PIECP - QUARTERLY CONSOLIDATED STATISTICAL REPORT

	Reporting Quarter Dates:	7/1/2015-9	9/30/2015				
	Name of Certificate Holder:	OWA PRISON	INDUSTRIES	***************************************	MANAGAROM MANAGARON M		
(1)	Total inmate labor hours worked during quarter:		69,638.0		S		
(2)	Total number of inmates employed during quarter:	***************************************	162		Inmates		
(3)	Total quarterly gross wages paid:	\$	\$ 714,732.01				
(4)	Total quarterly contributions to Federal taxes:	\$	70,501.03	er			
(5)	Total quarterly contributions to State taxes:	\$	23,379.06	10.F			
(6)	Total quarterly contributions to Social Security: (FICA and Medicare)	\$	56,227.73	···			
(7)	Total quarterly contributions to other taxes:	\$	-				
(8)	SUB-TOTAL of taxes paid this quarter (#4- #7):			\$	150,107.82		
(9)	Total quarterly contributions to victim's programs:	\$	225,558.58	MA.			
(10)	Total quarterly contributions to room and board:	\$	186,200.27	1004			
(11)	Total quarterly contributions to family support:	\$	26,108.65	***			
(12)	SUB-TOTAL of PIECP Categorical Deductions (#9-#11	1):		\$	437,867.50		
(13)	Total quarterly contributions to mandatory savings:	\$	8,841.25	enr			
(14)	14) Since the last quarterly year report, have you materially changed the scope, processes or products associate with this cost accounting center? If yes, please explain: No.						
	Certified correct by: Daniel J. Clark, Depu	ıty Director, I	owa Prison Ind	ustrie	s		
	on the	NONNOTION OF THE PROPERTY OF T	04-1	DEC	-2015		
Tel	Signature ephone no: (515) 725-5705 Email Ad	ldress:	dan.clark@	o swoid	are COV		

	Reporting Quarter Dates: _	7/1/2015	1000000000000	9/30	/2015	Andrean Ann ann an
	Name of Cost Accounting Center:	Rock Communications				***************************************
	PIECP Management Model:		Emplo	,		
	INSTITUTION Name and Address:			onal Facility ewton, IA 5020	18	
	INSTITUTION Name and Address.	307 3 00111	Ave W, IV	ewton, 1A 3020		***************************************
(1)	Total inmate labor hours worked durir	g quarter:		2,108.8	Hours	
(2)	Total number of inmates employed du	ring quarter:	***************************************	5	Total In	mates
(3)	Total quarterly gross wages paid:		\$	18,965.60	_	
	Hourly wage range	\$8.50- 8.95	and annual to the same of the		-	
	(or) Pieces work rate	N/A	TOO GOVERNMENT A			
(4)	Total quarterly contributions to Federa	l taxes:	\$	1,480.81	PRA.	
(5)	Total quarterly contributions to State ta	ixes:	\$	600.00	No.	
(6)	Total quarterly contributions to Social S	Security:	\$	1,450.88		
	(FICA and Medicar	re)			-	
(7)	Total quarterly contributions to other to	axes:	\$			
(8)	SUB-TOTAL of taxes paid this quarter	(#4- #7):			\$	3,531.69
(9)	Total quarterly contributions to victim'	s programs:	\$	5,123.09	00A	
(10)	Total quarterly contributions to room a	nd board:	\$	6,134.52		
(11)	Total quarterly contributions to family	support:	\$	383.16	MAT	
(12)	SUB-TOTAL of PIECP Categorical Ded	uctions (#9-#11):			\$	11,640.77
(13)	Total quarterly contributions to manda	tory savings:	\$	150.06		
(14)	Since the last quarterly report, have you		d the scope	e, processes or	products	associate with
	this cost accounting center? If yes, plea	se explain: No.				
	Contined comment have Devial I	Claule Domestry Di	inagtan Ta	ruza Duican Inc	l	
	Certified correct by: Daniel J	. Clark, Deputy Di	irector, io	wa FIISON IIIC	iustries	
	Dell			24-	NEC	-2015
	Signature		onnoconimicano.		Date	-2015
Tel	ephone no: (515) 725-5705	Email Address	s:	dan.clark(@iowa.g	<u>ov</u>

	Reporting Quarter Dates: _	7/1/2015	000000000000.	9/30	/2015	000000000000000
	Name of Cost Accounting Center:	NuAge Marketing			************************	
	PIECP Management Model:					
	INICTITIONINI 1 A 1 I			ectional Facility		
	INSTITUTION Name and Address:	313 Laneda	ile, Kockw	ell City, IA 505	79	00000000000000000000000000000000000000
(1)	Total inmate labor hours worked durin	g quarter:		4,782.0	Hours	
(2)	Total number of inmates employed dur	ng quarter: 21		Total In	mates	
(3)	Total quarterly gross wages paid:		\$	37,106.11	_	
	Hourly wage range	\$8.50- 8.95			-	
	(or) Pieces work rate	N/A	non-conditions and			
(4)	Total quarterly contributions to Federa	taxes:	\$	2,232.81		
(5)	Total quarterly contributions to State ta	xes:	\$	509.12		
(6)	Total quarterly contributions to Social S (FICA and Medicar	•		2,838.64	****	
(7)	Total quarterly contributions to other to		\$	_		
(8)	SUB-TOTAL of taxes paid this quarter	(#4- #7):			\$	5,580.57
(9)	Total quarterly contributions to victim's	s programs:	\$	8,625.84		
(10)	Total quarterly contributions to room a	nd board:	\$	13,753.15	noor	
(11)	Total quarterly contributions to family	support:	\$	1,725.32	andre	
(12)	SUB-TOTAL of PIECP Categorical Ded	uctions (#9-#11):			\$	24,104.31
(13)	Total quarterly contributions to manda	tory savings:	\$	136.01		
(14)	Since the last quarterly report, have you this cost accounting center? If yes, please		d the scope	e, processes or _l	products	associate with
	Certified correct by: Daniel J	. Clark, Deputy D	irector, Io	owa Prison Inc	dustries	
	by the			04-	DEC.	2015
	Signature		1000		Date	
Tel	ephone no: (515) 725-5705	Email Address	s:	<u>dan.clark(</u>	@iowa.go	<u>)V</u>

	Reporting Quarter Dates:	7/1/2015	00000000000000000	9/30	/2015	***************************************
	Name of Cost Accounting Center:		Jet Com	pany		***************************************
	PIECP Management Model:		Emplo	yer		
	INSTITUTION Name and Address.			ectional Facility		recommend of management of the control of the contr
	INSTITUTION Name and Address:	313 Laneda	aie, Rockw	rell City, IA 505	/9	entralismostatismostatismostatismostatismostatismostatismostatismostatismostatismostatismostatismostatismostat
(1)	Total inmate labor hours worked during	g quarter:		4,755.5	Hours	
(2)	Total number of inmates employed dur	ing quarter:	***************************************	12	Total In	nmates
(3)	Total quarterly gross wages paid:		\$	52,459.26	_	
	Hourly wage range	\$8.50- 8.95	-		-	
	(or) Pieces work rate	N/A	SINCEPPOR ADVIOLATION OF			
(4)	Total quarterly contributions to Federal	taxes:	\$	5,139.72	59a	
(5)	Total quarterly contributions to State ta	xes:	\$	1,746.49	one:	
(6)	Total quarterly contributions to Social S (FICA and Medicar	<i>y</i>	\$	4,013.13	798	
(7)	Total quarterly contributions to other ta	ixes:	\$	-	_	
(8)	SUB-TOTAL of taxes paid this quarter (#4- #7):			\$	10,899.34
(9)	Total quarterly contributions to victim's	s programs:	\$	17,270.92		
(10)	Total quarterly contributions to room as	nd board:	\$	11,981.53		
(11)	Total quarterly contributions to family s	support:	\$	1,815.55		
(12)	SUB-TOTAL of PIECP Categorical Ded	uctions (#9-#11):			\$	31,068.00
(13)	Total quarterly contributions to mandat	ory savings:	\$	204.28		
(14)	Since the last quarterly report, have you this cost accounting center? If yes, pleas		ed the scop	e, processes or	products	s associate with
	Certified correct by: Daniel J.	Clark, Deputy D	irector, Id	owa Prison Ind	dustries	:
	m, ul			04-	DEC	-2015
	Signature		anno constante.		Date	
Tel	ephone no: (515) 725-5705	Email Addres	ss:	<u>dan.clark</u>	@iowa.g	<u>IOV</u>

	Reporting Quarter Dates:	7/1/2015		9/30	/2015	PHE DOMARIZISHING N.
	Name of Cost Accounting Center:	Graphic Edge				
	PIECP Management Model:		Emplo	yer		
	INSTITUTION Name and Address:			ional Facility Iewton, IA 5020	08	от от можения по в по
(1)	Total inmate labor hours worked during	g quarter:		8,565.3	Hours	
(2)	Total number of inmates employed duri	ing quarter:		19	Total In	mates
(3)	Total quarterly gross wages paid:		\$	82,059.44	any.	
	Hourly wage range	\$8.50- 8.95			=	
	(or) Pieces work rate	N/A				
(4)	Total quarterly contributions to Federal	taxes:	\$	7,864.77	_	
(5)	Total quarterly contributions to State tax	ces:	\$	2,531.00		
(6)	Total quarterly contributions to Social S (FICA and Medicare	•	\$	6,277.54	49A.	
(7)	Total quarterly contributions to other ta	xes:	\$	-		
(8)	SUB-TOTAL of taxes paid this quarter (#4- #7):	Non-minimum and an analysis of the first of the second second second second second second second second second		\$	16,673.31
(9)	Total quarterly contributions to victim's	programs:	\$	23,938.96	-	
(10)	Total quarterly contributions to room ar	nd board:	\$	22,408.68	_	
(11)	Total quarterly contributions to family s	upport:	\$	2,626.59	_	
(12)	SUB-TOTAL of PIECP Categorical Dedu	ıctions (#9-#11):			\$	48,974.23
(13) (14)	Total quarterly contributions to mandate Since the last quarterly report, have you this cost accounting center? If yes, please	materially change	\$ d the scope	95.90 e, processes or p	products	associate with
	Certified correct by: Daniel J.	Clark, Deputy D	irector, Io	wa Prison Ind	lustries	
	onell		**************************************	09-	DEC	-2015
Tel	Signature ephone no: (515) 725-5705	Email Addres	s:	dan.clark(Date @iowa.go	<u>ov</u>

	Reporting Quarter Dates:	7/1/2015		9/30	/2015	MANAMAN AND AND AND AND AND AND AND AND AND A
	Name of Cost Accounting Center:		BrandFx			MARAAWAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
	PIECP Management Model:		Emplo	J		
	INSTITUTION Name and Address:			rectional Facility rell City, IA 505		2000-2000-000-000
(1)	Total inmate labor hours worked during qua	arter:		8,798.4	Hours	
(2)	Total number of inmates employed during of	uarter:	"Security Control of the Control of	17	Total In	mates
(3)	Total quarterly gross wages paid:		\$	117,943.41	oner	
	Hourly wage range	\$8.50- 8.95			=	
	(or) Pieces work rate	N/A	-			
(4)	Total quarterly contributions to Federal taxe	s:	\$	12,582.60	00%	
(5)	Total quarterly contributions to State taxes:		\$	4,419.68		
(6)	Total quarterly contributions to Social Secur. (FICA and Medicare)	ity:	\$	9,022.64	ngs.	
(7)	Total quarterly contributions to other taxes:		\$	_	_	
(8)	SUB-TOTAL of taxes paid this quarter (#4-#	7):			\$	26,024.92
(9)	Total quarterly contributions to victim's prog	grams:	\$	40,459.94		
(10)	Total quarterly contributions to room and bo	oard:	\$	23,800.27	ann	
(11)	Total quarterly contributions to family supp	ort:	\$	4,069.57		
(12)	SUB-TOTAL of PIECP Categorical Deduction	ns (#9-#11):			\$	68,329.78
(13)	Total quarterly contributions to mandatory s	savings:	\$	186.20		
(14)	Since the last quarterly report, have you mat this cost accounting center? If yes, please exp		he scop	e, processes or]	products	associate with
	Certified correct by: Daniel J. Cla	rk, Deputy Dire	ector, Io	owa Prison Inc	dustries	
	v , u			04-	DEC-	2015
***************************************	Signature		•		Date	

Email Address:

dan.clark@iowa.gov

Telephone no: (515) 725-5705

	Reporting Quarter Dates:	7/1/2015	***************************************	9/30	/2015	-
	Name of Cost Accounting Center:		H&H I	LLC		
	PIECP Management Model:		Emplo	•		
	INSTITUTION Name and Address:			tional Facility Clarinda, IA 516	32	AGGI MANAGONI MANAGONI MANAGONI MANAGONI MA
(1)	Total inmate labor hours worked durin	g quarter:		40,628.1	Hours	
(2)	Total number of inmates employed dur	ring quarter:	YOU AND WARRENDOM OF ALL DRIVEN AND	90	- Total Ir	nmates
(3)	Total quarterly gross wages paid:		\$	426,469.66	ook.	
	Hourly wage range	\$8.50- 8.95			=	
	(or) Pieces work rate	N/A				
(4)	Total quarterly contributions to Federa	l taxes:	\$	41,200.32		
(5)	Total quarterly contributions to State ta	ixes:	\$	13,572.77	-	
(6)	Total quarterly contributions to Social S (FICA and Medicar	•	\$	32,624.90	996	
(7)	Total quarterly contributions to other to	axes:	\$	-		
(8)	SUB-TOTAL of taxes paid this quarter	(#4- #7):			\$	87,397.99
(9)	Total quarterly contributions to victim's	s programs:	\$	130,139.83		
(10)	Total quarterly contributions to room a	nd board:	\$	108,122.12	war	
(11)	Total quarterly contributions to family	support:	\$	15,488.46		
(12)	SUB-TOTAL of PIECP Categorical Ded	uctions (#9-#11):			\$	253,750.41
(13)	Total quarterly contributions to manda	tory savings:	\$	8,068.80		
(14)	Since the last quarterly report, have you this cost accounting center? If yes, please		d the scop	e, processes or]	products	associate with
	Certified correct by: Daniel J	. Clark, Deputy D	irector, Io	owa Prison Inc	lustries	
	tyl		NOORONIE TERRO.	04-0	EC-	2015
m 1	Signature	T			Date	
1 el	ephone no: (515) 725-5705	Email Address	s:	<u>dan.clark(</u>	<u>യ</u> lowa.g	<u>ov</u>

	Reporting Quarter Dates:	7/1/2015		9/3	80/2015	
	Name of Cost Accounting Center:		Sully Truck Wa	ish		
	PIECP Management Model:		Employer			
	унивания от выпуска в предоставления в п		on Correctional	-		
	INSTITUTION Name and Address:	307 S 60th	n Ave W, Newto	on, IA 50.	208	
(1)	Total inmate labor hours worked during o	uarter:			Hours	
(2)	Total number of inmates employed during	g quarter:			Total Inmate	es
(3)	Total quarterly gross wages paid:				NACIONALIA.	
	Hourly wage range				-	
	(or) Pieces work rate	N/A	000000000000000000000000000000000000000			
(4)	Total quarterly contributions to Federal ta	xes:	\$	_		
(5)	Total quarterly contributions to State taxes	s:	\$	-		
(6)	Total quarterly contributions to Social Sec (FICA and Medicare)	urity:	\$		логона	
(7)	Total quarterly contributions to other taxe	s:	\$	-		
(8)	SUB-TOTAL of taxes paid this quarter (#4-	- #7):			\$	-
(9)	Total quarterly contributions to victim's pr	rograms:	\$			
(10)	Total quarterly contributions to room and	board:	\$	_	***************************************	
(11)	Total quarterly contributions to family sup	pport:	\$	_	AAAAAAAAAAAA	
(12)	SUB-TOTAL of PIECP Categorical Deduct	ions (#9-#11):			\$	
(13)	Total quarterly contributions to mandator	y savings:	\$	-		
(14)	Since the last quarterly report, have you me this cost accounting center? If yes, please of This CAC of				r products asso	ciate with
	Certified correct by: Daniel J. C.	lark, Deputy D	irector, Iowa	Prison Ir	ndustries	
				04-	- DEC - 20 Date	15
	Signature		•		Date	
Tel	ephone no: (515) 725-5705	Email Addres	ss:	dan.clarl	k@iowa.gov	

	Reporting Quarter Dates:	7/1/2015	9	/30/2015
	Name of Cost Accounting Center:		Misty Harbor	
	PIECP Management Model:		Employer	
	INSTITUTION Name and Address:	Fort Do	dge Correctional Facili	ty
(1)	Total inmate labor hours worked during	g quarter:		Hours
(2)	Total number of inmates employed dur	ing quarter:		Total Inmates
(3)	Total quarterly gross wages paid:			
	Hourly wage range			
	(or) Pieces work rate	N/A	nonconnections	
(4)	Total quarterly contributions to Federal	l taxes:		
(5)	Total quarterly contributions to State ta	xes:		
(6)	Total quarterly contributions to Social S (FICA and Medicar	•		monoments
(7)	Total quarterly contributions to other ta	axes:	\$ -	
(8)	SUB-TOTAL of taxes paid this quarter ((#4- #7):		\$ -
(9)	Total quarterly contributions to victim's	s programs:		enconnections.
(10)	Total quarterly contributions to room a	nd board:		associate constraints
(11)	Total quarterly contributions to family	support:		
(12)	SUB-TOTAL of PIECP Categorical Ded	uctions (#9-#11):		\$ -
(13) (14)	Total quarterly contributions to mandate Since the last quarterly report, have you this cost accounting center? If yes, please This CAC did not be a second to the cost accounting center of the cost accounting center of the cost accounting center.	u materially changed se explain:	d the scope, processes	-
	Certified correct by: Daniel J.	. Clark, Deputy D		Industries DEC-2015
Tel	Signature ephone no: (515) 725-5705	Email Addres	es: <u>dan.cla</u>	ark@iowa.gov