
XXXXX10 3			15.00	7.50		0.00	6.77
XXXXX6 6			0.00	0.00		0.00	9.90
XXXXX3 5			140.07	70.03		0.00	14.01
XXXXX3 9			0.00	0.00		47.69	0.00
XXXXX9 14			70.36	35.18		0.00	11.73
XXXXX9 3			0.00	0.00		0.00	7.54
XXXXX1 5			135.70	67.85		0.00	13.57
XXXXX1 7			0.00	0.00		0.00	11.38
XXXXX1 1			0.00	0.00		0.00	10.00
XXXXX1 1			0.00	0.00		0.00	12.80
XXXXX1 1			0.00	0.00		0.00	11.51
XXXXX1 1			37.54	18.77		0.00	18.77
XXXXX1 5 P			8.47	4.24		0.00	8.47
XXXXX1 4			27.72	13.86		0.00	9.24
XXXXX1 5			32.19	16.10		0.00	5.36
XXXXX1 1			0.00	0.00		0.00	11.40
XXXXX1 5			102.56	51.28		0.00	17.09
XXXXX1 2			0.00	0.00		48.81	16.27
XXXXX1 5			180.46	90.23		0.00	18.05
XXXXX1 5			0.00	0.00		0.00	9.62
XXXXX1 7			0.00	0.00		0.00	11.38
XXXXX1 5			0.00	0.00		0.00	12.55
XXXXX1 1			42.02	21.01		0.00	14.01
XXXXX1 17			0.00	0.00		0.00	13.34
XXXXX1 9			0.00	0.00		0.00	9.66
XXXXX1 5 3			0.00	0.00		0.00	10.59
XXXXX1 1 8							

Handwritten signature or initials at the bottom right corner.

XXXXX	0.00	0.00	0.00	9.81
XXXXX	25.00	12.50	0.00	5.10
XXXXX 5	0.00	0.00	0.00	1.05
XXXXX	43.32	21.66	0.00	21.66
XXXXX. 5	40.00	20.00	0.00	11.86
XXXXX88	112.87	56.44	0.00	18.81
XXXXX98	71.67	35.84	0.00	7.17
XXXXX53	8.36	4.18	0.00	8.36
XXXXX85	0.00	0.00	0.00	12.49
XXXXX54	0.00	0.00	0.00	9.81
XXXXX62	384.83	174.21	0.00	38.48
XXXXX00	358.18	179.09	0.00	35.82
XXXXX23	0.00	0.00	0.00	11.57
XXXXX18	44.21	11.05	0.00	2.21
XXXXX63	0.00	0.00	0.00	7.44
XXXXX86	0.00	0.00	0.00	11.77
XXXXX79	0.00	0.00	0.00	7.68
XXXXX8	0.00	0.00	26.87	13.43
XXXXX7 0	46.93	23.47	0.00	9.39
XXXXX3 5	16.01	8.01	0.00	16.01
XXXXX7 6	62.70	31.35	0.00	15.68
XXXXX4 76	23.50	11.75	0.00	11.75
XXXXX94	0.00	0.00	0.00	8.36
XXXXX34	0.00	0.00	0.00	9.68
XXXXX 01	0.00	0.00	0.00	11.38
XXXXX 11	0.00	0.00	0.00	3.86
XXXXX 7	0.00	0.00	0.00	0.70
XXXXX 7	0.00	0.00	10.01	0.00
XXXXX 15	40.00	20.00	0.00	13.61
XXXXX 32	0.00	0.00	0.00	4.58
XXXXX 32	47.98	23.99	0.00	8.00
XXXXX 74	25.00	12.50	0.00	7.01
XXXXX 31	25.11	12.56	0.00	12.55
XXXXX 9	34.63	17.32	0.00	11.54
XXXXX 1	0.00	0.00	0.00	5.85
XXXXX 5	0.00	0.00	0.00	3.21
XXXXX 5	0.00	0.00	0.00	11.54
XXXXX 5	48.96	24.48	0.00	12.24
XXXXX 1	38.38	19.19	0.00	3.84
XXXXX 1	302.08	151.04	0.00	30.21
XXXXX 3	54.81	27.41	0.00	10.96
XXXXX 5	0.00	0.00	0.00	7.60
XXXXX 7	75.60	37.80	32.40	10.80
XXXXX 7	0.00	0.00	0.00	11.54
XXXXX 7	235.51	65.42	0.00	13.08

XXXXX96 6	25.00	12.50	0.00	14.73
XXXXX46 3	0.00	0.00	0.00	15.70
XXXXX0 5	0.00	0.00	0.00	1.36
XXXXX8	0.00	0.00	0.00	8.84
XXXXX8	0.00	0.00	0.00	10.00
XXXXX4	28.95	14.48	0.00	14.48
XXXXX!	0.00	0.00	0.00	8.40
XXXXX3	78.41	39.21	0.00	13.07
XXXXX02 7	0.00	0.00	0.00	9.98
XXXXX34 1	0.00	0.00	0.00	3.45
XXXXX96 4	0.00	0.00	0.00	11.57
XXXXX4 5	0.00	0.00	0.00	12.40
XXXXX3 7	72.03	36.02	0.00	18.01
XXXXX9 5	0.00	0.00	0.00	11.54
XXXXX0 2	0.00	0.00	0.00	12.55
XXXXX4 8	0.00	0.00	0.00	9.66
XXXXX1 9	196.15	98.08	0.00	19.62
XXXXX64	42.69	21.35	0.00	14.23
XXXXX94	0.00	0.00	0.00	9.81
XXXXX01 1	0.00	0.00	36.84	9.21
XXXXX43 4	0.00	0.00	0.00	2.10
XXXXX45 5	0.00	0.00	0.00	10.57
XXXXX0 5	0.00	0.00	0.00	8.14
XXXXX0 3	9.48	4.74	0.00	9.48
XXXXX0 0	0.00	0.00	0.00	1.87
XXXXX2 3	0.00	0.00	0.00	8.32
XXXXXC 1	0.00	0.00	0.00	7.81
XXXXX!	0.00	0.00	0.00	6.15
XXXXX(3	0.00	0.00	0.00	12.96
XXXXX! 5	0.00	0.00	0.00	6.35
XXXXX 26	0.00	0.00	0.00	6.46
XXXXX 13	0.00	0.00	0.00	18.50
XXXXX08:	0.00	0.00	0.00	3.74
XXXXX78	29.65	14.83	0.00	9.88
XXXXX25	0.00	0.00	0.00	6.83
XXXXX55	14.52	7.26	0.00	14.52
XXXXX25	0.00	0.00	0.00	13.43
XXXXX56	57.69	28.85	0.00	9.62
XXXXX40	0.00	0.00	0.00	10.96
XXXXX480	0.00	0.00	0.00	10.60
XXXXX13 3	38.51	19.26	0.00	38.51
XXXXX 1	19.23	9.62	0.00	19.23
XXXXX	0.00	0.00	0.00	14.99
XXXXX 3	0.00	0.00	0.00	14.08
XXXXX(22	0.00	0.00	0.00	11.60

XXXXXX 53	0.00	0.00	0.00	9.56
XXXXXX	0.00	0.00	0.00	15.07
XXXXXX 7	0.00	0.00	0.00	9.20
XXXXXX 4	0.00	0.00	0.00	7.83
XXXXXX 2	0.00	0.00	0.00	12.96
XXXXXX 8	0.00	0.00	0.00	13.73
XXXXXX 1	0.00	0.00	0.00	10.59
XXXXXX 4	0.00	0.00	0.00	14.38
XXXXXX 5	0.00	0.00	0.00	8.26
XXXXXX 7	0.00	0.00	0.00	11.53
XXXXXX 3	16.81	8.41	16.81	16.81
XXXXXX 2	0.00	0.00	0.00	14.11
XXXXXX 7	0.00	0.00	0.00	12.19
XXXXXX 1	0.00	0.00	0.00	11.34
XXXXXX 69	0.00	0.00	0.00	12.16
XXXXXX 61	228.19	114.10	0.00	22.82
XXXXXX	0.00	0.00	0.00	7.35
XXXXXX	0.00	0.00	0.00	11.49
XXXXXX 72	0.00	0.00	0.00	11.38
XXXXXX	0.00	0.00	0.00	11.77
XXXXXX	0.00	0.00	0.00	10.12
XXXXXX	0.00	0.00	0.00	13.43
XXXXXX LI	0.00	0.00	0.00	11.77
XXXXXX M	0.00	0.00	0.00	3.29
XXXXXX 3 M	0.00	0.00	0.00	10.61
XXXXXX 8 M	0.00	0.00	0.00	10.59
XXXXXX 0 M	0.00	0.00	0.00	12.80
XXXXXX 4	0.00	0.00	0.00	14.32
XXXXXX 6	0.00	0.00	0.00	12.98
XXXXXX 3	0.00	0.00	0.00	10.59
XXXXXX 10	0.00	0.00	0.00	10.59
XXXXXX 1	0.00	0.00	0.00	14.91
XXXXXX 97	0.00	0.00	0.00	9.81
XXXXXX 49	0.00	0.00	0.00	9.17
XXXXXX 91	0.00	0.00	0.00	13.73
XXXXXX 2	0.00	0.00	0.00	22.61
XXXXXX 9	0.00	0.00	0.00	37.69
XXXXXX 8	0.00	0.00	0.00	9.66
XXXXXX 6	0.00	0.00	0.00	10.20
XXXXXX (52	0.00	0.00	0.00	10.20
Subtotals	4218.59	2028.30	221.38	1899.82

EFT Totals

Account Number	Account Name	Amount
10126632	THRIFT 403(B)	8369.09
Total EFT (02/18/2014)		8369.09

403(B) THRIFT PLAN OF FAMILY RESOURCES, INC., Plan ID: 4-44493

COPY

This information has not been submitted.

Pay Date: 1/28/2014

Plan Year: 2014

Tax Year*: 2014

*The reference to tax year does not apply to Employer Contributions for compliance testing and 5500 purposes

Contributions

Member ID	Member Name	Elect Deferral	ER Match In M	Roth Elect Def	Additional
XXXXX74		98.08	49.04	0.00	9.81
XXXXX05		0.00	0.00	0.00	13.08
XXXXX9		0.00	0.00	0.00	12.55
XXXXX0		0.00	0.00	0.00	11.60
XXXXX3		0.00	0.00	0.00	9.81
XXXXXC		0.00	0.00	0.00	10.59
XXXXX3		0.00	0.00	0.00	3.27
XXXXX8		128.03	64.02	0.00	12.80
XXXXX415		73.82	36.91	0.00	12.30
XXXXX453		0.00	0.00	0.00	9.69
XXXXX9		0.00	0.00	0.00	16.74
XXXXX5		84.62	42.31	0.00	16.92
XXXXX57		0.00	0.00	0.00	16.55
XXXXX103		0.00	0.00	0.00	11.38
XXXXX65		15.00	7.50	0.00	6.82
XXXXX35		0.00	0.00	0.00	4.83
XXXXX39		145.15	72.57	0.00	14.51
XXXXX94		0.00	0.00	47.69	11.92
XXXXX99		70.36	35.18	0.00	11.73
XXXXX51		140.96	70.48	0.00	14.10
XXXXX209		0.00	0.00	0.00	9.25
XXXXX401		0.00	0.00	0.00	11.38
XXXXX81		0.00	0.00	0.00	10.00
XXXXX9J		0.00	0.00	0.00	12.80
XXXXX203		0.00	0.00	0.00	7.24
XXXXX501		0.00	0.00	0.00	8.07
XXXXX006		37.54	18.77	0.00	18.77
XXXXX264		7.72	3.86	0.00	7.72
XXXXX256		25.04	12.52	0.00	8.35
XXXXXC08		34.33	17.17	0.00	5.72
XXXXX12		0.00	0.00	0.00	11.40
XXXXXC		102.56	51.28	0.00	17.09
XXXXXC7		0.00	0.00	0.00	13.65
XXXXX7		0.00	0.00	48.81	16.27
XXXXX1		180.46	90.23	0.00	18.05
XXXXX10		3.14	1.57	0.00	1.05
XXXXX11		0.00	0.00	0.00	9.62
XXXXX4		0.00	0.00	0.00	11.38

XXXXXX4' 41	0.00	0.00	0.00	12.55
XXXXXX	42.02	21.01	0.00	14.01
XXXXXX	0.00	0.00	0.00	13.34
XXXXXX	0.00	0.00	0.00	8.79
XXXXXX	0.00	0.00	0.00	12.96
XXXXXX	0.00	0.00	0.00	10.59
XXXXXX	0.00	0.00	0.00	13.73
XXXXXX1E	0.00	0.00	0.00	9.81
XXXXXX	25.00	12.50	0.00	6.13
XXXXXX	0.00	0.00	0.00	0.65
XXXXXX	40.14	20.07	0.00	20.07
XXXXXX	0.00	0.00	0.00	10.59
XXXXXX	0.00	0.00	0.00	14.38
XXXXXX4	0.00	0.00	5.85	1.17
XXXXXX7	40.00	20.00	0.00	10.85
XXXXXX7	112.87	56.44	0.00	18.81
XXXXXX8	0.00	0.00	0.00	8.25
XXXXXX	0.00	0.00	0.00	11.88
XXXXXX	83.23	41.62	0.00	8.32
XXXXXX	7.70	3.85	0.00	7.70
XXXXXX	0.00	0.00	0.00	12.49
XXXXXX E	0.00	0.00	0.00	13.56
XXXXXX 2	0.00	0.00	0.00	9.81
XXXXXX 1	384.83	192.41	0.00	38.48
XXXXXX 3	358.18	179.09	0.00	35.82
XXXXXX 7	0.00	0.00	0.00	12.41
XXXXXX 21	82.53	20.63	0.00	4.13
XXXXXX 18	0.00	0.00	0.00	6.81
	0.00	0.00	0.00	12.19
	0.00	0.00	0.00	11.77
	0.00	0.00	0.00	11.34
	0.00	0.00	0.00	7.47
	0.00	0.00	0.00	12.16
	0.00	0.00	26.87	13.43
	46.93	23.47	0.00	9.39
	17.01	8.51	0.00	17.01
	62.70	31.35	0.00	15.68
	23.50	11.75	0.00	11.75
	0.00	0.00	0.00	7.67
	213.92	106.96	0.00	21.39
	0.00	0.00	0.00	8.88
	0.00	0.00	0.00	7.98
	0.00	0.00	0.00	11.49
	0.00	0.00	0.00	11.38
	0.00	0.00	0.00	11.38
	0.00	0.00	0.00	4.76
	0.00	0.00	0.00	2.75

XXXXX4	0.00	0.00	10.17	0.00
XXXXX	0.00	0.00	0.00	11.77
XXXX	40.00	20.00	0.00	13.61
XXXX	0.00	0.00	0.00	9.25
XXXX	0.00	0.00	0.00	3.96
XXXXX	0.00	0.00	0.00	13.43
XXXXXE	0.00	0.00	0.00	13.43
XXXXX1	50.77	25.39	0.00	8.46
XXXXX4	25.00	12.50	0.00	8.14
XXX B	25.11	12.56	0.00	12.55
XXX 11	0.00	0.00	0.00	11.77
XXXX 52	34.63	17.32	0.00	11.54
XXXX	0.00	0.00	0.00	5.25
XXXX	0.00	0.00	0.00	3.17
XXXX	0.00	0.00	0.00	11.54
XXXX	48.96	24.48	0.00	12.24
XXXX	42.35	21.18	0.00	4.24
XXX 5	302.08	151.04	0.00	30.21
XXX	56.10	28.05	0.00	11.22
XXXXX	0.00	0.00	0.00	7.58
XXXXX	78.79	39.40	33.77	11.26
XXXXX	0.00	0.00	0.00	11.54
XXXXX 7	226.84	63.01	0.00	12.60
XXXXX	0.00	0.00	0.00	5.93
XXXXX6	0.00	0.00	0.00	10.61
XXXXX32	25.00	12.50	0.00	14.73
XXXXX96	0.00	0.00	0.00	15.80
XXXXX4	0.00	0.00	0.00	1.71
XXXXX04	0.00	0.00	0.00	8.48
XXXXX896	0.00	0.00	0.00	10.00
XXXXX 58	0.00	0.00	0.00	10.59
XXXXX8	28.95	14.48	0.00	14.48
XXXXX4e	0.00	0.00	0.00	12.80
XXXXX0e	0.00	0.00	0.00	14.32
XXXXX4e	0.00	0.00	0.00	7.60
XXXXX5e	0.00	0.00	0.00	12.98
XXXXX 6e	72.14	36.07	0.00	12.02
XXXXX.	0.00	0.00	0.00	10.59
XXXXX0.	0.00	0.00	0.00	14.91
XXXX 72	0.00	0.00	0.00	9.51
XXXXX	0.00	0.00	0.00	2.05
XXXXX3	0.00	0.00	0.00	9.81
XXXXX97	0.00	0.00	0.00	11.57
XXXXX	0.00	0.00	0.00	6.35
XXXXX	0.00	0.00	0.00	11.27
XXXXX3	72.03	36.02	0.00	18.01
XXXXX5	0.00	0.00	0.00	11.54
XXXXXC 2	0.00	0.00	0.00	12.55

XXXXX	0.00	0.00	0.00	13.73
XXXXX	0.00	0.00	0.00	9.15
XXXXX	196.15	98.08	0.00	19.62
XXXXX	0.00	0.00	0.00	22.61
XXXXX	16.81	8.41	16.81	16.81
XXXXX	42.69	21.35	0.00	14.23
XXXXX	0.00	0.00	0.00	9.81
XXXXX	0.00	0.00	36.90	9.22
XXXXX	0.00	0.00	0.00	2.10
XXXXX	0.00	0.00	0.00	10.15
XXXXX	0.00	0.00	0.00	9.16
XXXXX	8.75	4.36	0.00	8.75
XXXXX	0.00	0.00	0.00	2.44
XXXXX	0.00	0.00	0.00	7.53
XXXXX	0.00	0.00	0.00	9.47
XXXXX	0.00	0.00	0.00	6.81
XXXXX	0.00	0.00	0.00	2.40
XXXXX	0.00	0.00	0.00	7.60
XXXXX	0.00	0.00	0.00	12.96
XXXXX	0.00	0.00	0.00	7.46
XXXXX	0.00	0.00	0.00	19.48
XXXXX	30.01	15.01	0.00	10.00
XXXXX	0.00	0.00	0.00	7.68
XXXXX	14.52	7.26	0.00	14.52
XXXXX	0.00	0.00	0.00	13.43
XXXXX	57.69	28.85	0.00	9.62
XXXXX	0.00	0.00	0.00	10.96
XXXXX	0.00	0.00	0.00	10.60
XXXXX	0.00	0.00	0.00	10.20
XXXXX	19.23	9.62	0.00	19.23
XXXXX	0.00	0.00	0.00	10.79

Subtotals	4201.97	2030.01	226.87	1820.23
-----------	---------	---------	--------	---------

Forfeitures

Total used 29.26

EFT Totals

Account Number	Account Name	Amount
10126632	THRIFT 403(B)	8250.42
Total EFT (03/18/2014)		8250.42

117399

1004352

RELIANCE STANDARD
OF THE TOKIO MARINE GROUP

Group Insurance Invoice

COPY

Please Remit Payment To :

Reliance Standard Life Insurance Company
P.O. Box 3124
Southeastern PA 19398-3124

Family Resources, Inc.

Sales Office : Chicago

Overnight Address :

Processing Center
1085 Andrew Drive, Suite F
West Chester PA 19380

Note: Please return the completed "Premium Due Worksheet" with your payment to ensure timely and accurate posting of your premium. Total amount due is payable on or before the premium due date.

2104

Invoice Details

Invoice Period	:	02/01/2014 TO 02/28/2014
Premium Mode	:	Monthly
Customer Name	:	Family Resources, Inc.
Policy Group #	:	
Master Policy #	:	
Policy / Policies #	:	

PAID
FEB 11 2014

FEB 11 2014
WILT
WILT

Family Resources, Inc. VENDOR ID		NAME	PAYMENT NUMBER	CHECK DATE	117399		
1004352	RELIANCE STANDARD LIFE		00000000000078085	2/11/2014			
OUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE-OFF	NET
00000000000108084	2/14	2/7/2014	\$1,847.58	\$1,847.58	\$0.00	\$0.00	\$1,847.58
			\$1,847.58	\$1,847.58	\$0.00	\$0.00	\$1,847.58

COMMENT

West Chester PA 19380

Note: Please return the completed "Premium Due Worksheet" with your payment to ensure timely and accurate posting of your premium. Total amount due is payable on or before the premium due date.

2104

Invoice Details

Invoice Period : 02/01/2014 TO 02/28/2014
 Premium Mode : Monthly
 Customer Name : Family Resources, Inc.
 Bill Group # :
 Master Policy # :
 Policy / Policies # : C

PAID
 FEB 11 2014

Feb ✓

Family Resources, Inc.		NAME	PAYMENT NUMBER	CHECK DATE	117396		
VENDOR ID	MEDICAL CLAIMS TRUST ACC		00000000000078072	2/11/2014			
OUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE-OFF	NET
0000000000108080	JAN 2014	2/7/2014	\$67,333.00	\$67,333.00	\$0.00	\$0.00	\$67,333.00
			\$67,333.00	\$67,333.00	\$0.00	\$0.00	\$67,333.00

COMMENT

1000881

Medical/Dental Supplies

Medical/Dental	Medical		Dental		Their Cost		Cost		Admin		Fundraising		Community SPED		Community GENED		Residential SPED		Resident GENED	
	Plan #1	Plan #2	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family		Single
Employee Cost	159.00								282.00	466.00										
Employer Cost	366.00				282.00	430.00			282.00	430.00										
Total Enrolled	38.00				3.00	0.00			3.00	0.00										
Total Withheld	6,004.00				786.00	0.00			786.00	0.00										
Agency Cost	13,808.00				786.00	0.00			786.00	0.00										
Deposit	19,912.00				1,572.00	0.00			1,572.00	0.00										
Total Deposit																				

Copy to Allocation Jan 17 2/16/2014 10:07 PM

1000881
 Medical/Dental Supplement
 1000881
 Acct 210

Medical/Dental	Medical		Their Cost		Dental		Their Cost		Cost		Admin		Fundraising		Community SPED		Community GENED		Residential SPED		Residential GENED		Title I		Kids Net		Residu Group Foster		Crisis Intervention		Vacant Space IID	
	Plan #1	Plan #2	Single	Family	Single	Family	Plan #1	Plan #2	Single	Family	Plan #1	Plan #2	Single	Family	E+S	E+C	Single	Family	E+S	E+C	Single	Family	E+S	E+C	Single	Family	E+S	E+C	Single	Family	E+S	E+C
Employee Cost	155.00		328.00	539.00	292.00	466.00	466.00	808.00	0.00	0.00	0.00	16.00	32.00	34.00	34.00	53.00	53.00	32.00	34.00	16.00	32.00	34.00	34.00	70.00	998.00	160.00	240.00	165.00	256.00	480.00	480.00	
Employer Cost	255.00		538.00	808.00	292.00	430.00	430.00	538.00	0.00	0.00	0.00	16.00	32.00	34.00	34.00	53.00	53.00	32.00	34.00	16.00	32.00	34.00	34.00	998.00	640.00	962.00	304.00	544.00	722.00	722.00		
Total Enrolled	30.00		11.00	6.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	61.00	19.00	19.00	7.00	7.00	19.00	19.00	19.00	7.00	7.00	7.00	7.00	20.00	7.00	7.00	3.00	1.00	0.00	0.00		
Total Withheld Agency Cost	6,004.00		3,538.00	3,228.00	796.00	0.00	0.00	0.00	0.00	0.00	0.00	575.00	508.00	510.00	371.00	371.00	508.00	510.00	510.00	371.00	371.00	371.00	371.00	1,400.00	1,680.00	610.00	328.00	395.00	0.00	0.00		
Agency Cost	13,009.00		5,918.00	4,498.00	786.00	0.00	0.00	0.00	0.00	0.00	0.00	976.00	508.00	510.00	510.00	510.00	508.00	510.00	510.00	510.00	371.00	371.00	371.00	7,960.00	2,560.00	873.4.00	608.00	544.00	0.00	0.00		
Agency Cost	19,912.00		9,856.00	8,076.00	1,572.00	0.00	0.00	0.00	0.00	0.00	0.00	1,052.00	1,216.00	1,020.00	742.00	742.00	1,216.00	1,020.00	1,020.00	742.00	742.00	742.00	742.00	9,350.00	3,200.00	8,413.00	596.00	800.00	0.00	0.00		
Total Disposal																																

PAID
 FEB 11 2014

Handwritten initials

RECEIVED FEB 07 2014
 Medical Dental

Handwritten initials
 1000881
 1000881

1000881 allocation Jan 14 2:03 PM

STARBUCKS Store #6330
 3630 Herle Hay Road
 Des Moines, IA (515) 270-3615

PUSHING RESTAURANT & BAKERY
 Store #1057

4601 Herle Hay Road
 Des Moines, IA 50322
 (515) 278-0460

CLK 08773

01/16/2014 08:15 AM

1945532 Drawer: 1 Reg: 1

46 SHANNON

CLK 2457 651 1
 Jan 15 '14 06:06PM

Vt Pike Place
 Caramel Syr
 Mastercard
 XXXXXXXXXXXX495

Closed Check
 Reprint

REF SEAL # 1 +**

1 PUR CHIC BISC 9.49
 1 LATTE 0.00
 1 MANGO PIT 2.35
 1 CHARGE TIP 3.00
 XXXXXXXXXXXX495
 REF SEAL
 TAX 15.59
 CHARGE TIP 0.71
 3.00
 15.59

total 11.87

ORIGINAL 11.86
 TAX 0.71
 CHARGE TIP 3.00
 PAYMENT 15.59

Jan 15 '14 06:50PM

TAKE HOME SOME
 FRESH BAKERY
 TODAY!

Tastes good is good

3737 Herle Hay Road
 Des Moines IA 50310
 (515) 974-4300

01/15/2014
 12:34 PM
 10079

Burrto
 Quac
 Soda

Total

11.87
 11.87
 11.87

11.87

11.87

Subtotal \$2.75
 Tax 5% \$0.17
 Total \$2.92
 Change Due \$0.00

Check Closed
 01/16/2014 08:15 AM

Try the NEW Caramel Fian Latte
 Combining our signature
 espresso, freshly steamed milk
 and creamy fian syrup.
 Topped with caramel-infused
 whipped cream and a
 caramelized sugar drizzle.
 Available in every S.P.

Noodles & Company 534
5840 Douglas Ave
Des Moines, IA 50322
515-278-4294

01/16/2014
12:14 PM
20006

Host: AM Cash 2
30

Rice Krispy	1.79
Sm Mac & Cheese	4.39
Sm Garlic Cheesy Bread	2.79
Fountain Drink	1.79
Subtotal	10.76
Tax	0.65
HERE Total	11.41
Authorizing...	11.41

SIGNATURE

Balance Due 11.41

How'd we do?
Good and bad,
Let us know.
Thank you!

117421

Vendor ID: 1005918		NAME: ICADV	PAYMENT NUMBER: 0000000000078108	CHECK DATE: 2/18/2014	117421		
OUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE-OFF	NET
00000000000108099	75	1/30/2014	\$794.73	\$794.73	\$0.00	\$0.00	\$794.73
COMMENT			\$794.73	\$794.73	\$0.00	\$0.00	\$794.73

Quantity	Item Code	Description	Price Each	Amount
	AmeriCorps Living...	2014 AmeriCorps Living Allowance for January	567.59	567.59
	AmeriCorps Benefits	2014 FICA/Med for January 2014	77.14	77.14
	AmeriCoprns Insura...	2014 AmeriCorps Health Insurance for January	150.00	150.00
4020-112				
Total				\$794.73

Jan 18/14

RECEIVED FEB 18 2014

Invoice

Iowa Coalition Against Domestic Violence
 3030 Merle Hay Road
 Des Moines, IA 50310

Date	Invoice #
1/30/2014	75

Bill To
Family Resources, Inc.

Ship To

Quantity	Item Code	Description	Price Each	Amount
	AmeriCorps Living...	AmeriCorps Living Allowance for January	567.59	567.59
	AmeriCorps Benefits	FICA/Med for January 2014	77.14	77.14
	AmeriCops Insura...	AmeriCorps Health Insurance for January	150.00	150.00
		4020-112		
Total				\$794.73

PAID
 FEB 1 2014

FEB 18 2014

Jan

RECEIVED FEB 18 2014

DFH - RENT PAYMENTS

Family Resources pays a monthly rent to Davenport Family Homes.
fy '14

VENDOR ID #: 1000304
Vendor Doc No: Mo/Year Rent
Cost Category ID: RENT
Item: Mo/Year

2/14

		<u>ENTRIES</u>	
	999 5000	\$ 2,500.00	\$ ²⁵⁰⁰ 3,200.00
	950 112	\$ 1,355.83	\$ 1,355.83
			\$ 3,130.65
RSAP	950 100	\$ 2,347.99	
DV	950 111	\$ 782.66	\$ 24,487.50
RSAP	950 100	\$ 100.00	
DV	950 111	\$ 300.00	
BHCU	950 050	\$ 1,502.50	
ASO	950 600	\$ 155.00	
WLC	999 2500	\$ 0,402.96 7569.38	
WYC	999 7000	\$ 15,665.04 14,860.63	
		\$ 31,473.98	\$ 32,173.98

✓

PAID
FEB 6 2014

Cut check: 15th of the month

PAID

11755

Family Resources, Inc. VENDOR ID		NAME	PAYMENT NUMBER	CHECK DATE					
1000304		DAVENPORT FAMILY HOMES	00000000000078002	2/4/2014					
OUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE-OFF	NET		
00000000000108022	02/14 RENT	2/1/2014	\$31,473.98	\$31,473.98	\$0.00	\$0.00	\$31,473.98		
			\$31,473.98	\$31,473.98	\$0.00	\$0.00	\$31,473.98		

COMMENT

				\$ 31,473.98
RSAP	950 100	\$	2,347.99	
DV	950 111	\$	782.66	
				\$ 24,487.50
RSAP	950 100	\$	100.00	
DV	950 111	\$	300.00	
BHCU	950 050	\$	1,502.50	
ASO	950 600	\$	155.00	
WLC	999 2500	\$	6,753.96 7569.38	
WYC	999 7000	\$	15,666.04 14,860.63	
		\$	<u>31,473.98</u>	<u>\$32,173.98</u>

✓

PAID
FEB 04 2014

Cut check: 15th of the month

✓

* I N V O I C E *

3723

WASTE SYSTEMS INC
BOX 5315
ROCK ISLAND IL 61204-0000
(309) 788-3000

Remit to:
COUNTY WASTE SYSTEMS INC
PHONE 309-788-3000
P O BOX 5315
ROCK ISLAND IL 61204-0000

Invoice # 205146 Invoice Date 2/01/14

Bill To

FAMILY RESOURCES

Service Address
FAMILY RESOURCES

Cust#: 07- 29196 6

Please detach here & include with your payment.

\$ Amount Enclosed

COUNTY WASTE SYSTEMS INC

Date	Description	# P/U:	Qty	Rate	Total
2/01/14	8YD FRONT	2	1.00		188.00
2/01/14	SALES TAX				13.16

5103-112

AS OF THE 1ST 1.5% FINANCE CHG ASSESSED
all containers must be free of snow &
ice in order to p/u your container

Sub Total: 188.00
Total Taxes: 13.16
Total Invoice: 201.16

Current	31-60	61-90	91+ days	Account Balance
201.16	.00	.00	.00	201.16

FAMILY RESOURCES, INC. VENDOR ID		NAME	PAYMENT NUMBER	CHECK DATE				11/11/10
1000282		COUNTY WASTE SYSTEMS INC	00000000000078095	2/18/2014				
OUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE-OFF	NET	
0000000000108077	205523	2/1/2014	\$84.00	\$84.00	\$0.00	\$0.00	\$84.00	
0000000000108078	205146	2/1/2014	\$201.16	\$201.16	\$0.00	\$0.00	\$201.16	
			\$285.16	\$285.16	\$0.00	\$0.00	\$285.16	

COMMENT

COUNTY WASTE SYSTEMS INC

Date	Description	Qty	Rate	Total
2/01/14	4YD FRONT	# P/U: 1	1.00	84.00

5103-100 #4260
111

FEB 18 2014

AS OF THE 1ST 1.5% FINANCE CHG ASSESSED
all containers must be free of snow &
ice in order to p/u your container

Feb
2/18 ✓

				Total Invoice:	84.00
Current	31-60	61-90	91+ days	Account Balance	
84.00	.00	.00	.00		00



Visit centurylink.com

FAMILY RESOURCES INC

Bill Date: Jan 28, 2012
Account Number

Crisis Line

Page 1 of 3

Balance Forward	New Charges	Total Amount Billed
\$0.00	\$49.41	\$49.41

Account Summary

The charges on this bill are included in your Summary Bill, 515-Z 28-0061.

New Charges	For questions, call:	Page	49.41
CenturyLink	1-800-777-9594	2	\$49.41
Total New Charges			

Business needs change regularly. As a valued business customer, we want to work with you to provide a complete and cost effective solution for your business.

Call (888) 544-4495 today for a free account consultation with a dedicated business sales consultant.

For billing or technical questions, please call (877) 453-9407.

Handwritten notes:
1/28/12
1-800-777-9594

VENDOR ID		PAYMENT NUMBER		CHECK DATE		117387	
001393		CENTURLINK		0000000000078078		2/11/2014	
YOUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE-OFF	NET
0000000000108143	1/14	2/5/2014	\$3,980.62	\$3,980.62	\$0.00	\$0.00	\$3,980.62
			\$3,980.62	\$3,980.62	\$0.00	\$0.00	\$3,980.62

COMMENT

50/50 : 950-100	\$98.82	\$49.41	RSA/DV Walk-In - Moline
50/50 : 950-111		\$49.41	RSA/DV Walk-In - Cott #9
999 7000	\$148.23	\$148.23	Campus Fax Line
999 7000	\$486.48	\$486.48	Campus Main Line
50/50 : 950-100	\$49.41	\$16.47	IA RSA/DV Crisis Line - Moline
50/50 : 950-111		\$16.47	IA RSA/DV Crisis Line - Cott #9
50/50 : 950-112		\$16.47	IA RSA/DV Crisis Line - Dav. DV Shelter
950 111	\$44.40	\$44.40	Scott County Courthouse-DSL Line
950 112	\$160.05	\$160.05	Davenport DV Shelter
950 112	\$53.18	\$53.18	Shelter Client Line
950 050	\$98.82	\$98.82	BHCU
		\$3,980.62	

9/2/14

Century Link QCC
 Business Services
 Account #

GP Vendor
 Communications
 Description:

Invoice Date: 15-Feb
 Invoice #: 1291581547
 Invoice \$: \$ 2,601.97

9/3/13 Jeri updated the percentages.

950112EXPEN	\$ 416.32	0.16	\$ 416.32
9997000EXPEN	\$ 1,222.93	0.47	\$ 1,222.93
		0.13	\$ 338.26
950100EXPEN	\$ 169.13		
950111EXPEN	\$ 169.13		
9995000EXPEN	\$ 286.22	0.11	\$ 286.22
		0.13	\$ 338.26
950100EXPEN	\$ 169.13		
950111EXPEN	\$ 169.13		
	\$ 2,601.97	1	\$ 2,601.97

FEB 27 2014

9/3/13 [redacted] updated the percentages.

Handwritten notes:
 CANT. TR
 1/16

VENDOR ID		NAME	PAYMENT NUMBER	CHECK DATE				
01092		CENTURYLINK BUSINESS SERVICES	00000000000078464	2/27/2014				
OUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE-OFF	NET	
00000000000108472	1291581547	2/15/2014	\$2,601.97	\$2,601.97	\$0.00	\$0.00	\$2,601.97	
			\$2,601.97	\$2,601.97	\$0.00	\$0.00	\$2,601.97	

COMMENT

950100EXPEN	\$	169.13			
950111EXPEN	\$	169.13			
9995000EXPEN	\$	286.22	0.11	\$	286.22
950100EXPEN	\$	169.13	0.13	\$	338.26
950111EXPEN	\$	169.13			
					1 \$ 2,601.97
					\$ 2,601.97

PAID

FEB 27 2014

9/3/13 [redacted] updated the percentages.



CenturyLink

February 15, 2014
Invoice 1291591547

FAMILY RESOURCES
Account

Page 3 of 76



Your Account Balance

Current Gross Charges	2,426.23
FAMILY RESOURCES	\$2,426.23
Government Fees and Taxes	22.03
State and Local Taxes	0.85
Gross Receipts	18.00
State 911	\$40.88
Other Fees & Monthly Charges	115.77
Federal Universal Service Fund	12.08
Fed Telecom Relay Service	2.48
Federal Regulatory Recovery	4.53
Property Tax Recovery	1134.86
Current Net Charges	\$2,601.97
Previous Balance	\$4,692.03
Payments Received	\$2,601.97
Amount Due	
Current Net Charges	
DVS 131784077 CenturyLink Total Advantage M	419.22
Current gross charges	0.22
Government Fees and Taxes	0.21
State and Local Taxes	0.01
Gross Receipts	25.39
Other Fees & Monthly Charges	22.66
Federal Universal Service Fund	2.36
Fed Telecom Relay Service	0.48
Federal Regulatory Recovery	0.89
Property Tax Recovery	1445.83
DAVENPORT 3M INTERNET 141311071 CenturyLink Total Advantage M	570.96
Current gross charges	\$570.96
MOLINE DS1 141311072 CenturyLink Total Advantage M	187.91
Current gross charges	22.56
Government Fees and Taxes	21.82
State and Local Taxes	0.84
Gross Receipts	\$190.47
MUSCATINE DS1 141311074 CenturyLink Total Advantage M	77.49
Current gross charges	-17.74
Other Fees & Monthly Charges	-15.23
Federal Universal Service Fund	



FAMILY RESOURCES
 Account #
 Phone #

Bill Summary

Previous Balance	\$4,692.03
Payment(s) Received, Thank You	\$-4,692.03
Balance Forward	\$0.00
Current Charges	
Current Gross Charges	\$2,426.23
Government Fees & Taxes	\$40.88
Other Fees & Monthly Charges	\$134.86
Current Net Charges	\$2,601.97
Amount Due	\$2,601.97

Invoice Contents	Starts on Page
Account Summaries.....	3
Your Account Balance.....	6
Service Summary.....	6
12-Month Review of Spending.....	9
Custom Reports.....	11
Service Detail.....	

February 15, 2014
 Invoice 1291581547
 Billing Cycle: 148-157 Page 1 of 76



Contact CenturyLink

- Billing Inquiries and general information
1-800-860-1020
- Voice Over IP service Information and Inquiries
1-877-878-7543
- Go Green! Use Control Center at
<https://controlcenter.centurylink.com> to view your
billing and service information on-line and enroll in
Paperless Billing or One Page Direct.

Thank you for choosing CenturyLink.

Beginning with your March or April invoice, you'll notice that the name of the CenturyLink company providing your long distance or CLEC services changes to CenturyLink Communications, LLC. This is the result of an internal reorganization only, and no action is required of you. There will be no change to your current services, rates, terms and conditions. If you have any questions, please contact Customer Service at the telephone number printed on your bill. You may also contact your account representative or visit www.centurylink.com/namechange. Thank you for choosing CenturyLink for your communication needs-we value you as our customer.

PAID

FEB 27 2014

Century Link QCC
 Business Services
 Account # 72747694

GP Vendor # 1001092
 Communications
 Description:

Invoice Date: 15-Jan
 Invoice #: 1288200101
 Invoice \$: \$ 4,692.03

9/3/13 Jeri updated the percentages.

950112EXPEN \$ 750.72

0.16 \$ 750.72

9997000EXPEN \$ 2,205.25

0.47 \$ 2,205.25

950100EXPEN \$ 304.98

950111EXPEN \$ 304.98

0.13 \$ 609.96

9995000EXPEN \$ 516.12

0.11 \$ 516.12

950100EXPEN \$ 304.99

950111EXPEN \$ 304.99

0.13 \$ 609.96

\$ 4,692.03

1 \$ 4,692.03

9/3/13 [redacted] updated the percentages.

Handwritten notes and stamps in the bottom right corner, including a date stamp that appears to be 12/15/13.

FAMILY RESOURCES, INC.

FAMILY RESOURCES, INC.		PAYMENT NUMBER	CHECK DATE	117324			
VENDOR ID	NAME						
1001092	CENTURYLINK BUSINESS SERVICES	00000000000078014	2/4/2014				
OUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE-OFF	NET
00000000000108001	1288200101	1/15/2013	\$4,692.03	\$4,692.03	\$0.00	\$0.00	\$4,692.03
			\$4,692.03	\$4,692.03	\$0.00	\$0.00	\$4,692.03

COMMENT

950100EXPEN \$ 304.98

950111EXPEN \$ 304.98

9995000EXPEN \$ 516.12

950100EXPEN \$ 304.99

950111EXPEN \$ 304.99

\$ 4,692.03

0.13 \$ 000.00

0.11 \$ 516.12

0.13 \$ 609.96

1 \$ 4,692.03

9/3/13 updated the percentages.

MISS SERVICES 0000
 NUMBER DATE
 1/15/2014
 50 00
 50 00



January 15, 2014
 Invoice 128929810

FAMILY RESOURCES
 Account

Your Account Balance

Current Gross Charges	4,298.98
FAMILY RESOURCES	\$4,298.98

Government Fees and Taxes	58.78
State and Local Taxes	2.18
Gross Receipts	18.00
State 911	\$76.97

Other Fees & Monthly Charges	0.11
PUC Fee	272.93
Federal Universal Service Fund	29.51
Fed Telecom Relay Service	5.85
Federal Regulatory Recovery	10.68
Property Tax Recovery	\$313.08

Current Net Charges	\$4,692.03
Previous Balance	\$4,894.83
Payments Received	\$-4,894.83
Amount Due	\$4,692.03

Current Net Charges	
DVS 121784977 CenturyLink Total Advantage M	838.78
Current gross charges	0.02
Government Fees and Taxes	0.32
State and Local Taxes	52.33
Other Fees & Monthly Charges	41.92
Federal Universal Service Fund	4.69
Fed Telecom Relay Service	0.26
Federal Regulatory Recovery	1.76
Property Tax Recovery	\$891.13

DAVENPORT 3M INTERNET 141311071 CenturyLink Total Advantage M	824.52
Current gross charges	\$824.52

MOLINE DS1 141311072 CenturyLink Total Advantage M	415.68
Current gross charges	58.95
Government Fees and Taxes	58.77
State and Local Taxes	2.18
Gross Receipts	21.84
Other Fees & Monthly Charges	0.11
PUC Fee	13.45
Federal Universal Service Fund	1.32
Fed Telecom Relay Service	0.43
Federal Regulatory Recovery	

01271 3855870 013408 02815 002/00E3



Page 3 of 4
 Account Number: 0020880136
 Bill Date: 0020880136
 Invoice Number: 0020880136

CHARGES

CHARGES	TOTAL
PAYMENTS RECEIVED	
Payment by Check received on 12/12/2013 - Thank You	
Total Payments	\$83.47CR
DETAIL OF OTHER CHARGES & CREDITS	
General Fees and Credits	
IA Wireless E-911 Fee	1.00
IA Dual Party Relay Service	0.03
Sub-Total General Fees and Credits	1.03
Total Other Charges & Credits	\$1.03
Total Tax for Account Activity	\$0.00

Page 4 of 4
 Account Number: 0020880136
 Bill Date: 0020880136
 Invoice Number: 0020880136

CHARGES

CHARGES	TOTAL
MONTHLY SERVICE CHARGES 12/24/13 THROUGH 01/23/14	49.99
Monthly charge for 450 VOICE AND UNLMTD MSG	
Including: BELIEF REWARDS	
DAILY DATA	
UNLIMITED MESSAGING	
Three Way Conference Calling	
Call Delivery Wide	
Call Forward Busy	
Call Forwarding Immediate	
No Answer Transfer (Call Forward)	
Caller ID	
Call Waiting	
NATIONAL UNLIMITED INCOMING	
NATIONAL UNLIMITED N & W	
NATIONAL UNLTD MOB TO MOB	
Message Waiting Indicator Digital	
Voice Mail Alert	
Automatic Roaming Wide	25.00
ANDROID - 2GB DATA	0.00
UNLIMITED MESSAGING	0.00
Total Monthly Service Charges	\$74.99

Total Monthly Service Charges

CHARGES	UNIT	RATE	AMOUNT
Voice & Messaging Usage			
450 VOICE AND UNLMTD MSG	373 min X	0.00 per min	0.00
UNLIMITED PEAK	325 min X	0.00 per min	0.00
UNLIMITED OFF-PEAK			
UNLIMITED MESSAGING	603 Messages, 11/24/13 through 12/23/13		
TEXT MESSAGING	603 msg X	0.00 per msg	0.00
BILLED PEAK	603 msg		0.00
Total TEXT MESSAGING			
Picture Message Usage	11 Messages, 11/24/13 through 12/23/13		
BILLED PEAK	11 msg X	0.00 per msg	0.00
Total Picture Message Usage	11 msg		0.00
450 VOICE AND UNLMTD MSG			
NATIONAL UNLTD MOB TO MOB	222 min X	0.00 per min	0.00
INCLUDED PEAK			
Local Service Airtime	143 Calls, 11/24/13 through 12/23/13		
INCLUDED PEAK	236 min X	0.00 per min	0.00
TOLL			
ADDITIONAL CHARGES			
Total Local Service Airtime	236 min		0.00
Total Voice & Messaging Usage			\$0.00



Page 3 of 6
 Account Number: 0122414
 Bill Date: 002454335
 Invoice Number: 002454335

Account Summary
 CRYSTAL BELL
 MONTHLY SERVICE CHARGES 01/24/14 THROUGH 02/23/14

CHARGES	TOTAL
Monthly charge for 450 VOICE AND UNLMTD MSG	49.99
Including: BELIEF REWARDS	
DAILY DATA	
UNLIMITED MESSAGING	
Three Way Conference Calling	
Call Delivery Vids	
Call Forward Busy	
Call Forwarding Immediate	
No Answer Transfer (Call Forward)	
Caller ID	
Call Waiting	
NATIONAL UNLIMITED INCOMING	
NATIONAL UNLIMITED N & W	
NATIONAL UNLTD MOB TO MOB	
Message Waiting Indicator Digital	
Voice Mail Alert	
Automatic Roaming Wfide	
ANDROID - 2GB DATA	25.00
UNLIMITED MESSAGING	6.00
Total Monthly Service Charges	214.99

Page 3 of 6
 Account Number: 0122414
 Bill Date: 002454335
 Invoice Number: 002454335

Account Summary
 CRYSTAL BELL
 MONTHLY SERVICE CHARGES 01/24/14 THROUGH 02/23/14

CHARGES	TOTAL
Monthly charge for 450 VOICE AND UNLMTD MSG	49.99
Including: BELIEF REWARDS	
DAILY DATA	
UNLIMITED MESSAGING	
Three Way Conference Calling	
Call Delivery Vids	
Call Forward Busy	
Call Forwarding Immediate	
No Answer Transfer (Call Forward)	
Caller ID	
Call Waiting	
NATIONAL UNLIMITED INCOMING	
NATIONAL UNLIMITED N & W	
NATIONAL UNLTD MOB TO MOB	
Message Waiting Indicator Digital	
Voice Mail Alert	
Automatic Roaming Wfide	
ANDROID - 2GB DATA	25.00
UNLIMITED MESSAGING	6.00
Total Monthly Service Charges	214.99

Payments Received
 Payment by Check received on 01/29/2014 - Thank You
 Total Payments
 214.99

DETAIL OF OTHER CHARGES & CREDITS
 General Fees and Credits
 IA Wireless E-911 Fee
 IA Dial Party Relay Service
 Sub-Total General Fees and Credits
 1.83
 Total Other Charges & Credits
 1.83
 Total Tax for Account Activity
 60.00

Payments Received
 Payment by Check received on 01/29/2014 - Thank You
 Total Payments
 214.99

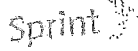
DETAIL OF OTHER CHARGES & CREDITS
 General Fees and Credits
 IA Wireless E-911 Fee
 IA Dial Party Relay Service
 Sub-Total General Fees and Credits
 1.83
 Total Other Charges & Credits
 1.83
 Total Tax for Account Activity
 60.00

Account Summary
 CRYSTAL BELL
 MONTHLY SERVICE CHARGES 01/24/14 THROUGH 02/23/14

Sprint Monthly Statement

Personal Business

Join Sprint | Coverage maps | Find a store | Shopping Cart



My Sprint

Shop

Digital Lounge

Community

Support



Help

Sign out

Monthly Statement

[Select Another Account](#)

Customer Account Number Bill Period **Bill Date** [Printer-friendly Version \(PDF\)](#)
 Nov 02-Dec 01 Dec 05, 2013 Change Billing Preference

Hello!
 Need more information? Visit sprint.com for a complete view of account activity and call details. [Plan Details](#)

[Make a payment](#)

I want to...

- [Manage payment billing](#)
- [Pay off](#)
- [Track called numbers](#)
- [See adjustments and credits](#)
- [See my bill](#)
- [See bill history](#)
- [See my order history](#)
- [See payment history](#)
- [See my transaction history](#)

Previous Balance	\$233.48
Payment on Nov 24	-\$233.48
New Charges	\$273.54
Nov 02 - Dec 01 Shared Plan - Prorated Charges	
Nov 29 - Dec 01 Premium Data \$10 add-on charge	\$1.00
Nov 29 - Dec 01 Credit: Premium Data \$10 add-on charge	-\$0.33
Nov 30 - Dec 01 Credit: Premium Data \$10 add-on charge	-\$0.67
Nov 30 - Dec 01 Credit: Total Equipment Protection - \$2 insurance/premium & \$4 service/repair	-\$0.33
Nov 29 - Dec 01 Premium Data \$10 add-on charge	\$1.00
Nov 29 - Dec 01 Credit: Premium Data \$10 add-on charge	-\$0.33
Shared Plan	
Everything Data - 1500 Shared Anytime Minutes Included	\$110.00
Premium Data \$10 add-on charge	\$10.00
Everything Data - 1500 Shared Anytime Minutes Included	\$19.99
Premium Data add-on charge	\$10.00
Everything Data - 1500 Shared Anytime Minutes Included	\$19.99
Premium Data \$10 add-on charge	\$10.00
Everything Data - 1500 Shared Anytime Minutes Included	\$19.99
Premium Data \$10 add-on charge	\$10.00
Device Upgrade Fee-1 Unit	\$36.00
Sprint Surcharges	\$13.44
Show Details And Explanation of Charges	
Government Taxes & Fees	\$13.99
Show Details And Explanation of Charges	
Total Due	\$273.54

[Make a payment](#)

For Usage Summary: [Click Here](#)
 For Call Details: [Click Here](#)
 For Direct Connect on Nextel Call Details (2G Call Details): [Click Here](#)
 For Direct Connect Call Details (3G Call Details): [Click Here](#)

[Important Information Relating To Your Sprint Bill](#)

[Be a Sprint insider](#) | [About us](#) | [Contact us](#) | [Español](#) | [Mobile site](#) | [Legal](#) | [Privacy](#) | [Your choices](#)

© 2014 Sprint. All rights reserved.

Sprint - Monthly Statement

Personal Business

Join Sprint | Coverage maps | Find a store | Shopping Cart



My Sprint

Shop

Digital Lounge

Community

Support



Sign out

Monthly Statement

Select Another Account

Customer	Account Number	Bill Period	Bill Date	Printer-friendly Version (PDF)	Change Billing Preference
		Dec 02-Jan 01	Jan 05, 2014		

Hello! Need more information? Visit [sprint.com](#) for a complete view of account activity and call detail. [Plan Details](#)

[Make a payment](#)

I want to...

- Manage paperless billing
- Pay bill
- Track called numbers
- See adjustments and credits
- See my bill
- See bill history
- See my order history
- See payment history
- See my transaction history

Previous Balance	\$273.54
Dec 31 Billing Related Adjustment	-\$38.52
Payment on Dec 24	-\$273.54
New Charges	\$214.09
Shared Plan	
Everything Data - 1500 Shared Anytime Minutes Included	\$110.00
Employee Discount Sprint 18%	-\$19.80
Premium Data \$10 add-on charge	\$10.00
Everything Data - 1500 Shared Anytime Minutes Included	\$19.59
Premium Data add-on charge	\$10.00
Everything Data - 1500 Shared Anytime Minutes Included	\$19.99
Premium Data \$10 add-on charge	\$10.00
Everything Data - 1500 Shared Anytime Minutes Included	\$19.99
Premium Data \$10 add-on charge	\$10.00
Sprint Surcharges	\$13.21
Show Details And Explanation of Charges	
Government Taxes & Fees	\$10.71
Show Details And Explanation of Charges	
Total Due	\$175.57

[Make a payment](#)

For Usage Summary: [Click Here](#)
 For Call Details: [Click Here](#)
 For Direct Connect on Nextel Call Details (2G Call Details): [Click Here](#)
 For Direct Connect Call Details (3G Call Details): [Click Here](#)

[Important Information Relating To Your Sprint Bill](#)

P.O. BOX 4002
ACWORTH, GA 30101

Manage your account
My Verizon at www.verizonwireless.com

Address Changed? - go to vzw.com/changeaddress

Invoice Number

Quick Bill Summary

Dec 16 - Jan 15

KEYLINE
/6120130539/

Previous Balance (see back for details)	\$152.53
Payment - Thank You	-\$152.53
Balance Forward	\$0.00
Monthly Charges	\$136.78
Usage and Purchase Charges	\$0.00
Voice	\$0.00
Messaging	\$0.00
Data	\$0.00
Verizon Wireless' Surcharges and Other Charges & Credits	\$4.55
Taxes, Governmental Surcharges & Fees	\$11.37
Total Current Charges	\$152.70

2014 Resolution -- Go Paperless
Sign up for paperless billing and save
postage, reduce clutter and help the
environment. Visit go.vzw.com/gogreen
to learn more.

Total Charges Due by February 10, 2014 **\$152.70**

Pay from Wireless #PMT (#768)	Pay on the Web My Verizon at www.verizonwireless.com	Questions: 1.800.922.0204 or *611 from your wireless
----------------------------------	--	---

Bill Date: January 15, 2014
Account Number: 3024670934
Invoice Number: 3024670934

Total Amount Due

will be submitted to credit card on 02/07/14
DO NOT MAIL PAYMENT **\$152.70**

1ST 53

P.O. BOX 25505
LEHIGH VALLEY, PA 18002-5505
/1800255054/

Check here and fill out the back of this slip if your billing address
has changed or you are adding or changing your email address.

152052000010000152700000152703

Manage Your Account & View Your Usage Details

Account Number

Date Due

My Verizon at www.verizonwireless.com

1/10/14

Address Changed? - go to vzw.com/changeaddress

Invoice Number

3010759846

Quick Bill Summary

Nov 16 - Dec 15

KEYLINE
/6120130539/

Previous Balance (see back for details)	\$162.52
Payment - Thank You	-\$162.52
Balance Forward	\$0.00
Monthly Charges	\$136.78
Usage and Purchase Charges	\$0.00
Voice	\$0.00
Messaging	\$0.00
Data	\$0.00
Verizon Wireless' Surcharges and Other Charges & Credits	\$4.40
Taxes, Governmental Surcharges & Fees	\$11.35
Total Current Charges	\$152.53

**Go Green With Paperless Billing
And Auto Bill Pay**
Ditch the monthly clutter. Save time and
postage by enrolling in paperless billing
and Auto Pay. See the Need-to-Know
section in the back of this bill for further
details.

Total Charges Due by January 10, 2014 **\$152.53**

Pay from Wireless	Pay on the Web	Questions:
#PMT (#768)	My Verizon at www.verizonwireless.com	1.800.922.0204 or *611 from your wireless

Bill Date: December 15, 2013
 Account Number: 3010759846
 Invoice Number: VN

Total Amount Due

will be submitted to credit card on 01/07/14 \$152.53
 DO NOT MAIL PAYMENT

P.O. BOX 25505
 LEHIGH VALLEY, PA 18002-5505
 /1800255054/

Check here and fill out the back of this slip if your billing address
 has changed or you are adding or changing your email address.

3010759846010780478953000010000152530000152533

Overview of Lines

Your Account's Plan

Plan from 12/14 - 12/15
 SHARE EVERY UNL TLK&TXT 2GB
 \$60.00 monthly charge
 2 monthly GB allowance
 \$15.00 per GB after allowance
 Beginning on 12/15/13:
 22% Access Discount

Breakdown of Charges

Account Charges & Credits	pg 2	\$50.90
	pg 3	\$91.34
Total Current Charges		\$142.24

Breakdown of Shared Usage

	SharePlan Minutes Used 12/14 - 12/15	SharePlan Messaging Used 12/14 - 12/15	SharePlan Data GB Used 12/14 - 12/15
pg 3	0	223	.253
Total Used	0	223	.253
Shared Allowance	unlimited	unlimited	2.000
Overage	0	0	0
Total Shared Usage Charges	\$0.00	\$0.00	\$0.00

Summary for

Your Plan

Plan from 12/14 - 12/15
 SHARE EVERY UNL TLK&TXT 2GB

Have more questions about your charges?
 Get details for usage charges at
www.verizonwireless.com. Sign into My
 Verizon to View Online Bill and click on
 Calls, Messages & Data.

Monthly Charges

New Plan		
Smartphone Line Access	12/14 - 12/15	2.67
\$40.00 per month / 2 days on new plan		
Month in Advance		
Smartphone Line Access	12/16 - 01/15:	40.00
These are the normal monthly charges billed in advance.		
		\$42.67

Usage and Purchase Charges

Voice	Allowance	Used	Billable	Cost
Night/Weekend	minutes unlimited	54	---	---
Total Voice				\$0.00
Messaging				
Text, Picture & Video (12/14 - 12/15)	messages unlimited	223	---	---
Total Messaging				\$0.00

Invoice Number Account Number Date Due Page
 3010664062 11/10/14 3 of 5

Overview of Lines

Your Account's Plan

Plan from 12/14 - 12/15
 SHARE EVERY UNL TLK&TXT 2GB
 \$50.00 monthly charge
 2 monthly GB allowance
 \$15.00 per GB after allowance
 Beginning on 12/15/13:
 22% Access Discount

Breakdown of Charges

Account Charges & Credits	pg 2	\$50.80
	pg 3	\$91.34
Total Current Charges		\$142.14

Breakdown of Shared Usage

	SharePlan Minutes Used 12/14 - 12/15	SharePlan Messaging Used 12/14 - 12/15	SharePlan Data GB Used 12/14 - 12/15
pg 3	0	223	.253
Total Used	0	223	.253
Shared Allowance	unlimited	unlimited	2.000
Overage	0	0	0
Total Shared Usage Charges	\$.00	\$.00	\$.00

Your Plan

Plan from 12/14 - 12/15
 SHARE EVERY UNL TLK&TXT 2GB

Have more questions about your charges?
 Get details for usage charges at
www.verizonwireless.com. Sign into My
 Verizon to View Online Bill and click on
 Calls, Messages & Data.

Monthly Charges

New Plan		
Smartphone Line Access	12/14 - 12/15	2.67
\$40.00 per month / 2 days on new plan		
Month in Advance		
Smartphone Line Access	12/16 - 01/15	40.00
These are the normal monthly charges billed in advance.		
		\$42.67

Usage and Purchase Charges

Voice	Allowance	Used	Billable	Cost
Night/Weekend	minutes unlimited	54	—	—
Total Voice				\$.00
Messaging				
Text, Picture & Video (12/14 - 12/15)	messages unlimited	223	—	—
Total Messaging				\$.00