02/05/2014 Mental Health Institute Non-profit Report Jan. '14

FY '14

DATE	REF #	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
			Beginning Balance		$25,138.87	
01/02/2014	9866	WDR	WARD R	Patients use	$4.70	
01/08/2014	7021	SFV	Nejewish Bibbs	Social party		$20.00
01/08/2014	7022	CCUG	PECPG	CCU garden		$75.00
01/08/2014	7023	PMIC	Walmart	Patients xmas		$147.83
01/08/2014	7023	UPF	Walmart	Patients xmas		$26.29
01/09/2014	7024	UPF	Capitol Vending	Social party		$25.00
01/10/2014	9867	WDR	WARD R	Patients use	$3.35	
01/13/2014	7025	SFV	John Deere Financial/Norby's	Patients xmas		$24.58
01/13/2014	7026	SFV	Walmart	Patients xmas		$577.19
01/13/2014	7026	UPF	Walmart	Patients xmas		$601.78
01/21/2014	9868	WDR	WARD R	Patients use	$3.00	
01/23/2014	9869	WDR	WARD R	Patients use	$1.95	
01/31/2014	7028	FDF	Wheaton Franciscan Healthcare	EFT		$1,725.00
					$13.00	$3,222.67
				ENDING BALANCE		$21,929.20

Monthly Volunteer Report for: **Independence Mental Health Institute, Independence, Iowa 50644**

For month of : **January** **2014**

use this from for monthly reporting

submit report monthly (by end of following month)

to Iowa Ethics and Campaign Disclosure Board

Fax number 515-281-4073

1. # of Individuals registered as DHS Volunteers	69
2. # of Groups registered as DHS Volunteer Groups	7

	3. Total # Volunteers Active This Month	4. Total # Hours Active This Month	5. Cumulative Hours to Date	6. # Clients Served – Adults 18 to 59	7. # Clients Served – Adults 60 or older	8. # Clients Served – Children 0 to 17*
a. Individual Volunteers – providing direct Service to clients/residents	1	2	45			
b. Individual Volunteers – providing Indirect Service, i.e., clerical assistance, etc.	0	0	61			
c. Individuals in Groups Direct Service to clients/residents	0	0	0			
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.	1	2	17			
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	13	31	273			
TOTAL	15	35	396	39	5	26

* new federal reporting requirement

Report completed by: Diane Wessels

Created 02/14/2014

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health Institute

Region _____ County Buchanan

January 2014
Month/Year

Name of person completing report Val Stanford Title Accounting Clerk II

Date	CONTRIBUTOR (Name & Address if Available)	Contribution	$ Value	Check type Cash	In-Kind	Purpose – If Specified
						Patients use
						Patients use
	See itemized sheet for Cash listings.					

Total value of this page: $0_

Total value of pages 1 thru 2: $13.00

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