

CUSTOMER CONTRIBUTION FUND

19.15(5) & 20.15(5) Annual Report of Total Revenues Collected and Distributed

Please insert the four-digit company number in the first field below (add a leading zero if the company number is less than four digits). If you do not know the company number, you may find it using the company search function at <https://efs.iowa.gov/efs/>.

Docket No.: CCF-2016-

COMPANY NAME _____

CONTRIBUTIONS:

Undistributed Funds Carried Forward from Previous Year \$ _____

CURRENT REPORTING YEAR INFORMATION (July 1, 2015 – June 30, 2016):

Number of Customers Contributing _____

Customer Contributions Collected \$ _____

Matching Contributions Collected \$ _____

Other Contributions (interest, etc.) \$ _____

TOTAL CONTRIBUTIONS: \$ _____

Reimbursable Expenses \$ _____

(Cannot exceed 5% of annual contributions)

NET CONTRIBUTIONS \$ _____

EXPENSES:

Advertising Expenses \$ _____

Administrative & General Salaries \$ _____

Office Supplies and Expenses \$ _____

Supervision - Labor & Expenses \$ _____

Customer Records and Collections

Mailing (Distinct from usual
bill mailing costs) \$ _____

Printing \$ _____

Publication \$ _____

TOTAL EXPENSES \$ _____

Reimbursable Expenses \$ _____

(Cannot exceed 5% of annual contributions)

NET EXPENSES (total minus reimbursable) \$ _____

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FUND DISTRIBUTION (July 1, 2015 – June 30, 2016):

Weatherization Program	\$ _____
Heating Payments	\$ _____
Other Programs	_____
_____	\$ _____
_____	\$ _____

TOTAL DISTRIBUTIONS \$ _____

Estimated Number of Families Assisted _____

Average Amount of Assistance Received \$ _____

Will your customer contribution program plan (including board and committee members) be the same next year? (Check one)

Yes No

If no, please explain the changes:

Name _____ Title _____

Telephone Number _____

The Customer Contribution Fund report is to be filed electronically with the Iowa Utilities Board on or before September 30, 2016, at <https://efs.iowa.gov/efs/>.