

INDEPENDENCE MENTAL HEALTH INSTITUTE
NON PROFIT REPORT
DECEMBER 2006
FY 07

DATE	REF #	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				BEGINNING BALANCE	\$21,986.78	
12/05/06	9974	UPF	DAVID COLLINS	CHRISTMAS	\$25.00	\$0.00
12/06/06	9975	SFV	AMERICAN LEGION, ORCHARD	FOOD BANK	\$25.00	\$0.00
12/06/06	9976	SFV	AMERICAN LEGION, DELHI	FOOD BANK	\$20.00	\$0.00
12/06/06	9977	SFV	AMERICAN LEGION, CHARLES CITY	FOOD BANK	\$25.00	\$0.00
12/11/06	9978	UPF	EVEN DOZEN STUDY CLUB, JESUP	CHRISTMAS	\$15.00	\$0.00
12/11/06	101066	ADOL	JERRY EARLES	EDUCATIONAL MATERIALS	\$0.00	\$44.14
12/12/06	9979	UPF	MAGGIE CZUBA	CHRISTMAS	\$20.00	\$0.00
12/12/06	9980	UPF	IOWA STATE KNIGHTS OF COLUMBUS	CHRISTMAS	\$100.00	\$0.00
12/12/06	9981	UPF	SECURITY STATE BANK INTEREST	PATIENT'S USE	\$125.34	\$0.00
12/12/06	9983	UPF	JEFF GROVER	CHRISTMAS	\$20.00	\$0.00
12/13/06	9984	SFV	VFW AUX., WAUKON	VETERAN'S PARTY	\$15.00	\$0.00
12/13/06	9985	SFV	AMERICAN LEGION, STRAWBERRY POINT	FOOD BANK	\$25.00	\$0.00
12/13/06	9986	SFV	AMVETS AUX., EVANSDALE	CHRISTMAS	\$50.00	\$0.00
12/13/06	9987	UPF	LADIES LITERARY CLUB, INDEPENDENCE	CHRISTMAS	\$20.00	\$0.00
12/13/06	101067	UPF	WAL MART COMMUNITY	CHRISTMAS	\$0.00	\$114.06
12/15/06	9988	UPF	RURAL WOMEN'S STUDY CLUB, JESUP	CHRISTMAS	\$30.00	\$0.00
12/15/06	9990	UPF	JOANNE FRANCK	CHRISTMAS	\$20.00	\$0.00
12/15/06	9991	CCUS	NEIL EVANS	PATIENT'S USE	\$50.00	\$0.00
12/15/06	9992	CCUS	JENSON OIL COMPANY	PATIENT'S USE	\$50.00	\$0.00
12/18/06	9993	CCUS	EMMETT DONNELLY	PATIENT'S USE	\$50.00	\$0.00
12/18/06	9994	CCUS	SMITH D&L	PATIENT'S USE	\$50.00	\$0.00
12/19/06	9995	UPF	ZION LUTHERAN CHURCH WELCA, OELWEIN	CHRISTMAS	\$50.00	\$0.00
12/19/06	101068	SFV	INDEPENDENCE FOOD BANK	TREATS FOR WARDS	\$0.00	\$29.66
12/20/06	101069	SFV	WAL MART COMMUNITY	CHRISTMAS	\$0.00	\$120.36
12/20/06	101070	UPF	WAL MART COMMUNITY	CHRISTMAS	\$0.00	\$10.78
12/20/06	101071	SFV	FAREWAY	CHRISTMAS	\$0.00	\$65.77
12/20/06	101072	SFV	SUBWAY	TREATS FOR WARDS	\$0.00	\$85.00
12/21/06	9996	SFV	NATIONAL TTT OF IOWA	CANTEEN BK. FOR PATIENT	\$15.00	\$0.00
12/21/06	9997	UPF	CATHOLIC DAUGHTERS OF AMERICA, JESUP	CANTEEN FUND	\$100.00	\$0.00
12/21/06	101073	SFV	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$22.00
12/21/06	101074	UPF	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$20.00
12/26/06	9998	WW	DR. PATEL	PATIENT'S USE	\$101.00	\$0.00
12/27/06	9999	SFV	AMERICAN LEGION, RICEVILLE	FOOD BANK	\$25.00	\$0.00
12/27/06	10000	UPF	VIOLA POLK	PATIENT'S USE	\$50.00	\$0.00
12/27/06	101075	CCUS	ROBERT HOWLETT	PATIENT'S THEATER TICKETS	\$0.00	\$174.00
				TOTAL	\$1,076.34	\$685.77
				ENDING BALANCE		\$22,378.35

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
www.iowa.gov/ethics



FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed _____
Audited _____
Checked _____
Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Independence Mental Health Institute	
Name of Department or Office	
Business Office	
Mailing Address	City, State, Zip Code
222 1st Ave	Independence, Iowa 50641
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Linda Evers	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	
Area Code & Telephone Number (if different from above)	

DONOR OF GIFT, BEQUEST, OR GRANT:

Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

Sec Attached	\$
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00"	

Provide a description of the gift, bequest, or grant and purpose thereof:

Criteria to use this form:
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state

Statement of Affirmation:

I, Linda Evers affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Linda Evers
Signature

January 3, 2007
Date

Monthly Volunteer Report for:

Independence Mental Health Institute, Independence, Iowa 50644

For month of : **December**

use this form for monthly reporting

2006

submit report monthly (by end of following month)

1 # of Individuals registered as DHS Volunteers

70

to Sandy Knudsen RBA division

2 # of Groups registered as DHS Volunteer Groups

9

sknudse@dhs.state ia.us

	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	4	34			
b. Individual Volunteers – providing Indirect Service, i.e., clerical assistance, etc.	3	71	419			
c. Individuals in Groups Direct Service to clients/residents	28	94	553			
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.	1	20	20			
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	13	46	292			
TOTAL	45	235	1318	52	2	83

* new federal reporting requirement

Report completed by: **Becky Van Daele, Volunteer Coordinator**

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

December 2006
Month/Year

Name of person completing report Becky Van Daele Title Volunteer Coordinator

DATE	CONTRIBUTOR (Name & Address if Available)	Contribution	\$ Value	Check type		Purpose - If Specified
				Cash	In-Kind	
12/5/2006	Laura Van Daele 1374 Benson Ave. Fairbank, Iowa 50629	Snacks and tray favors	100.00		X	Patients Use
12/5/2006	First United Methodist Church 723 Washington Cedar Falls, Iowa 50613	Christmas Gifts	3950.00		X	Patients Use
12/5/2006	Zion Lutheran Church Jubilee, Iowa	Candy	75.00		X	Patients Use
12/6/2006	Wal-Mart Independence, Iowa 50644	Gift Certificates	40.00		X	Patients Use
12/6/2006	Cheryl Moore MHI Staff	DVD's and VCR Movies	79.00		X	Library

Total value of this page: \$ 4244.00

Total value of pages 1 thru 3 : \$ 9589.77

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Region _____ County Buchanan

December 2006
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Name of person completing report Becky Van Daele Title Volunteer Coordinator

DATE	CONTRIBUTOR (Name & Address if Available)	Contribution	\$ Value	Check type		Purpose - If Specified
				Cash	In-Kind	
12/13/2006	Loraine Atkins 625 River Forest Rd. Evansdale, Iowa 50707	Cookies, containers and stuffed animals	79.00		X	Patients Use
12/13/2006	Nancy Klingman 30834 St. Sebalb Rd Strawberry Point, Iowa 52076	Cookies, snacks and candy	75.00		X	Patients Use
12/13/2006	Mary Peterson 305 3 rd St. S.W. Independence, Iowa 50644	Prizes	10.00		X	Patients Use
12/18/2006	St. Marks Lutheran Church 8300 C. Ave. N.E. Marion, Iowa 52302	Christmas gifts	4000.00		X	Patients Use
12/18/2006	Anonymous	Gift Card	200.00		X	For Ward R

Total value of this page: \$ 4364.00

Total value of pages 1 thru 3 : \$ 9589.77

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				Cash	In-Kind	
12/19/2006	Fran Gleiter 7555 30 th St. Aurora, Iowa 50007	Candy and socks	38.00		X	Patients Use
12/20/2006	Ben Stanford MHI Staff	Gifts for Christmas	125.00		X	Patients Use
12/21/2006	North East Iowa Singles Margaret Stoutner P.O. Box 1136 Waterloo, Iowa 50704	Games, Christmas decorations, and misc.	75.00		X	Patients Use
12/21/2006	Elnora Murphy 436 Baltimore Waterloo, Iowa 50701	Prizes	58.00		X	Patients Use
12/2006	Please see attached sheet for itemized listings of cash		685.77			

Total value of this page: \$ 981.77

Total value of pages 1 thru 3: \$ 9589.77