PIECP - QUARTERLY CONSOLIDATED STATISTICAL REPORT

	Reporting Quarter Dates:10	/1/2016 -	12/31/2016		
	Name of Certificate Holder:IOWA	PRISON	INDUSTRIES		**************************************
(1)	Total inmate labor hours worked during quarter:		26,787.0	Hour	S
(2)	Total number of inmates employed during quarter:	***************************************	78	 Total	Inmates
(3)	Total quarterly gross wages paid:	\$	284,106.69	***	
(4)	Total quarterly contributions to Federal taxes:	\$	25,305.88		
(5)	Total quarterly contributions to State taxes:	\$	7,780.20		
(6)	Total quarterly contributions to Social Security: (FICA and Medicare)	\$	21,734.20	794	
(7)	Total quarterly contributions to other taxes:	\$	-		
(8)	SUB-TOTAL of taxes paid this quarter (#4- #7):			\$	54,820.28
(9)	Total quarterly contributions to victim's programs:	\$	70,399.11		
(10)	Total quarterly contributions to room and board:	\$	91,246.64	_	
(11)	Total quarterly contributions to family support:	\$	10,819.38	_	
(12)	SUB-TOTAL of PIECP Categorical Deductions (#9-#11):			\$	172,465.13
(13)	Total quarterly contributions to mandatory savings:	\$	1,389.38		
(14)	Since the last quarterly year report, have you materially characteristic with this cost accounting center? If yes, please explain: No.	anged the	scope, processe	s or p	roducts associate
		***************************************		*********************	
	Certified correct by: Daniel J. Clark, Deputy D.	irector, I	owa Prison Inc	lustrie	es
*************		maran-non-n	31-	JAN	-2017
Tel	ephone no: (515) 725-5705 Email Address	s:	<u>dan.clark(</u>	ار iowa <u>@</u> iowa	.gov

	Reporting Quarter Dates: _.	10/1/2016	телесисом	12/33	1/2016	
	Name of Cost Accounting Center:		Graphic	Edge		NONAGOGGGGGGGGGGGGGGG
	PIECP Management Model:		Emplo			
	TA A LA			ional Facility		000000000000000000000000000000000000000
	INSTITUTION Name and Address:	307 S 60th	Ave W, N	Iewton, IA 5020	18	***************************************
(1)	Total inmate labor hours worked duri	ng quarter:	***************************************	6,748.2	Hours	
(2)	Total number of inmates employed du	ring quarter:	************************	16	Total In	mates
(3)	Total quarterly gross wages paid:		\$	79,092.42	_	
	Hourly wage range	\$8.50- 8.95			=	
	(or) Pieces work rate	N/A	POPOGOPONIA			
(4)	Total quarterly contributions to Federa	al taxes:	\$	7,025.01	199	
(5)	Total quarterly contributions to State t	axes:	\$	2,364.00	·	
(6)	Total quarterly contributions to Social (FICA and Medica	•	\$	6,050.58	na.	
(7)	Total quarterly contributions to other	taxes:	\$	_	_	
(8)	SUB-TOTAL of taxes paid this quarter	(#4- #7):			\$	15,439.59
(9)	Total quarterly contributions to victim	's programs:	\$	25,745.54	•	
(10)	Total quarterly contributions to room	and board:	\$	18,680.06		
(11)	Total quarterly contributions to family	support:	\$	3,408.80	_	
(12)	SUB-TOTAL of PIECP Categorical Dec	ductions (#9-#11):			\$	47,834.40
(13)	Total quarterly contributions to manda	atory savings:	\$	183.09	_	
(14)	Since the last quarterly report, have yo this cost accounting center? If yes, plea	, ,	d the scope	e, processes or p	products	associate with
	Certified correct by: Daniel	J. Clark, Deputy Di	irector, Ic	wa Prison Ind	lustries	
	5 M		***************************************	31-51	AN - Z1	717
	Signature				Date	
Tel	ephone no: (515) 822-8920	Email Address	3:	<u>dan.clark(</u>	@iowa.go	<u>v</u>

	Reporting Quarter Dates: _	10/1/2016	***********	12/33	1/2016	000000000000000000 00000
	Name of Cost Accounting Center:	1	NuAge Ma	arketing		MARGAGE TO THE CONTRACTOR OF T
	PIECP Management Model:		Emplo			,
	INSTITUTION Name and Address:			ectional Facility rell City, IA 505		
(1)	Total inmate labor hours worked during	ng quarter:		2,455.3	Hours	
(2)	Total number of inmates employed du	ring quarter:	***************************************	12	- Total Ir	nmates
(3)	Total quarterly gross wages paid:		\$	19,536.54	779	
	Hourly wage range	\$8.50- 8.95			=	
	(or) Pieces work rate	N/A	5000000000			
(4)	Total quarterly contributions to Federa	al taxes:	\$	1,186.91	***	
(5)	Total quarterly contributions to State to	axes:	\$	261.00	no.	
(6)	Total quarterly contributions to Social (FICA and Medica	•	\$	1,494.56		
(7)	Total quarterly contributions to other t	axes:	\$	-	_	
(8)	SUB-TOTAL of taxes paid this quarter	(#4- #7):			\$	2,942.47
(9)	Total quarterly contributions to victim	's programs:	\$	4,087.38		
(10)	Total quarterly contributions to room a	and board:	\$	7,712.54		
(11)	Total quarterly contributions to family	support:	\$	886.85		
(12)	SUB-TOTAL of PIECP Categorical Dec	luctions (#9-#11):			\$	12,686.77
(13)	Total quarterly contributions to manda		\$	95.81	44	
(14)	Since the last quarterly report, have yo this cost accounting center? If yes, plea		d the scop	e, processes or _l	products	s associate with
	Certified correct by: Daniel]	J. Clark, Deputy D	irector, Id	owa Prison Inc	lustries	
C	Jul-	:	namidaniaa	31-5	AN - 2	2017
on 1	Signature (F1F) 992 9999	E1 A 11			Date	
Tel	ephone no: (515) 822-8920	Email Addres	s:	<u>dan.clark(</u>	<u>ധ</u> iowa.g	<u>0v</u>

	Reporting Quarter Dates: _	10/1/2016	осположени	12/33	1/2016	and the second second
	Name of Cost Accounting Center:		Н&Н	LLC	000000000000000000000000000000000000000	***************************************
	PIECP Management Model:		Empl			
				ctional Facility		
	INSTITUTION Name and Address:	2000 N 16t	h Street,	Clarinda, IA 516	32	
(1)	Total inmate labor hours worked during	ng quarter:	***************************************	17,583.5	Hours	
(2)	Total number of inmates employed du	ıring quarter:	*************************************	50	Total Ir	nmates
(3)	Total quarterly gross wages paid:		\$	185,477.73	_	
	Hourly wage range	\$8.50- 8.95			_	
	(or) Pieces work rate	N/A	**************			
(4)	Total quarterly contributions to Federa	al taxes:	\$	17,093.96	***	
(5)	Total quarterly contributions to State t	axes:	\$	5,155.20	**	
(6)	Total quarterly contributions to Social (FICA and Medica	•	\$	14,189.06	60	
(7)	Total quarterly contributions to other t	taxes:	\$	_	***	
(8)	SUB-TOTAL of taxes paid this quarter	(#4- #7):			\$	36,438.22
(9)	Total quarterly contributions to victim	's programs:	\$	40,566.19	es.	•
(10)	Total quarterly contributions to room	and board:	\$	64,854.04	wa.	
(11)	Total quarterly contributions to family	support:	\$	6,523.73	ės.	
(12)	SUB-TOTAL of PIECP Categorical Dec	ductions (#9-#11):			\$	111,943.96
(13)	Total quarterly contributions to manda	atory savings:	\$	1,110.48		
(14)	Since the last quarterly report, have yo this cost accounting center? If yes, plea		d the scop	oe, processes or p	products	s associate with

	Certified correct by: Daniel	J. Clark, Deputy Di	rector, I	owa Prison Inc	lustries	
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	Signature				Date	•
Tel	ephone no: (515) 822-8920	Email Address	s:	<u>dan.clark(</u>	@iowa.g	OV

	Reporting Quarter Dates:	10/1/2016	**************************************	12/	31/2016
	Name of Cost Accounting Center:		Sully Truck Was	h	
	PIECP Management Model:		Employer		
	<u> </u>	Newt	on Correctional I	acility	
	INSTITUTION Name and Address:	307 S 60th	n Ave W, Newtor	ı, IA 50	208
(1)	Total inmate labor hours worked during	quarter:			Hours
(2)	Total number of inmates employed durin	ng quarter:			Total Inmates
(3)	Total quarterly gross wages paid:		\$	_	
	Hourly wage range	\$8.50- 8.95			=
	(or) Pieces work rate	N/A			
(4)	Total quarterly contributions to Federal t	axes:	\$	_	0000000h
(5)	Total quarterly contributions to State taxe	es:	\$		10071771Th
(6)	Total quarterly contributions to Social Se (FICA and Medicare)	•	\$	-	
(7)	Total quarterly contributions to other tax	es:	\$	_	
(8)	SUB-TOTAL of taxes paid this quarter (#4	1- #7):			\$
(9)	Total quarterly contributions to victim's p	orograms:	\$	_	метома
10)	Total quarterly contributions to room and	d board:	\$	-	00004000
11)	Total quarterly contributions to family su	pport:	\$	_	
12)	SUB-TOTAL of PIECP Categorical Deduc	ctions (#9-#11):			\$
13) 14)	Total quarterly contributions to mandator. Since the last quarterly report, have you rethis cost accounting center? If yes, please This CAC i	naterially change explain:	\$ ed the scope, procently the scope of the s		 r products associate
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	Certified correct by: Daniel J. C	Liark, Deputy D	rector, Iowa Pi	rison Ir	naustries
***************************************	Signature			31.	- JAN - 2017 Date
gr. 1	enhone no: (515) 725_5705	Email Addres		lan alam	k@iowa gov

	Reporting Quarter Dates:	10/1/2016	L.	2/31/2010
	Name of Cost Accounting Center:	Ro	ck Communications	
	PIECP Management Model:		Employer	
	-	Newto	on Correctional Facility	<u></u>
	INSTITUTION Name and Address:	307 S 60th	Ave W, Newton, IA 5	0208
(1)	Total inmate labor hours worked during	g quarter:		Hours
(2)	Total number of inmates employed duri	ng quarter:	***************************************	Total Inmates
(3)	Total quarterly gross wages paid:			
	Hourly wage range	\$8.50- 8.95		
	(or) Pieces work rate	N/A	sees0000000	
(4)	Total quarterly contributions to Federal	taxes:	***************************************	noscousonann
(5)	Total quarterly contributions to State tax	ces:		
(6)	Total quarterly contributions to Social So (FICA and Medicare	•		
(7)	Total quarterly contributions to other tax	xes:	\$ -	
(8)	SUB-TOTAL of taxes paid this quarter (#	‡4- #7):		\$
(9)	Total quarterly contributions to victim's	programs:	Valuation	
(10)	Total quarterly contributions to room an	d board:	428444444444444444444444444444444444444	namono con cons
(11)	Total quarterly contributions to family s	upport:	***************************************	***************************************
(12)	SUB-TOTAL of PIECP Categorical Dedu	actions (#9-#11):		\$
(13)	Total quarterly contributions to mandate	ory savings:		
(14)	Since the last quarterly report, have you this cost accounting center? If yes, please This CAC did	e explain:	d the scope, processes	-
-			· , I D ·	т 1 ,
	Certified correct by: Daniel J.	Ciark, Deputy Di	irector, iowa Prison	maustries
***************************************	Signature	naaninaanaan ka		- JAN - 2017 Date
Tol	enhane no: (515) 725-5705	Fmail Addres	e dan da	ark@iowa gov

	Reporting Quarter Dates:	10/1/2016	****************	12/3	1/2016	
	Name of Cost Accounting Center:		Misty Hark	oor		
	PIECP Management Model:		Employe	r		
	INSTITUTION Name and Address:	Fort Do	odge Correcti	onal Facility		
(1)	Total inmate labor hours worked durin	g quarter:		-	Hours	
(2)	Total number of inmates employed dur	ring quarter:			Total Inmates	
(3)	Total quarterly gross wages paid:		\$	-		
	Hourly wage range	\$8.50- 8.95			_	
	(or) Pieces work rate	N/A	***************************************			
(4)	Total quarterly contributions to Federa	l taxes:	\$	_	•	
(5)	Total quarterly contributions to State ta	xes:	\$	_		
(6)	Total quarterly contributions to Social S (FICA and Medicar	-	\$	_	noon.	
(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:	\$			
(10)	Total quarterly contributions to room a	nd board:	\$		noon.	
(11)	Total quarterly contributions to family	support:	\$	_	nona	
(12)	SUB-TOTAL of PIECP Categorical Ded	uctions (#9-#11):			\$	
(13)	Total quarterly contributions to manda	tory savings:	\$	_		
(14)	Since the last quarterly report, have you this cost accounting center? If yes, pleas This CAC				products associa	ate with
	Certified correct by: Daniel J	. Clark, Deputy I	Pirector, Iow	a Prison In	dustries	
*******************************	Signatura			31-5	AN - 2017	***************************************
Tel	Signature Lephone no: (515) 725-5705	Email Addre	SS:	dan.clark	@iowa.gov	

	Reporting Quarter Dates: _	10/1/2016		12/31/2016
	Name of Cost Accounting Center:		BrandFx	
	PIECP Management Model:		Employer	
	INSTITUTION Name and Address:		entral Correctional Fa ale, Rockwell City, IA	•
(1)	Total inmate labor hours worked durin	g quarter:		Hours
(2)	Total number of inmates employed dur	ring quarter:		Total Inmates
(3)	Total quarterly gross wages paid:			
	Hourly wage range	\$8.50- 8.95		
	(or) Pieces work rate	N/A		
(4)	Total quarterly contributions to Federa	l taxes:		000000000000000000000000000000000000000
(5)	Total quarterly contributions to State ta	ixes:		
(6)	Total quarterly contributions to Social S (FICA and Medicar	•	-	
(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:		
(10)	Total quarterly contributions to room a	nd board:		
(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 reports the cost of th	a materially changed se explain:	d the scope, processe	•
	Certified correct by: Daniel J.	. Clark, Deputy Di	irector, Iowa Priso	n Industries
	5 M		31	-JAN-2017
Tel	Signature Lephone no: (515) 725-5705	Email Address	s: <u>dan.</u> e	Date clark@iowa.gov

	Reporting Quarter Dates:	10/1/2016	MARGAMAN MA	12/31/2016	
	Name of Cost Accounting Center:	***************************************	Jet Company		
	PIECP Management Model:		Employer		
	North Cer		Central Correctional Facility		
	INSTITUTION Name and Address:	313 Laneda	ale, Rockwell City, IA	x 50579	
(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	\$8.50- 8.95			
	(or) Pieces work rate	N/A			
(4)	Total quarterly contributions to Federal	taxes:			
(5)	Total quarterly contributions to State tax	kes:			
(6)	Total quarterly contributions to Social S (FICA and Medicare	•			
(7)	Total quarterly contributions to other ta	xes:	\$	_	
(8)	SUB-TOTAL of taxes paid this quarter (#4- #7):		\$ -	
9)	Total quarterly contributions to victim's	programs:	***************************************		
10)	Total quarterly contributions to room ar	nd board:			
11)	Total quarterly contributions to family s	upport:		***************************************	
12)	SUB-TOTAL of PIECP Categorical Dedu	actions (#9-#11):		\$ -	
13) 14)	Total quarterly contributions to mandat Since the last quarterly report, have you this cost accounting center? If yes, pleas This CAC did	materially changed e explain:	d the scope, processe ers during the quarte	-	
	Certified correct by: Daniel J.	Clark, Deputy Di	irector, Iowa Prisor	n Industries	
***************************************	by M. Simulan		3	1-JAN-2017	
	Signature			Date	
Tel	lephone no: (515) 725-5705	Email Address	s: <u>dan.c</u>	clark@iowa.gov	