

Board of Education Regular Meeting  
Wednesday, September 16, 2026 7:00 PM  
Shelby-Rising City School Library  
650 N. Walnut  
Shelby, NE 68662-0218

1. Call to Order
2. Pledge of Allegiance
3. Announce Open Meeting Act Posting and Location
4. Recognition of Visitors  
During this time visitors may request to the board the opportunity to speak at the appropriate time. The Board then allow for Public Comments. Each speaker will be limited to 5 minutes and all of the Public Comment time will be limited to 30 minutes. An exception will be made for those speakers appearing on the Agenda as presenters.
5. Consent Agenda
  - 5.1. Minutes
  - 5.2. Treasurers Report  
Considering the 26-27 GF Budget total as presented, GF September bills/payroll shows 10.88% of the budget spent. We should be at 8.33%. This month is an anomaly. I have estimated that at the end of this 26-27 Budget year, we will have spent 76% of the Budget, keeping the Budget balanced and in great shape!
6. Administrative Reports
  - 6.1. Athletic Director/Activities Director Report
  - 6.2. Elementary Principals Report
  - 6.3. Secondary Principals Report
  - 6.4. Superintendents Report
7. District Reports
  - 7.1. Technology Report
  - 7.2. Maintenance/Facilities/Transportation Report

### 7.3. Board/Committee Report

## 8. Discussion Items

### 8.1. Staff Professional Development and Strategic Planning Process Timeline.

### 8.2. NASB (Nebraska Association School Boards) State Education Conference and other NASB Workshops/Conferences.

NASB State Education Conference is in Omaha from November 18–20th. Who plans on attending?

Labor Relations Conference is in Lincoln, Embassy Suites, September 29-30th. Who plans on attending?

### 8.3. KSB Law Firm Policies — 1000, 2000 Policies

## 9. Action Items

### 9.1. Take all necessary action with regard to adoption of the 2026-2027 School Term Budget for all Shelby-Rising City Public Schools accounts.

### 9.2. Take all necessary action with regard to approval of the Tax Request Resolution for the 2026-2027 School Term for the Shelby-Rising City Public Schools General Fund, Bond Fund, and Special Building Fund.

### 9.3. Discuss and consider approval of the Interim Superintendent Evaluation Tool.

## 10. Set Dates

## 11. Executive Session

The Board may enter into closed session at any time to discuss any matter for which a closed session is lawful and appropriate.

We have legal matters that need to be handled in closed session.

Before the Board can enter closed session, a motion must be made in agreement with Statute 84-1410 by the Board to discuss topics such as personnel, negotiations, and legal matters.

## 12. Adjournment

**BOARD OF EDUCATION**  
**SHELBY-RISING CITY PUBLIC SCHOOLS**  
**SEPTEMBER 16, 2026**  
**7:00 PM**

| <u>Check #</u> | <u>Vendor Name</u>                             | <u>Amount</u> |
|----------------|------------------------------------------------|---------------|
| Checking       | 1 Fund: 01 GENERAL FUND                        |               |
| 43631          | AMAZON                                         | 2,327.77      |
| 43632          | CENTRAL COMMUNITY COLLEGE                      | 762.00        |
| 43633          | CL INDUSTRIES LLC                              | 1,326.16      |
| 43634          | COMPUTER HARDWARE                              | 238.00        |
| 43635          | CUBBYS CORPORATE OFFICE                        | 3,444.18      |
| 43636          | DEMON DECALS                                   | 1,800.00      |
| 43637          | DENBO, SHELLY                                  | 57.76         |
| 43638          | DIETZE MUSIC HOUSE                             | 178.91        |
| 43639          | E.S.U. #7                                      | 8,458.70      |
| 43640          | EAKES OFFICE SOLUTIONS                         | 3,023.56      |
| 43641          | EDUCATIONAL SERVICE UNIT 7                     | 35,408.89     |
| 43642          | EGAN SUPPLY CO.                                | 1,465.20      |
| 43643          | EMC INSURANCE COMPANIES                        | 100,181.00    |
| 43644          | GO PHYSICAL THERAPY                            | 5,081.20      |
| 43645          | HOMETOWN LEASING                               | 935.43        |
| 43646          | INGRAM LIBRARY SERVICES INC                    | 398.74        |
| 43647          | INSPIRA FINANCIAL                              | 600.00        |
| 43648          | J.W. PEPPER & SON, INC.                        | 274.49        |
| 43649          | JACKSON SERVICES, INC                          | 235.77        |
| 43650          | JOHN DEERE FINANCIAL                           | 1,901.26      |
| 43651          | K-LOG                                          | 6,185.85      |
| 43652          | KSB SCHOOL LAW, PC, LLO                        | 11,072.00     |
| 43653          | LINCOLN JOURNAL STAR                           | 149.38        |
| 43654          | MATHESON TRI-GAS INC.                          | 317.44        |
| 43655          | MCILNAY & COMPANY                              | 1,074.79      |
| 43656          | MDF INSTRUMENTS DIRECT                         | 263.94        |
| 43657          | MID-AMERICAN RESEARCH CHEMICAL                 | 1,000.50      |
| 43658          | NATIONAL COUNCIL OF TEACHERS OF<br>MATHEMATICS | 60.00         |
| 43659          | NEBRASKA ASSOCIATION OF SCHOOL<br>BOARDS       | 1,205.63      |
| 43660          | ORKIN PEST CONTROL                             | 182.18        |
| 43661          | PINNACLE BANK                                  | 3,475.68      |
| 43662          | POLK CO. RURAL PUBLIC POWER<br>DISTRICT        | 11,934.93     |

|                                           |          |
|-------------------------------------------|----------|
| 43663 PRAIRIE CREEK FAMILY MEDICINE       | 350.00   |
| 43664 SAM'S CLUB                          | 227.82   |
| 43665 SHELBY AUTO CLINIC                  | 298.05   |
| 43666 SHELBY LUMBER CO.                   | 892.50   |
| 43667 SHELBY POST OFFICE                  | 112.00   |
| 43668 SPARROW PUBLICATIONS                | 123.50   |
| 43669 STROMSBURG SOFT WATER               | 175.00   |
| 43670 SUTTON, JOHN                        | 102.00   |
| 43671 TRUCK CENTER COMPANIES              | 34.81    |
| 43672 UNITI                               | 315.36   |
| 43673 UNIVERSITY OF NEBRASKA -<br>KEARNEY | 1,862.41 |
| 43674 UNIVERSITY OF OREGON                | 500.00   |
| 43675 VERIZON WIRELESS                    | 319.44   |
| 43676 VILLAGE OF SHELBY                   | 1,307.11 |
| 43677 WEST MUSIC                          | 1,624.09 |
| 43678 WINDSTREAM NEBRASKA INC.            | 127.29   |
| 43679 WOODRIVER ENERGY LLC                | 2,697.25 |
| 43680 AUGUSTIN, SARAH                     | 2,075.88 |
| 43681 BILSTEIN, RENEE                     | 1,545.90 |
| 43682 CARLEY, MATT                        | 2,075.88 |
| 43683 CROMER, MELINDA                     | 2,075.88 |
| 43684 EVANS, BRIAN                        | 1,545.90 |
| 43685 GABEL, GRANT                        | 2,075.88 |
| 43686 GOULD, ZACHARY                      | 2,075.88 |
| 43687 HOUDERSHELDT, EMILY                 | 736.44   |
| 43688 JENSEN, SARA                        | 2,075.88 |
| 43689 LUETTEL, DANIELLE                   | 2,075.88 |
| 43690 PATTERSON, MALLORY                  | 1,361.94 |
| 43691 RIGGS, JON                          | 2,075.88 |

|                       |          |
|-----------------------|----------|
| 43692 SCHUETH, BECKY  | 2,075.88 |
| 43693 STEWART, STACY  | 2,075.88 |
| 43694 WICKHAM, SEAN   | 1,361.94 |
| 43695 WILTON, KRISTEN | 2,075.88 |

INVOICE TOTAL: \$ 245,476.77

PAYROLL: \$ 527,093.23

TOTAL: \$ 772,570.00

Invoice Listing - Detail  
SEPTEMBER 2026 GENERAL FUND INVOICES

Batch Description: SEPTEMBER 2026 GENERAL FUND INVOICES

Processing Month: 09/2026

Credit Card Vendor ID:

End of Fiscal Year Expense Invoices:

Vendor ID: AMAZON

PO Number:

Invoice Number: 81526

Amount: 2,327.77

Description:

Sequence: 1 Check Type:

Checking Account ID:

Check Number:

Check Date:

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

Status: A 1099 Amount: 0.00

01 1100 610 000 0000 0 000 DISTRICT SUPPLIES

01 3400 610 000 0000 0 000 BAUERS - GRANT

01 1100 610 001 0130 0 000 MS SOCIAL STUDIES

01 1100 610 001 0135 0 000 FOOD SCIENCE

01 1200 610 000 0000 0 000 SPED

01 2590 610 000 0000 0 000 OFFICE

01 2610 610 000 0000 0 000 CUSTODIAL

01 2712 610 000 0000 0 000 TRANSPORTATION

01 1100 610 002 0020 0 000 2ND

01 2230 650 000 0000 0 000 TECH

297.68

1,392.87

27.28

104.90

57.41

58.59

30.06

188.55

120.50

49.93

Vendor ID: CENTRALCC CENTRAL COMMUNITY COLLEGE

PO Number:

Invoice Number: 002163271

Amount: 762.00

Description:

Sequence: 1 Check Type:

Checking Account ID:

Check Number:

Check Date:

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

Status: A 1099 Amount: 0.00

01 2130 810 000 0000 0 000 CPR CLASS

762.00

Vendor ID: CLINDUSTRI CL INDUSTRIES LLC

PO Number:

Invoice Number: 00412

Amount: 1,326.16

Description:

Sequence: 1 Check Type:

Checking Account ID:

Check Number:

Check Date:

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

Status: A 1099 Amount: 0.00

01 1100 610 001 0180 0 000 IND ARTS SUPPLIES

1,326.16

Vendor ID: COMPUHARDW COMPUTER HARDWARE

PO Number:

Invoice Number: G27426,G27425

Amount: 238.00

Description:

Sequence: 1 Check Type:

Checking Account ID:

Check Number:

Check Date:

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

Status: A 1099 Amount: 0.00

01 2230 432 000 0000 0 000 COMPUTER REPAIRS

238.00

Vendor ID: CUBBYSCORP CUBBYS CORPORATE OFFICE

PO Number:

Invoice Number: 12178956

Amount: 3,444.18

Description:

Sequence: 1 Check Type:

Checking Account ID:

Check Number:

Check Date:

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag

In Full

Status: A 1099 Amount: 0.00

01 1100 610 001 0135 0 000 FOOD SCIENCE SUPPLIES

01 1200 610 000 0000 0 000 SPED

01 2610 626 000 0000 0 000 MAINTENANCE GAS

01 2710 626 000 0000 0 000 BUS & VAN GAS

01 2712 626 000 0000 0 000 SPED VAN GAS

01 2130 610 000 0000 0 000 NURSE

26.90

7.47

175.62

2,981.37

177.68

75.14

|                                |  |                                   |  |                      |  |                                |  |                        |  |
|--------------------------------|--|-----------------------------------|--|----------------------|--|--------------------------------|--|------------------------|--|
| <b>Vendor ID: DEMONDECAL</b>   |  | <b>DEMON DECALS</b>               |  | <b>PO Number:</b>    |  | <b>Invoice Number: 3166</b>    |  | <b>Amount:</b>         |  |
| Description:                   |  | Invoice Date:                     |  | 09/15/2026           |  | Due Date:                      |  | 09/16/2026             |  |
| Sequence: 1                    |  | Check Type:                       |  | Status: A            |  | 1099 Amount: 0.00              |  | 1,800.00               |  |
| <u>Chart of Account Number</u> |  | <u>Detail Description</u>         |  | <u>Check Number:</u> |  | <u>Check Date:</u>             |  | <u>Asset/Asset Tag</u> |  |
| 01 2710 890 000 0000 0 000     |  | VAN DECALS                        |  | 1,800.00             |  | N                              |  | In Full                |  |
| <b>Vendor ID: DENBOSHELL</b>   |  | <b>DENBO, SHELLY</b>              |  | <b>PO Number:</b>    |  | <b>Invoice Number: 91226</b>   |  | <b>Amount:</b>         |  |
| Description:                   |  | Invoice Date:                     |  | 09/13/2026           |  | Due Date:                      |  | 09/16/2026             |  |
| Sequence: 1                    |  | Check Type:                       |  | Status: A            |  | 1099 Amount: 0.00              |  | 57.76                  |  |
| <u>Chart of Account Number</u> |  | <u>Detail Description</u>         |  | <u>Check Number:</u> |  | <u>Check Date:</u>             |  | <u>Asset/Asset Tag</u> |  |
| 01 1100 333 000 0000 0 000     |  | MILEAGE REIMBURSEMENT             |  | 57.76                |  | N                              |  | In Full                |  |
| <b>Vendor ID: DIETZE</b>       |  | <b>DIETZE MUSIC HOUSE</b>         |  | <b>PO Number:</b>    |  | <b>Invoice Number: AUGUST</b>  |  | <b>Amount:</b>         |  |
| Description:                   |  | Invoice Date:                     |  | 09/13/2026           |  | Due Date:                      |  | 09/16/2026             |  |
| Sequence: 1                    |  | Check Type:                       |  | Status: A            |  | 1099 Amount: 0.00              |  | 178.91                 |  |
| <u>Chart of Account Number</u> |  | <u>Detail Description</u>         |  | <u>Check Number:</u> |  | <u>Check Date:</u>             |  | <u>Asset/Asset Tag</u> |  |
| 01 1100 610 000 0170 0 000     |  | BAND SUPPLIES                     |  | 178.91               |  | N                              |  | In Full                |  |
| <b>Vendor ID: ESU7</b>         |  | <b>E.S.U. #7</b>                  |  | <b>PO Number:</b>    |  | <b>Invoice Number: 1-2627</b>  |  | <b>Amount:</b>         |  |
| Description:                   |  | Invoice Date:                     |  | 09/15/2026           |  | Due Date:                      |  | 09/16/2026             |  |
| Sequence: 1                    |  | Check Type:                       |  | Status: A            |  | 1099 Amount: 0.00              |  | 8,458.70               |  |
| <u>Chart of Account Number</u> |  | <u>Detail Description</u>         |  | <u>Check Number:</u> |  | <u>Check Date:</u>             |  | <u>Asset/Asset Tag</u> |  |
| 01 1100 610 000 0000 0 000     |  | PRINTING 8/26                     |  | 1,313.11             |  | 0.00 N                         |  | In Full                |  |
| 01 1150 340 000 0000 0 000     |  | PK HOME VISITS INTERPETING        |  | 400.00               |  | N                              |  |                        |  |
| 01 2230 352 000 0000 0 000     |  | TECH HELP                         |  | 112.50               |  | N                              |  |                        |  |
| 01 2230 643 000 0000 0 000     |  | VEEAM / GRANT WRITER 26-27        |  | 6,633.09             |  | N                              |  |                        |  |
| <b>Vendor ID: EAKESO</b>       |  | <b>EAKES OFFICE SOLUTIONS</b>     |  | <b>PO Number:</b>    |  | <b>Invoice Number: 8/28/26</b> |  | <b>Amount:</b>         |  |
| Description:                   |  | Invoice Date:                     |  | 09/13/2026           |  | Due Date:                      |  | 09/16/2026             |  |
| Sequence: 1                    |  | Check Type:                       |  | Status: A            |  | 1099 Amount: 0.00              |  | 3,023.56               |  |
| <u>Chart of Account Number</u> |  | <u>Detail Description</u>         |  | <u>Check Number:</u> |  | <u>Check Date:</u>             |  | <u>Asset/Asset Tag</u> |  |
| 01 1100 610 001 0145 0 000     |  | HS SCIENCE                        |  | 16.17                |  | N                              |  | In Full                |  |
| 01 1100 610 003 0140 0 000     |  | MS MATH                           |  | 424.56               |  | N                              |  |                        |  |
| 01 1100 610 001 0120 0 000     |  | SPANISH                           |  | 388.87               |  | N                              |  |                        |  |
| 01 1150 610 000 0000 0 000     |  | ELL                               |  | 60.40                |  | N                              |  |                        |  |
| 01 1100 610 003 0130 0 000     |  | MS SOCIAL STUDIES                 |  | 85.27                |  | N                              |  |                        |  |
| 01 1100 610 001 0135 0 000     |  | AG                                |  | 90.56                |  | N                              |  |                        |  |
| 01 1100 610 002 0070 0 000     |  | K                                 |  | 294.62               |  | N                              |  |                        |  |
| 01 1100 610 002 0020 0 000     |  | 2ND                               |  | 17.30                |  | N                              |  |                        |  |
| 01 1100 610 002 0040 0 000     |  | 4TH                               |  | 498.78               |  | 0.00 N                         |  |                        |  |
| 01 2590 443 000 0000 0 000     |  | COPY CONTRACT                     |  | 820.93               |  | N                              |  |                        |  |
| 01 2590 610 000 0000 0 000     |  | GREEN HANGING FOLDERS             |  | 326.10               |  | N                              |  |                        |  |
| <b>Vendor ID: ESUTSP</b>       |  | <b>EDUCATIONAL SERVICE UNIT 7</b> |  | <b>PO Number:</b>    |  | <b>Invoice Number: 1-2627</b>  |  | <b>Amount:</b>         |  |
|                                |  |                                   |  |                      |  |                                |  | 35,408.89              |  |

Invoice Listing - Detail  
SEPTEMBER 2026 GENERAL FUND INVOICES

|                            |   |               |                      |                |               |                    |                 |              |           |
|----------------------------|---|---------------|----------------------|----------------|---------------|--------------------|-----------------|--------------|-----------|
| Description:               |   | Invoice Date: | 09/15/2026           | Due Date:      | 09/16/2026    | Status:            | A               | 1099 Amount: | 35,408.89 |
| Sequence:                  | 1 | Check Type:   |                      |                |               |                    |                 |              |           |
| Chart of Account Number    |   |               | Checking Account ID: | Cost Center ID | Detail Amount | 1099 Detail Amount | Asset/Asset Tag | In Full      |           |
| 01 2141 591 000 0000 0 000 |   |               |                      |                | 6,711.76      | 6,711.76           | N               |              |           |
| 01 2151 591 000 0000 0 000 |   |               |                      |                | 2,801.50      | 2,801.50           | N               |              |           |
| 01 2153 591 000 0000 0 000 |   |               |                      |                | 260.00        | 260.00             | N               |              |           |
| 01 1292 591 000 0000 0 000 |   |               |                      |                | 5,141.78      | 5,141.78           | N               |              |           |
| 01 1291 591 000 0000 0 000 |   |               |                      |                | 671.65        | 671.65             | N               |              |           |
| 01 1200 591 000 0000 0 000 |   |               |                      |                | 16,586.20     | 16,586.20          | N               |              |           |
| 01 2140 591 000 0000 0 000 |   |               |                      |                | 2,256.00      | 2,256.00           | N               |              |           |
| 01 2181 591 000 0000 0 000 |   |               |                      |                | 980.00        | 980.00             | N               |              |           |

|                            |  |                          |  |                      |  |                        |  |                                    |  |
|----------------------------|--|--------------------------|--|----------------------|--|------------------------|--|------------------------------------|--|
| Vendor ID: EGAN            |  | EGAN SUPPLY CO.          |  | PO Number:           |  | Invoice Number: 420939 |  | Amount: 1,465.20                   |  |
| Description:               |  | Invoice Date: 09/13/2026 |  | Due Date: 09/16/2026 |  | Status: A              |  | 1099 Amount: 0.00                  |  |
| Sequence: 1                |  | Check Type:              |  | Checking Account ID: |  | Check Number:          |  | Check Date:                        |  |
| Chart of Account Number    |  | Detail Description       |  | Cost Center ID       |  | Detail Amount          |  | 1099 Detail Amount Asset/Asset Tag |  |
| 01 2610 610 000 0000 0 000 |  | PAPER PRODUCTS           |  |                      |  | 1,465.20               |  | N                                  |  |

|                            |  |                          |  |                      |  |                         |  |                                    |  |
|----------------------------|--|--------------------------|--|----------------------|--|-------------------------|--|------------------------------------|--|
| Vendor ID: EMCINSURAN      |  | EMC INSURANCE COMPANIES  |  | PO Number:           |  | Invoice Number: 5X32485 |  | Amount: 100,181.00                 |  |
| Description:               |  | Invoice Date: 09/13/2026 |  | Due Date: 09/16/2026 |  | Status: A               |  | 1099 Amount: 0.00                  |  |
| Sequence: 1                |  | Check Type:              |  | Checking Account ID: |  | Check Number:           |  | Check Date:                        |  |
| Chart of Account Number    |  | Detail Description       |  | Cost Center ID       |  | Detail Amount           |  | 1099 Detail Amount Asset/Asset Tag |  |
| 01 2650 520 000 0000 0 000 |  | INLAND MARINE            |  |                      |  | 2,035.00                |  | N                                  |  |
| 01 2310 520 000 0000 0 000 |  | LIABILITY,UMBRELLA,CYBER |  |                      |  | 15,467.00               |  | N                                  |  |
| 01 2610 520 000 0000 0 000 |  | PROPERTY                 |  |                      |  | 60,480.00               |  | N                                  |  |
| 01 2710 520 000 0000 0 000 |  | VEHICLE                  |  |                      |  | 22,199.00               |  | N                                  |  |

|                            |  |                          |  |                      |  |                          |  |                                    |  |
|----------------------------|--|--------------------------|--|----------------------|--|--------------------------|--|------------------------------------|--|
| Vendor ID: GOPHYSICAL      |  | GO PHYSICAL THERAPY      |  | PO Number:           |  | Invoice Number: SHL82026 |  | Amount: 5,081.20                   |  |
| Description:               |  | Invoice Date: 09/13/2026 |  | Due Date: 09/16/2026 |  | Status: A                |  | 1099 Amount: 5,081.20              |  |
| Sequence: 1                |  | Check Type:              |  | Checking Account ID: |  | Check Number:            |  | Check Date:                        |  |
| Chart of Account Number    |  | Detail Description       |  | Cost Center ID       |  | Detail Amount            |  | 1099 Detail Amount Asset/Asset Tag |  |
| 01 2162 340 000 0000 0 000 |  | SPED OT 3-5              |  |                      |  | 60.00                    |  | 60.00 N                            |  |
| 01 2163 340 000 0000 0 000 |  | SPED OT 0-2              |  |                      |  | 315.76                   |  | 315.76 N                           |  |
| 01 2161 340 000 0000 0 000 |  | SPED OT S.A.             |  |                      |  | 3,506.08                 |  | 3,506.08 N                         |  |
| 01 2171 340 000 0000 0 000 |  | SPED PT S.A.             |  |                      |  | 1,001.20                 |  | 1,001.20 N                         |  |
| 01 2173 340 000 0000 0 000 |  | SPED PT 0-2              |  |                      |  | 198.16                   |  | 198.16 N                           |  |

|                            |                  |                      |               |                       |                 |           |                   |
|----------------------------|------------------|----------------------|---------------|-----------------------|-----------------|-----------|-------------------|
| Vendor ID: HOMETO          | HOMETOWN LEASING |                      | PO Number:    | Invoice Number: 91226 | Amount:         | 935.43    |                   |
| Description:               |                  | Invoice Date:        | 09/13/2026    | Due Date:             | 09/16/2026      | Status: A | 1099 Amount: 0.00 |
| Sequence: 1                | Check Type:      | Checking Account ID: | Check Number: | Check Date:           |                 |           |                   |
| Chart of Account Number    |                  | Cost Center ID:      | Detail Amount | 1099 Detail Amount    | Asset/Asset Tag | In Full   |                   |
| 01 2590 443 000 0000 0 000 |                  |                      |               | 935.43                | N               |           |                   |
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| Vendor ID: INGRAM | INGRAM LIBRARY SERVICES INC | PO Number: | Invoice Number: 99067072,99200990 | Amount: | 398.74 |
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Invoice Listing - Detail  
SEPTEMBER 2026 GENERAL FUND INVOICES

|                                                                                                                                                                    |                                                                                     |                                                                                                                                                                                                                                                                                                               |
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| Description:<br>Sequence: 1      Check Type:<br><u>Chart of Account Number</u><br>01 2220 640 000 0000 0 000                                                       | Checking Account ID:<br><u>Detail Description</u><br>LIBRARY BOOKS                  | Invoice Date: 09/13/2026      Due Date: 09/16/2026      Status: A      1099 Amount: 0.00<br>Check Number:<br><u>Detail Amount</u> 1099 <u>Detail Amount</u> <u>Asset/Asset Tag</u><br>398.74      0.00 N      In Full                                                                                         |
| Vendor ID: INSPIRA      INSPIRA FINANCIAL<br>Description:<br>Sequence: 1      Check Type:<br><u>Chart of Account Number</u><br>01 1100 291 000 0000 0 000          | Checking Account ID:<br><u>Detail Description</u><br>ADMIN FEE                      | PO Number: 91326      Invoice Number: 91326      Amount: 600.00<br>Invoice Date: 09/13/2026      Due Date: 09/16/2026      Status: A      1099 Amount: 0.00<br>Check Number:<br><u>Detail Amount</u> 1099 <u>Detail Amount</u> <u>Asset/Asset Tag</u><br>600.00      N      In Full                           |
| Vendor ID: JWPEPP      J.W. PEPPER & SON, INC.<br>Description:<br>Sequence: 1      Check Type:<br><u>Chart of Account Number</u><br>01 1100 610 000 0170 0 000     | Checking Account ID:<br><u>Detail Description</u><br>MUSIC                          | PO Number: 368747916368755394      Invoice Number: 368747916368755394      Amount: 274.49<br>Invoice Date: 09/13/2026      Due Date: 09/16/2026      Status: A      1099 Amount: 0.00<br>Check Number:<br><u>Detail Amount</u> 1099 <u>Detail Amount</u> <u>Asset/Asset Tag</u><br>274.49      N      In Full |
| Vendor ID: JACKSO      JACKSON SERVICES, INC<br>Description:<br>Sequence: 1      Check Type:<br><u>Chart of Account Number</u><br>01 2610 420 000 0000 0 000       | Checking Account ID:<br><u>Detail Description</u><br>RUGS & MOPS                    | PO Number: 5895227      Invoice Number: 5895227      Amount: 235.77<br>Invoice Date: 09/13/2026      Due Date: 09/16/2026      Status: A      1099 Amount: 0.00<br>Check Number:<br><u>Detail Amount</u> 1099 <u>Detail Amount</u> <u>Asset/Asset Tag</u><br>235.77      N      In Full                       |
| Vendor ID: JOHNDEERE      JOHN DEERE FINANCIAL<br>Description:<br>Sequence: 1      Check Type:<br><u>Chart of Account Number</u><br>01 2610 440 000 0000 0 000     | Checking Account ID:<br><u>Detail Description</u><br>EQUIPMENT PAYMENTS             | PO Number: 91326      Invoice Number: 91326      Amount: 1,901.26<br>Invoice Date: 09/13/2026      Due Date: 09/16/2026      Status: A      1099 Amount: 0.00<br>Check Number:<br><u>Detail Amount</u> 1099 <u>Detail Amount</u> <u>Asset/Asset Tag</u><br>1,901.26      0.00 N      In Full                  |
| Vendor ID: KLOG      K-LOG<br>Description:<br>Sequence: 1      Check Type:<br><u>Chart of Account Number</u><br>01 1100 733 000 0000 0 000                         | Checking Account ID:<br><u>Detail Description</u><br>SCIENCE TABLES WITH CHEM GUARD | PO Number: 26-338865-1      Invoice Number: 26-338865-1      Amount: 6,185.85<br>Invoice Date: 09/15/2026      Due Date: 09/16/2026      Status: A      1099 Amount: 0.00<br>Check Number:<br><u>Detail Amount</u> 1099 <u>Detail Amount</u> <u>Asset/Asset Tag</u><br>6,185.85      N      In Full           |
| Vendor ID: KSB SCHLAW      KSB SCHOOL LAW, PC, LLO<br>Description:<br>Sequence: 1      Check Type:<br><u>Chart of Account Number</u><br>01 2330 317 000 0000 0 000 | Checking Account ID:<br><u>Detail Description</u><br>LEGAL SERVICES                 | PO Number: 22297      Invoice Number: 22297      Amount: 11,072.00<br>Invoice Date: 09/13/2026      Due Date: 09/16/2026      Status: A      1099 Amount: 11,072.00<br>Check Number:<br><u>Detail Amount</u> 1099 <u>Detail Amount</u> <u>Asset/Asset Tag</u><br>11,072.00      11,072.00 N      In Full      |
| Vendor ID: LINCOL      LINCOLN JOURNAL STAR<br>Description:<br>Sequence: 1      Check Type:<br><u>Chart of Account Number</u><br>01 1100 291 000 0000 0 000        | Checking Account ID:<br><u>Detail Description</u><br>LIBRARY BOOKS                  | PO Number: 12874791287480      Invoice Number: 12874791287480      Amount: 149.38<br>Invoice Date: 09/13/2026      Due Date: 09/16/2026      Status: A      1099 Amount: 0.00<br>Check Number:<br><u>Detail Amount</u> 1099 <u>Detail Amount</u> <u>Asset/Asset Tag</u><br>149.38      N      In Full         |



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| <b>Vendor ID: PINNACLEOM</b>   |  | <b>PINNACLE BANK</b>        |  | <b>PO Number:</b>        |  | <b>Invoice Number: 91526</b> |  | <b>Amount:</b>                            |  |
| Description:                   |  | Checking Account ID:        |  | Invoice Date: 09/15/2026 |  | Due Date: 09/16/2026         |  | Status: A                                 |  |
| Sequence: 1                    |  | Check Type:                 |  | Check Number:            |  | Check Date:                  |  | 1099 Amount: 0.00                         |  |
| <u>Chart of Account Number</u> |  | <u>Detail Description</u>   |  | <u>Cost Center ID</u>    |  | <u>Detail Amount</u>         |  | <u>1099 Detail Amount Asset/Asset Tag</u> |  |
| 01 1100 610 000 0000 0 000     |  | DISTRICT YEARBOOKS          |  |                          |  | 421.74                       |  | N                                         |  |
| 01 1100 610 000 0000 0 000     |  | CROMER 3D DOODLER SUPPLIES  |  |                          |  | 323.89                       |  | 0.00 N                                    |  |
| 01 1100 330 000 0170 0 000     |  | NAME MEMBERSHIP - RUIZ      |  |                          |  | 163.00                       |  | N                                         |  |
| 01 3400 610 000 0000 0 000     |  | BAUERS GRANT - POCKET NURSE |  |                          |  | 106.55                       |  | N                                         |  |
| 01 2320 580 000 0000 0 000     |  | ADMIN DAYS MEAL             |  |                          |  | 64.28                        |  | N                                         |  |
| 01 2320 643 000 0000 0 000     |  | SMORES                      |  |                          |  | 149.00                       |  | N                                         |  |
| 01 2320 890 000 0000 0 000     |  | SUPPLIES FOR BURGER NIGHT   |  |                          |  | 386.92                       |  | N                                         |  |
| 01 2410 643 001 0000 0 000     |  | SMORES                      |  |                          |  | 179.00                       |  | N                                         |  |
| 01 2410 643 002 0000 0 000     |  | SMORES                      |  |                          |  | 179.00                       |  | N                                         |  |
| 01 2590 382 000 0000 0 000     |  | TELEPHONE                   |  |                          |  | 870.85                       |  | N                                         |  |
| 01 2590 810 000 0000 0 000     |  | FEES                        |  |                          |  | 112.85                       |  | N                                         |  |
| 01 2590 890 000 0000 0 000     |  | EXPENSES                    |  |                          |  | 155.65                       |  | N                                         |  |
| 01 1100 643 000 0000 0 000     |  | MUSIC & BUFFER              |  |                          |  | 362.95                       |  | N                                         |  |

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| <b>Vendor ID: POLKCORPP</b>    |  | <b>POLK CO. RURAL PUBLIC POWER DISTRICT</b> |  | <b>PO Number:</b>        |  | <b>Invoice Number: 91326</b> |  | <b>Amount:</b>                            |  |
| Description:                   |  | Checking Account ID:                        |  | Invoice Date: 09/13/2026 |  | Due Date: 09/16/2026         |  | Status: A                                 |  |
| Sequence: 1                    |  | Check Type:                                 |  | Check Number:            |  | Check Date:                  |  | 1099 Amount: 0.00                         |  |
| <u>Chart of Account Number</u> |  | <u>Detail Description</u>                   |  | <u>Cost Center ID</u>    |  | <u>Detail Amount</u>         |  | <u>1099 Detail Amount Asset/Asset Tag</u> |  |
| 01 2610 621 000 0000 0 000     |  | ELECTRICITY                                 |  |                          |  | 11,934.93                    |  | N                                         |  |

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| <b>Vendor ID: PRAIRI</b>       |  | <b>PRAIRIE CREEK FAMILY MEDICINE</b> |  | <b>PO Number:</b>        |  | <b>Invoice Number: 91326</b> |  | <b>Amount:</b>                            |  |
| Description:                   |  | Checking Account ID:                 |  | Invoice Date: 09/13/2026 |  | Due Date: 09/16/2026         |  | Status: A                                 |  |
| Sequence: 1                    |  | Check Type:                          |  | Check Number:            |  | Check Date:                  |  | 1099 Amount: 0.00                         |  |
| <u>Chart of Account Number</u> |  | <u>Detail Description</u>            |  | <u>Cost Center ID</u>    |  | <u>Detail Amount</u>         |  | <u>1099 Detail Amount Asset/Asset Tag</u> |  |
| 01 2710 290 000 0000 0 000     |  | HERBLOOM & DONNER BUS PHYSICALS      |  |                          |  | 350.00                       |  | N                                         |  |

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| <b>Vendor ID: SAMS</b>         |  | <b>SAM'S CLUB</b>         |  | <b>PO Number:</b>        |  | <b>Invoice Number: 91526</b> |  | <b>Amount:</b>                            |  |
| Description:                   |  | Checking Account ID:      |  | Invoice Date: 09/15/2026 |  | Due Date: 09/16/2026         |  | Status: A                                 |  |
| Sequence: 1                    |  | Check Type:               |  | Check Number:            |  | Check Date:                  |  | 1099 Amount: 0.00                         |  |
| <u>Chart of Account Number</u> |  | <u>Detail Description</u> |  | <u>Cost Center ID</u>    |  | <u>Detail Amount</u>         |  | <u>1099 Detail Amount Asset/Asset Tag</u> |  |
| 01 1100 610 000 0000 0 000     |  | BREAK ROOM SUPPLIES       |  |                          |  | 99.12                        |  | N                                         |  |
| 01 2590 810 000 0000 0 000     |  | MEMBERSHIP FEE            |  |                          |  | 128.70                       |  | N                                         |  |

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| <b>Vendor ID: SHELBYAUTO</b>   |  | <b>SHELBY AUTO CLINIC</b> |  | <b>PO Number:</b>        |  | <b>Invoice Number: 41590,9395</b> |  | <b>Amount:</b>                            |  |
| Description:                   |  | Checking Account ID:      |  | Invoice Date: 09/13/2026 |  | Due Date: 09/16/2026              |  | Status: A                                 |  |
| Sequence: 1                    |  | Check Type:               |  | Check Number:            |  | Check Date:                       |  | 1099 Amount: 40.00                        |  |
| <u>Chart of Account Number</u> |  | <u>Detail Description</u> |  | <u>Cost Center ID</u>    |  | <u>Detail Amount</u>              |  | <u>1099 Detail Amount Asset/Asset Tag</u> |  |
| 01 2730 431 000 0000 0 000     |  | REPAIRS                   |  |                          |  | 298.05                            |  | 40.00 N                                   |  |

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| <b>Vendor ID: SHELBYLUM</b> |  | <b>SHELBY LUMBER CO.</b> |  | <b>PO Number:</b> |  | <b>Invoice Number: AUG31,2026</b> |  | <b>Amount:</b> |  |
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Invoice Listing - Detail  
SEPTEMBER 2026 GENERAL FUND INVOICES

|                                                    |                     |                  |                 |                    |                 |         |              |          |
|----------------------------------------------------|---------------------|------------------|-----------------|--------------------|-----------------|---------|--------------|----------|
| Description:                                       | Invoice Date:       | 09/13/2026       | Due Date:       | 09/16/2026         | Status:         | A       | 1099 Amount: | 0.00     |
| Sequence: 1                                        | Check Type:         |                  | Check Number:   |                    | Check Date:     |         |              |          |
| Chart of Account Number                            | Detail Description  | Cost Center ID   | Detail Amount   | 1099 Detail Amount | Asset/Asset Tag | In Full |              |          |
| 01 2610 610 000 0000 0 000                         | SUPPLIES            |                  | 616.04          |                    | N               |         |              |          |
| 01 1100 610 001 0180 0 000                         | IND ARTS            |                  | 276.46          |                    | N               |         |              |          |
| Vendor ID: SHELBYPOST SHELBY POST OFFICE           |                     |                  |                 |                    |                 |         |              |          |
| Description:                                       | PO Number:          | 91326            | Invoice Number: | 91326              | Amount:         |         | 112.00       | 112.00   |
| Sequence: 1                                        | Check Type:         |                  | Check Number:   |                    | Check Date:     |         |              |          |
| Chart of Account Number                            | Detail Description  | Cost Center ID   | Detail Amount   | 1099 Detail Amount | Asset/Asset Tag | In Full |              |          |
| 01 2590 810 000 0000 0 000                         | POST OFFICE BOX FEE |                  | 112.00          |                    | N               |         |              |          |
| Vendor ID: SPARROWPUB SPARROW PUBLICATIONS         |                     |                  |                 |                    |                 |         |              |          |
| Description:                                       | PO Number:          | 8798             | Invoice Number: | 8798               | Amount:         |         | 123.50       | 123.50   |
| Sequence: 1                                        | Check Type:         |                  | Check Number:   |                    | Check Date:     |         |              |          |
| Chart of Account Number                            | Detail Description  | Cost Center ID   | Detail Amount   | 1099 Detail Amount | Asset/Asset Tag | In Full |              |          |
| 01 2310 540 000 0000 0 000                         | LEGAL POSTING       |                  | 123.50          |                    | N               |         |              |          |
| Vendor ID: STROMS STROMSBURG SOFT WATER            |                     |                  |                 |                    |                 |         |              |          |
| Description:                                       | PO Number:          | 5799             | Invoice Number: | 5799               | Amount:         |         | 175.00       | 175.00   |
| Sequence: 1                                        | Check Type:         |                  | Check Number:   |                    | Check Date:     |         |              |          |
| Chart of Account Number                            | Detail Description  | Cost Center ID   | Detail Amount   | 1099 Detail Amount | Asset/Asset Tag | In Full |              |          |
| 01 2610 610 000 0000 0 000                         | SOFTNER SALT        |                  | 175.00          |                    | N               |         |              |          |
| Vendor ID: SUTTONJOHN SUTTON, JOHN                 |                     |                  |                 |                    |                 |         |              |          |
| Description:                                       | PO Number:          | 697125           | Invoice Number: | 697125             | Amount:         |         | 102.00       | 102.00   |
| Sequence: 1                                        | Check Type:         |                  | Check Number:   |                    | Check Date:     |         |              |          |
| Chart of Account Number                            | Detail Description  | Cost Center ID   | Detail Amount   | 1099 Detail Amount | Asset/Asset Tag | In Full |              |          |
| 01 2220 640 000 0000 0 000                         | BOOKS               |                  | 102.00          |                    | N               |         |              |          |
| Vendor ID: TRUCKCEN TRUCK CENTER COMPANIES         |                     |                  |                 |                    |                 |         |              |          |
| Description:                                       | PO Number:          | XA111069393-01   | Invoice Number: | XA111069393-01     | Amount:         |         | 34.81        | 34.81    |
| Sequence: 1                                        | Check Type:         |                  | Check Number:   |                    | Check Date:     |         |              |          |
| Chart of Account Number                            | Detail Description  | Cost Center ID   | Detail Amount   | 1099 Detail Amount | Asset/Asset Tag | In Full |              |          |
| 01 2730 431 000 0000 0 000                         | BUS REPAIR          |                  | 34.81           |                    | N               |         |              |          |
| Vendor ID: UNITI UNITI                             |                     |                  |                 |                    |                 |         |              |          |
| Description:                                       | PO Number:          | 7764038077634014 | Invoice Number: | 7764038077634014   | Amount:         |         | 315.36       | 315.36   |
| Sequence: 1                                        | Check Type:         |                  | Check Number:   |                    | Check Date:     |         |              |          |
| Chart of Account Number                            | Detail Description  | Cost Center ID   | Detail Amount   | 1099 Detail Amount | Asset/Asset Tag | In Full |              |          |
| 01 2590 382 000 0000 0 000                         | TELEPHONE           |                  | 315.36          |                    | N               |         |              |          |
| Vendor ID: UNOFKE UNIVERSITY OF NEBRASKA - KEARNEY |                     |                  |                 |                    |                 |         |              |          |
| Description:                                       | PO Number:          | 57-16326         | Invoice Number: | 57-16326           | Amount:         |         | 1,862.41     | 1,862.41 |
| Sequence: 1                                        | Check Type:         |                  | Check Number:   |                    | Check Date:     |         |              |          |

|                                                              |                                                                       |                             |                                      |                                       |                             |                   |
|--------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------|--------------------------------------|---------------------------------------|-----------------------------|-------------------|
| <u>Chart of Account Number</u><br>01 2710 330 000 0000 0 000 | <u>Detail Description</u><br>ELDT CLASS B & NE SAFETY CENTER<br>PUPIL | <u>Cost Center ID</u>       | <u>Detail Amount</u><br>1,862.41     | <u>1099 Detail Amount</u><br>N        | <u>Asset/Asset Tag</u><br>N | <u>In Full</u>    |
| <b>Vendor ID: UNIVERSITY</b>                                 | <b>UNIVERSITY OF OREGON</b>                                           | <b>PO Number:</b>           | <b>Invoice Number: INV00084700</b>   | <b>Amount:</b>                        |                             | <b>500.00</b>     |
| <u>Description:</u>                                          |                                                                       | <u>Invoice Date:</u>        | <u>Due Date:</u>                     | <u>Status:</u>                        | <u>1099 Amount:</u>         | <u>0.00</u>       |
| <u>Sequence:</u>                                             | <u>1</u>                                                              | <u>Check Type:</u>          |                                      |                                       |                             |                   |
| <u>Chart of Account Number</u>                               | <u>Detail Description</u>                                             | <u>Checking Account ID:</u> | <u>Check Number:</u>                 | <u>Check Date:</u>                    |                             |                   |
| 01 1100 643 000 0000 0 000                                   | PBIS                                                                  |                             | <u>Detail Amount</u><br>500.00       | <u>1099 Detail Amount</u><br>N        | <u>Asset/Asset Tag</u><br>N | <u>In Full</u>    |
| <b>Vendor ID: VERIZON</b>                                    | <b>VERIZON WIRELESS</b>                                               | <b>PO Number:</b>           | <b>Invoice Number: 6152179000</b>    | <b>Amount:</b>                        |                             | <b>319.44</b>     |
| <u>Description:</u>                                          |                                                                       | <u>Invoice Date:</u>        | <u>Due Date:</u>                     | <u>Status:</u>                        | <u>1099 Amount:</u>         | <u>0.00</u>       |
| <u>Sequence:</u>                                             | <u>1</u>                                                              | <u>Check Type:</u>          |                                      |                                       |                             |                   |
| <u>Chart of Account Number</u>                               | <u>Detail Description</u>                                             | <u>Checking Account ID:</u> | <u>Check Number:</u>                 | <u>Check Date:</u>                    |                             |                   |
| 01 2710 382 000 0000 0 000                                   | BUS CELL PHONES                                                       |                             | <u>Detail Amount</u><br>319.44       | <u>1099 Detail Amount</u><br>N        | <u>Asset/Asset Tag</u><br>N | <u>In Full</u>    |
| <b>Vendor ID: VILLAGE</b>                                    | <b>VILLAGE OF SHELBY</b>                                              | <b>PO Number:</b>           | <b>Invoice Number: 257077</b>        | <b>Amount:</b>                        |                             | <b>1,307.11</b>   |
| <u>Description:</u>                                          |                                                                       | <u>Invoice Date:</u>        | <u>Due Date:</u>                     | <u>Status:</u>                        | <u>1099 Amount:</u>         | <u>654.00</u>     |
| <u>Sequence:</u>                                             | <u>1</u>                                                              | <u>Check Type:</u>          |                                      |                                       |                             |                   |
| <u>Chart of Account Number</u>                               | <u>Detail Description</u>                                             | <u>Checking Account ID:</u> | <u>Check Number:</u>                 | <u>Check Date:</u>                    |                             |                   |
| 01 2610 410 000 0000 0 000                                   | WATER & SEWER - 653.11 GARBAGE - 654                                  |                             | <u>Detail Amount</u><br>1,307.11     | <u>1099 Detail Amount</u><br>654.00 N | <u>Asset/Asset Tag</u><br>N | <u>In Full</u>    |
| <b>Vendor ID: WESTMUSIC</b>                                  | <b>WEST MUSIC</b>                                                     | <b>PO Number:</b>           | <b>Invoice Number: 9/1/26</b>        | <b>Amount:</b>                        |                             | <b>1,624.09</b>   |
| <u>Description:</u>                                          |                                                                       | <u>Invoice Date:</u>        | <u>Due Date:</u>                     | <u>Status:</u>                        | <u>1099 Amount:</u>         | <u>0.00</u>       |
| <u>Sequence:</u>                                             | <u>1</u>                                                              | <u>Check Type:</u>          |                                      |                                       |                             |                   |
| <u>Chart of Account Number</u>                               | <u>Detail Description</u>                                             | <u>Checking Account ID:</u> | <u>Check Number:</u>                 | <u>Check Date:</u>                    |                             |                   |
| 01 1100 610 000 0170 0 000                                   | MUSIC                                                                 |                             | <u>Detail Amount</u><br>1,624.09     | <u>1099 Detail Amount</u><br>N        | <u>Asset/Asset Tag</u><br>N | <u>In Full</u>    |
| <b>Vendor ID: WINDSTREAM</b>                                 | <b>WINDSTREAM NEBRASKA INC.</b>                                       | <b>PO Number:</b>           | <b>Invoice Number: 91326</b>         | <b>Amount:</b>                        |                             | <b>127.29</b>     |
| <u>Description:</u>                                          |                                                                       | <u>Invoice Date:</u>        | <u>Due Date:</u>                     | <u>Status:</u>                        | <u>1099 Amount:</u>         | <u>0.00</u>       |
| <u>Sequence:</u>                                             | <u>1</u>                                                              | <u>Check Type:</u>          |                                      |                                       |                             |                   |
| <u>Chart of Account Number</u>                               | <u>Detail Description</u>                                             | <u>Checking Account ID:</u> | <u>Check Number:</u>                 | <u>Check Date:</u>                    |                             |                   |
| 01 2590 382 000 0000 0 000                                   | LIBRARY PHONE                                                         |                             | <u>Detail Amount</u><br>127.29       | <u>1099 Detail Amount</u><br>N        | <u>Asset/Asset Tag</u><br>N | <u>In Full</u>    |
| <b>Vendor ID: WOODRIVER</b>                                  | <b>WOODRIVER ENERGY LLC</b>                                           | <b>PO Number:</b>           | <b>Invoice Number: 515429,529099</b> | <b>Amount:</b>                        |                             | <b>2,697.25</b>   |
| <u>Description:</u>                                          |                                                                       | <u>Invoice Date:</u>        | <u>Due Date:</u>                     | <u>Status:</u>                        | <u>1099 Amount:</u>         | <u>0.00</u>       |
| <u>Sequence:</u>                                             | <u>1</u>                                                              | <u>Check Type:</u>          |                                      |                                       |                             |                   |
| <u>Chart of Account Number</u>                               | <u>Detail Description</u>                                             | <u>Checking Account ID:</u> | <u>Check Number:</u>                 | <u>Check Date:</u>                    |                             |                   |
| 01 2610 621 000 0000 0 000                                   | FUEL                                                                  |                             | <u>Detail Amount</u><br>2,697.25     | <u>1099 Detail Amount</u><br>N        | <u>Asset/Asset Tag</u><br>N | <u>In Full</u>    |
| <b>Batch 1099 Total:</b>                                     |                                                                       |                             | <b>52,256.09</b>                     | <b>Batch Total:</b>                   |                             | <b>216,089.97</b> |
| <b>Report 1099 Total:</b>                                    |                                                                       |                             | <b>52,256.09</b>                     | <b>Report Total:</b>                  |                             | <b>216,089.97</b> |

|                                                           |                     |                           |                        |                    |                                      |         |
|-----------------------------------------------------------|---------------------|---------------------------|------------------------|--------------------|--------------------------------------|---------|
| Batch Description: SEPTEMBER 2026 GENERAL FUND INVOICES 2 |                     | Processing Month: 09/2026 | Credit Card Vendor ID: |                    | End of Fiscal Year Expense Invoices: |         |
| Vendor ID: AUGUSTINSA                                     | AUGUSTIN, SARAH     | PO Number:                | Invoice Number: 91626  | Amount:            | 2,075.88                             |         |
| Description:                                              |                     | Invoice Date: 09/16/2026  | Due Date: 09/16/2026   | Status: A          | 1099 Amount: 0.00                    |         |
| Sequence: 1                                               | Check Type:         | Check Number:             | Check Date:            |                    |                                      |         |
| Chart of Account Number                                   | Detail Description  | Cost Center ID            | Detail Amount          | 1099 Detail Amount | Asset/Asset Tag                      | In Full |
| 01 1100 281 002 0000 0 000                                | HSA SEPTEMBER 2026  |                           | 2,075.88               | N                  |                                      |         |
| Vendor ID: BILSTEINRE                                     | BILSTEIN, RENEE     | PO Number:                | Invoice Number: 91626  | Amount:            | 1,545.90                             |         |
| Description:                                              |                     | Invoice Date: 09/16/2026  | Due Date: 09/16/2026   | Status: A          | 1099 Amount: 0.00                    |         |
| Sequence: 1                                               | Check Type:         | Check Number:             | Check Date:            |                    |                                      |         |
| Chart of Account Number                                   | Detail Description  | Cost Center ID            | Detail Amount          | 1099 Detail Amount | Asset/Asset Tag                      | In Full |
| 01 1200 281 000 0000 0 000                                | HSA SEPTEMBER 2026  |                           | 1,545.90               | N                  |                                      |         |
| Vendor ID: CARLEY                                         | CARLEY, MATT        | PO Number:                | Invoice Number: 91626  | Amount:            | 2,075.88                             |         |
| Description:                                              |                     | Invoice Date: 09/16/2026  | Due Date: 09/16/2026   | Status: A          | 1099 Amount: 0.00                    |         |
| Sequence: 1                                               | Check Type:         | Check Number:             | Check Date:            |                    |                                      |         |
| Chart of Account Number                                   | Detail Description  | Cost Center ID            | Detail Amount          | 1099 Detail Amount | Asset/Asset Tag                      | In Full |
| 01 1100 281 001 0000 0 000                                | HSA SEPTEMBER 2026  |                           | 2,075.88               | N                  |                                      |         |
| Vendor ID: CROMER                                         | CROMER, MELINDA     | PO Number:                | Invoice Number: 91626  | Amount:            | 2,075.88                             |         |
| Description:                                              |                     | Invoice Date: 09/16/2026  | Due Date: 09/16/2026   | Status: A          | 1099 Amount: 0.00                    |         |
| Sequence: 1                                               | Check Type:         | Check Number:             | Check Date:            |                    |                                      |         |
| Chart of Account Number                                   | Detail Description  | Cost Center ID            | Detail Amount          | 1099 Detail Amount | Asset/Asset Tag                      | In Full |
| 01 1100 281 002 0000 0 000                                | HSA SEPTEMBER 2026  |                           | 2,075.88               | N                  |                                      |         |
| Vendor ID: EVANSBRIAN                                     | EVANS, BRIAN        | PO Number:                | Invoice Number: 91626  | Amount:            | 1,545.90                             |         |
| Description:                                              |                     | Invoice Date: 09/16/2026  | Due Date: 09/16/2026   | Status: A          | 1099 Amount: 0.00                    |         |
| Sequence: 1                                               | Check Type:         | Check Number:             | Check Date:            |                    |                                      |         |
| Chart of Account Number                                   | Detail Description  | Cost Center ID            | Detail Amount          | 1099 Detail Amount | Asset/Asset Tag                      | In Full |
| 01 1100 281 002 0000 0 000                                | HSA SEPTEMBER 2026  |                           | 1,545.90               | N                  |                                      |         |
| Vendor ID: GABEL                                          | GABEL, GRANT        | PO Number:                | Invoice Number: 91626  | Amount:            | 2,075.88                             |         |
| Description:                                              |                     | Invoice Date: 09/16/2026  | Due Date: 09/16/2026   | Status: A          | 1099 Amount: 0.00                    |         |
| Sequence: 1                                               | Check Type:         | Check Number:             | Check Date:            |                    |                                      |         |
| Chart of Account Number                                   | Detail Description  | Cost Center ID            | Detail Amount          | 1099 Detail Amount | Asset/Asset Tag                      | In Full |
| 01 1100 281 003 0000 0 000                                | HSA SEPTEMBER 2026  |                           | 2,075.88               | N                  |                                      |         |
| Vendor ID: GOULDZACH                                      | GOULD, ZACHARY      | PO Number:                | Invoice Number: 91626  | Amount:            | 2,075.88                             |         |
| Description:                                              |                     | Invoice Date: 09/16/2026  | Due Date: 09/16/2026   | Status: A          | 1099 Amount: 0.00                    |         |
| Sequence: 1                                               | Check Type:         | Check Number:             | Check Date:            |                    |                                      |         |
| Chart of Account Number                                   | Detail Description  | Cost Center ID            | Detail Amount          | 1099 Detail Amount | Asset/Asset Tag                      | In Full |
| 01 1100 281 001 0000 0 000                                | HSA SEPTEMBER 2026  |                           | 2,075.88               | N                  |                                      |         |
| Vendor ID: HOUDERSEMI                                     | HOUDERSHELDT, EMILY | PO Number:                | Invoice Number: 91626  | Amount:            | 736.44                               |         |
| Description:                                              |                     | Invoice Date: 09/16/2026  | Due Date: 09/16/2026   | Status: A          | 1099 Amount: 0.00                    |         |

Invoice Listing - Detail  
SEPTEMBER 2026 GENERAL FUND INVOICES 2

|                            |                    |                      |               |                       |                |               |                    |                 |                   |
|----------------------------|--------------------|----------------------|---------------|-----------------------|----------------|---------------|--------------------|-----------------|-------------------|
| Sequence: 1                | Check Type:        | Checking Account ID: | Check Number: | Check Date:           | Cost Center ID | Detail Amount | 1099 Detail Amount | Asset/Asset Tag | In Full           |
| Chart of Account Number    |                    |                      |               |                       |                | 736.44        |                    | N               |                   |
| 01 1100 281 001 0000 0 000 | HSA SEPTEMBER 2026 |                      |               |                       |                |               |                    |                 |                   |
| Vendor ID: JENSESARA       | JENSEN, SARA       |                      | PO Number:    | Invoice Number: 91626 |                |               |                    | Amount:         | 2,075.88          |
| Description:               |                    |                      | Invoice Date: | Due Date:             | Status:        | 09/16/2026    | 09/16/2026         | A               | 1099 Amount: 0.00 |
| Sequence: 1                | Check Type:        | Checking Account ID: | Check Number: | Check Date:           | Cost Center ID | Detail Amount | 1099 Detail Amount | Asset/Asset Tag | In Full           |
| Chart of Account Number    |                    |                      |               |                       |                | 2,075.88      |                    | N               |                   |
| 01 1100 281 001 0000 0 000 | HSA SEPTEMBER 2026 |                      |               |                       |                |               |                    |                 |                   |
| Vendor ID: LUETTEL         | LUETTEL, DANIELLE  |                      | PO Number:    | Invoice Number: 91626 |                |               |                    | Amount:         | 2,075.88          |
| Description:               |                    |                      | Invoice Date: | Due Date:             | Status:        | 09/16/2026    | 09/16/2026         | A               | 1099 Amount: 0.00 |
| Sequence: 1                | Check Type:        | Checking Account ID: | Check Number: | Check Date:           | Cost Center ID | Detail Amount | 1099 Detail Amount | Asset/Asset Tag | In Full           |
| Chart of Account Number    |                    |                      |               |                       |                | 2,075.88      |                    | N               |                   |
| 01 1100 281 002 0000 0 000 | HSA SEPTEMBER 2026 |                      |               |                       |                |               |                    |                 |                   |
| Vendor ID: PATTERSONM      | PATTERSON, MALLORY |                      | PO Number:    | Invoice Number: 91626 |                |               |                    | Amount:         | 1,361.94          |
| Description:               |                    |                      | Invoice Date: | Due Date:             | Status:        | 09/16/2026    | 09/16/2026         | A               | 1099 Amount: 0.00 |
| Sequence: 1                | Check Type:        | Checking Account ID: | Check Number: | Check Date:           | Cost Center ID | Detail Amount | 1099 Detail Amount | Asset/Asset Tag | In Full           |
| Chart of Account Number    |                    |                      |               |                       |                | 1,361.94      |                    | N               |                   |
| 01 1100 281 002 0000 0 000 | HSA SEPTEMBER 2026 |                      |               |                       |                |               |                    |                 |                   |
| Vendor ID: RIGGSJON        | RIGGS, JON         |                      | PO Number:    | Invoice Number: 91626 |                |               |                    | Amount:         | 2,075.88          |
| Description:               |                    |                      | Invoice Date: | Due Date:             | Status:        | 09/16/2026    | 09/16/2026         | A               | 1099 Amount: 0.00 |
| Sequence: 1                | Check Type:        | Checking Account ID: | Check Number: | Check Date:           | Cost Center ID | Detail Amount | 1099 Detail Amount | Asset/Asset Tag | In Full           |
| Chart of Account Number    |                    |                      |               |                       |                | 2,075.88      |                    | N               |                   |
| 01 1100 281 002 0000 0 000 | HSA SEPTEMBER 2026 |                      |               |                       |                |               |                    |                 |                   |
| Vendor ID: SCHUETHB        | SCHUETH, BECKY     |                      | PO Number:    | Invoice Number: 91626 |                |               |                    | Amount:         | 2,075.88          |
| Description:               |                    |                      | Invoice Date: | Due Date:             | Status:        | 09/16/2026    | 09/16/2026         | A               | 1099 Amount: 0.00 |
| Sequence: 1                | Check Type:        | Checking Account ID: | Check Number: | Check Date:           | Cost Center ID | Detail Amount | 1099 Detail Amount | Asset/Asset Tag | In Full           |
| Chart of Account Number    |                    |                      |               |                       |                | 2,075.88      |                    | N               |                   |
| 01 1100 281 001 0000 0 000 | HSA SEPTEMBER 2026 |                      |               |                       |                |               |                    |                 |                   |
| Vendor ID: STEWAR          | STEWART, STACY     |                      | PO Number:    | Invoice Number: 91626 |                |               |                    | Amount:         | 2,075.88          |
| Description:               |                    |                      | Invoice Date: | Due Date:             | Status:        | 09/16/2026    | 09/16/2026         | A               | 1099 Amount: 0.00 |
| Sequence: 1                | Check Type:        | Checking Account ID: | Check Number: | Check Date:           | Cost Center ID | Detail Amount | 1099 Detail Amount | Asset/Asset Tag | In Full           |
| Chart of Account Number    |                    |                      |               |                       |                | 2,075.88      |                    | N               |                   |
| 01 2151 281 000 0000 0 000 | HSA SEPTEMBER 2026 |                      |               |                       |                |               |                    |                 |                   |
| Vendor ID: WICKHAMSEA      | WICKHAM, SEAN      |                      | PO Number:    | Invoice Number: 91626 |                |               |                    | Amount:         | 1,361.94          |
| Description:               |                    |                      | Invoice Date: | Due Date:             | Status:        | 09/16/2026    | 09/16/2026         | A               | 1099 Amount: 0.00 |
| Sequence: 1                | Check Type:        | Checking Account ID: | Check Number: | Check Date:           | Cost Center ID | Detail Amount | 1099 Detail Amount | Asset/Asset Tag | In Full           |
| Chart of Account Number    |                    |                      |               |                       |                | 1,361.94      |                    | N               |                   |
| 01 1100 281 001 0000 0 000 | HSA SEPTEMBER 2026 |                      |               |                       |                |               |                    |                 |                   |

|                            |  |                    |  |                      |                       |               |                      |                                    |
|----------------------------|--|--------------------|--|----------------------|-----------------------|---------------|----------------------|------------------------------------|
| Vendor ID: WILTON          |  | WILTON, KRISTEN    |  | PO Number:           | Invoice Number: 91626 |               | Amount:              | 2,075.88                           |
| Description:               |  | Sequence: 1        |  | Invoice Date:        | 09/16/2026            |               | Due Date: 09/16/2026 |                                    |
| Chart of Account Number    |  | Check Type:        |  | Check Number:        |                       | Status: A     |                      | 1099 Amount: 0.00                  |
| 01 1100 281 003 0000 0 000 |  | Detail Description |  | Checking Account ID: |                       | Check Date:   |                      | In Full                            |
|                            |  | HSA SEPTEMBER 2026 |  | Cost Center ID       |                       | Detail Amount |                      | 1099 Detail Amount Asset/Asset Tag |
|                            |  |                    |  |                      |                       | 2,075.88      |                      | N                                  |
|                            |  |                    |  | Batch 1099 Total:    |                       | 0.00          |                      | Batch Total: 29,386.80             |
|                            |  |                    |  | Report 1099 Total:   |                       | 0.00          |                      | Report Total: 29,386.80            |

## AUGUST 2026 GENERAL FUND

| Account Number | Account Description                    | BUDGETED       | EXPENDED     | TO DATE        | BALANCE OF<br>EOM |
|----------------|----------------------------------------|----------------|--------------|----------------|-------------------|
| <b>01</b>      | <b>GENERAL FUND</b>                    |                |              |                |                   |
| 1100           | REGULAR INSTRUCTIONAL PROGRAMS         | \$3,693,369.50 | \$290,404.57 | \$3,686,744.52 | \$6,624.98        |
| 1150           | ENGLISH LANGUAGE LEARNERS              | \$98,145.57    | \$7,889.74   | \$91,114.52    | \$7,031.05        |
| 1160           | POVERTY - After School Program         | \$129,903.85   | \$9,586.09   | \$124,160.76   | \$5,743.09        |
| 1175           | MUSIC                                  | \$0.00         | \$0.00       | \$402.32       | (\$402.32)        |
| 1190           | PRESCHOOL                              | \$152,055.68   | \$9,121.75   | \$140,954.07   | \$11,101.61       |
| 1100           | REGULAR INSTRUCTIONAL PROGRAMS         | \$4,073,474.60 | \$317,002.15 | \$4,043,376.19 | \$30,098.41       |
| 1200           | SPECIAL EDUCATION PROGRAMS             | \$767,974.02   | \$39,221.64  | \$762,966.13   | \$5,007.89        |
| 1291           | SPED AGES 3-5                          | \$55,000.00    | \$0.00       | \$46,580.00    | \$8,420.00        |
| 1292           | SPED AGES 0-2                          | \$17,000.00    | \$0.00       | \$6,625.00     | \$10,375.00       |
| 1295           | UNIFIED SPORTS                         | \$2,115.00     | \$0.00       | \$2,202.26     | (\$87.26)         |
| 1200           | SPECIAL EDUCATION PROGRAMS             | \$842,089.02   | \$39,221.64  | \$818,373.39   | \$23,715.63       |
| 2120           | GUIDANCE SERVICES                      | \$218,097.33   | \$17,414.89  | \$211,707.73   | \$6,389.60        |
| 2130           | HEALTH SERVICES                        | \$73,550.00    | \$5,770.17   | \$71,592.04    | \$1,957.96        |
| 2140           | PSYCHOLOGICAL SERVICES                 | \$25,000.00    | \$0.00       | \$0.00         | \$25,000.00       |
| 2141           | SPED Psychological services - Age S.A. | \$60,000.00    | \$0.00       | \$88,908.30    | (\$28,908.30)     |
| 2151           | SPEECH PATHOLOGY - SPED SCHOOL AGE     | \$130,041.44   | \$10,005.19  | \$124,497.93   | \$5,543.51        |
| 2152           | SPEECH PATH SPED 3-5                   | \$1,500.00     | \$0.00       | \$3,918.20     | (\$2,418.20)      |
| 2153           | SPEECH PATH & AUDIOLOGY SERVICES       | \$3,100.00     | \$3,299.18   | \$4,282.51     | (\$1,182.51)      |
| 2161           | SPED Occupational Therapy - Age S.A.   | \$42,000.00    | \$40.00      | \$39,902.30    | \$2,097.70        |
| 2162           | OCCUPATIONAL THERAPY - SPED 3-5        | \$3,500.00     | \$0.00       | \$5,262.87     | (\$1,762.87)      |
| 2163           | SPED Occupational Therapy - Age 0-2    | \$5,100.00     | \$528.48     | \$8,269.11     | (\$3,169.11)      |
| 2171           | SPED Physical Therapy - Age S.A.       | \$7,800.00     | \$0.00       | \$9,565.00     | (\$1,765.00)      |
| 2172           | PHYSICAL THERAPY - SPED 3-5            | \$1,000.00     | \$430.64     | \$1,060.84     | (\$60.84)         |
| 2173           | SPED Physical Therapy - Age 0-2        | \$1,000.00     | \$0.00       | \$2,330.11     | (\$1,330.11)      |
| 2182           | VISUALLY IMPAIRED SPED 3-5             | \$0.00         | \$0.00       | \$532.20       | (\$532.20)        |
| 2183           | SPED 0-2 VISUALLY IMPAIRED             | \$0.00         | \$0.00       | \$553.32       | (\$553.32)        |
| 2100           | SUPPORTIVE SERVICES PUPILS             | \$571,688.77   | \$37,488.55  | \$572,382.46   | (\$693.69)        |
| 2211           | SCHOOL IMPROVEMENT                     | \$6,500.00     | \$0.00       | \$8,772.38     | (\$2,272.38)      |
| 2212           | INST STAFF TRNG AND CURR DEV           | \$0.00         | \$0.00       | \$150.00       | (\$150.00)        |
| 2213           | INSTRUCTIONAL STAFF TRAINING           | \$5,500.00     | \$715.21     | \$3,763.49     | \$1,736.51        |
| 2220           | LIBRARY/MEDIA SERVICE                  | \$123,626.64   | \$10,127.71  | \$120,986.03   | \$2,640.61        |
| 2230           | INSTRUCTION RELATED TECHNOLOGY         | \$282,004.24   | \$25,135.52  | \$211,487.08   | \$70,517.16       |
| 2240           | ACADEMIC STUDENT ASSESSMENT            | \$8,000.00     | \$0.00       | \$4,855.75     | \$3,144.25        |
| 2290           | SUPPORT SERVICES                       | \$0.00         | \$0.00       | \$683.70       | (\$683.70)        |
| 2200           | SUPPORT SERVICES STAFF                 | \$425,630.88   | \$35,978.44  | \$350,698.43   | \$74,932.45       |
| 2310           | BOARD OF EDUCATION                     | \$134,300.00   | \$593.13     | \$36,801.61    | \$97,498.39       |
| 2320           | EXECUTIVE ADMINISTRATION               | \$198,952.31   | \$15,957.45  | \$191,876.73   | \$7,075.58        |
| 2330           | DISTRICT LEGAL SERVICES                | \$13,000.00    | \$7,048.00   | \$13,623.00    | (\$623.00)        |
| 2300           | SUPPORT SERVICES-GEN ADMIN             | \$346,252.31   | \$23,598.58  | \$242,301.34   | \$103,950.97      |
| 2410           | OFFICE OF THE PRINCIPAL                | \$313,359.15   | \$28,390.16  | \$293,361.32   | \$19,997.83       |
| 2490           | SCHOOL ADMIN - OTHER                   | \$2,000.00     | \$0.00       | \$1,401.55     | \$598.45          |
| 2400           | OFFICE OF PRINCIPAL                    | \$315,359.15   | \$28,390.16  | \$294,762.87   | \$20,596.28       |
| 2510           | GENERAL ADMIN-BUSINESS SERVICE         | \$15,000.00    | \$0.00       | \$11,755.00    | \$3,245.00        |
| 2590           | GENERAL ADMIN - BUSINESS SERVICE       | \$340,880.94   | \$59,688.04  | \$321,897.41   | \$18,983.53       |
| 2500           | SUPPORT SERVICES-BUSINESS              | \$355,880.94   | \$59,688.04  | \$333,652.41   | \$22,228.53       |
| 2610           | OPERATION OF PLANT                     | \$499,814.04   | \$51,114.04  | \$562,993.15   | (\$63,179.11)     |
| 2620           | MAINTENANCE OF PLANT                   | \$100,000.00   | \$28,030.25  | \$143,481.87   | (\$43,481.87)     |
| 2650           | GENERAL PURPOSE VEHICLES               | \$70,000.00    | \$0.00       | \$1,881.47     | \$68,118.53       |
| 2670           | SCHOOL SAFETY                          | \$8,600.00     | \$1,241.00   | \$7,042.84     | \$1,557.16        |
| 2600           | SUPPORT SERVICES-BLDGS & SITES         | \$678,414.04   | \$80,385.29  | \$715,399.33   | (\$36,985.29)     |
| 2710           | Pupil Transportation - Regular ED      | \$248,058.51   | \$204,721.53 | \$415,966.35   | (\$167,907.84)    |
| 2712           | SCHOOL AGE SPEC ED TRANSPORT           | \$14,800.00    | \$0.00       | \$13,546.04    | \$1,253.96        |
| 2730           | VEHICLE SERVICING & MAINTENANCE        | \$50,000.00    | \$2,140.48   | \$42,064.99    | \$7,935.01        |

|      |                                    |                |                |                |                |
|------|------------------------------------|----------------|----------------|----------------|----------------|
| 2700 | SUPPORT SERVICES-PUPIL TRANS       | \$312,858.51   | \$206,862.01   | \$471,577.38   | (\$158,718.87) |
| 3100 | Food Service Operations            | \$100,708.37   | \$0.00         | \$89,148.37    | \$11,560.00    |
| 3100 | Food Service Operations            | \$100,708.37   | \$0.00         | \$89,148.37    | \$11,560.00    |
| 3400 | CATEGORICAL GRANTS FROM CORP.      | \$0.00         | \$1,018.84     | \$1,018.84     | (\$1,018.84)   |
| 3400 | CATEGORICAL GRANTS FROM CORP.      | \$0.00         | \$1,018.84     | \$1,018.84     | (\$1,018.84)   |
| 3551 | CAREER EDUCATION                   | \$15,000.00    | \$0.00         | \$0.00         | \$15,000.00    |
| 3500 | Other State Categorical Programs   | \$15,000.00    | \$0.00         | \$0.00         | \$15,000.00    |
| 4700 | BUILDING IMPROVEMENTS              | \$90,000.00    | \$29,169.49    | \$53,396.32    | \$36,603.68    |
| 4700 | BUILDING IMPROVEMENTS              | \$90,000.00    | \$29,169.49    | \$53,396.32    | \$36,603.68    |
| 6200 | TITLE I                            | \$118,526.64   | \$5,146.00     | \$65,204.71    | \$53,321.93    |
| 6200 | TITLE I                            | \$118,526.64   | \$5,146.00     | \$65,204.71    | \$53,321.93    |
| 6990 | OTHER FEDERAL CATEGORICAL PROGRAMS | \$1,500.00     | \$5,612.00     | \$11,353.40    | (\$9,853.40)   |
| 6992 | REAP - FEDERAL SERVICES            | \$43,000.00    | \$0.00         | \$36,639.43    | \$6,360.57     |
| 6998 | ESSERS III                         | \$20,000.00    | \$0.00         | \$0.00         | \$20,000.00    |
| 6900 | 6900                               | \$64,500.00    | \$5,612.00     | \$47,992.83    | \$16,507.17    |
| 8000 | TRANSFERS                          | \$457,000.00   | \$200,000.00   | \$200,000.00   | \$257,000.00   |
| 8000 | TRANSFERS                          | \$457,000.00   | \$200,000.00   | \$200,000.00   | \$257,000.00   |
| 01   | GENERAL FUND                       | \$8,767,383.23 | \$1,069,561.19 | \$8,299,284.87 | \$468,098.36   |

## Fund: 01 GENERAL FUND

| <u>Account Number</u> | <u>Description</u>                | <u>During Month</u> | <u>To Date</u> |
|-----------------------|-----------------------------------|---------------------|----------------|
| 01 1100               | LEVIED TAXES                      | 12,501.56           | 3,134,446.39   |
| 01 1115               | CARLINE TAX                       | 0.00                | 1,227.28       |
| 01 1120               | PUBLIC POWER DIST. TAX            | 2,249.33            | 37,471.13      |
| 01 1125               | MOTOR VEHICLES TAX                | 21,168.27           | 280,785.58     |
| 01 1140               | INTEREST                          | 43.22               | 6,253.74       |
| 01 1190               | OTHER TAXES, FINES & LISC.        | 0.00                | 679,820.26     |
| 01 1370               | PRESCHOOL TUITION                 | 3,667.46            | 14,534.96      |
| 01 1510               | INTEREST ON INVESTMENT            | 4,599.94            | 49,077.31      |
| 01 1925               | OTHER CATEGORICAL GRANTS FROM     | 0.00                | 1,500.00       |
|                       | CORPORATIO                        |                     |                |
| 01 1951               | MISC REVENUE SCHOOLS IN STATE     | 0.00                | 19,920.00      |
| 01 1990               | OTHER LOCAL RECEIPTS              | 354.13              | 4,244.56       |
|                       | Subtotal: LOCAL RECIEPTS          | 44,583.91           | 4,229,281.21   |
| 01 2110               | FINES & LICENSE FEES              | 1,173.98            | 19,091.04      |
| 01 2210               | ESU RECEIPTS                      | 2,398.29            | 5,064.19       |
|                       | Subtotal: COUNTY AND ESU RECEIPTS | 3,572.27            | 24,155.23      |
| 01 3110               | STATE AID                         | 0.00                | 1,343,490.34   |
| 01 3120               | SPECIAL ED. PROGRAMS              | 0.00                | 673,945.00     |
| 01 3125               | SPECIAL ED. TRANSPORTATION        | 0.00                | 101,438.00     |
| 01 3130               | HOMESTEAD EXEMPTION               | 8,510.15            | 55,591.13      |
| 01 3131               | PROPERTY TAX CREDIT               | 0.00                | 750,517.38     |
| 01 3134               | SCHOOL TAX CREDIT                 | 0.00                | 679,820.26     |
| 01 3180               | PRO-RATA MOTOR VEHICLE            | 0.00                | 10,515.78      |
| 01 3400               | STATE APPORTIONMENT TAX           | 0.00                | 91,863.76      |
| 01 3535               | HIGH ABILITY LEARNERS             | 0.00                | 2,487.00       |
|                       | Subtotal: STATE RECEIPTS          | 8,510.15            | 3,709,668.65   |
| 01 4105               | ERATE                             | 0.00                | 976.50         |
| 01 4310               | REAP                              | 0.00                | 43,370.00      |
| 01 4505               | TITLE I                           | 0.00                | 61,902.00      |
| 01 4516               | IDEA 4406                         | 0.00                | 3,629.00       |
| 01 4518               | IDEA PART B                       | 0.00                | 93,792.00      |
| 01 4521               | IDEA PART B PROPORTIONATE SHARE   | 0.00                | 10,074.00      |
| 01 4530               | OTHER FEDERAL CATEGORICAL GRANTS  | 0.00                | 1,428.08       |
| 01 4708               | MEDICAID IN PUBLIC SCHOOLS (MIPS) | 2,725.35            | 17,880.21      |
|                       | Subtotal: FEDERAL RECEIPTS        | 2,725.35            | 233,051.79     |
| 01 5301               | INSURANCE ADJUSTMENTS             | 868.98              | 30,370.54      |
| 01 5690               | OTHER NON-REVENUE RECEIPTS        | 546.62              | 16,625.87      |
|                       | Subtotal: NON-REVENUE RECEIPTS    | 1,415.60            | 46,996.41      |
|                       | Fund Total:                       | 60,807.28           | 8,243,153.29   |

**SHELBY-RISING CITY PUBLIC SCHOOL  
FINANCIAL REPORT  
GENERAL FUND - PETTY CASH**

Balance 08/01/26                      \$    12,593.60

**RECEIPTS:**

General Fund Reimbursement

Total Receipts:                      \$               -

**DISBURSEMENTS:**

Total Disbursements:               \$               -

Balance: 08/31/26                      \$    12,593.60

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**Special Deposits:**

|                                    |                 |
|------------------------------------|-----------------|
| Cross Roads Conference Scholarship | \$       100.00 |
| EHA Wellness Grant                 | \$    1,052.34  |
| Polk County Foundation Grant       | \$       24.49  |
| American Red Cross                 | \$    2,500.00  |

**SHELBY-RISING CITY PUBLIC SCHOOL  
FINANCIAL REPORT  
BUILDING FUND**

**Balance 08/01/26**                      \$        109,719.42

**RECEIPTS:**

|                         |    |        |
|-------------------------|----|--------|
| Polk County Treasurer   | \$ | 152.78 |
| Butler County Treasurer | \$ | 86.71  |
| Interest                | \$ | 0.02   |
| Intra Interest          | \$ | 92.94  |

**Total Receipts:**                      \$        332.45

**DISBURSEMENTS:**

**Total Disbursements:**                      \$                -

**Balance: 08/31/26**                      \$        110,051.87

**SHELBY-RISING CITY PUBLIC SCHOOL  
FINANCIAL REPORT  
GENERAL FUND - BOND**

Balance 08/01/26                      \$    825,828.71

**RECEIPTS:**

|                   |    |          |
|-------------------|----|----------|
| Polk Co. Treas.   | \$ | 3,249.48 |
| Butler Co. Treas. | \$ | 1,727.91 |
| Interest          | \$ | 0.79     |
| Intra Interest    | \$ | 1,407.92 |

Total Receipts:                      \$        6,386.10

**DISBURSEMENTS:**

Total Disbursements:                      \$                      -

Balance: 08/31/26                      \$    832,214.81

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**SHELBY-RISING CITY PUBLIC SCHOOL  
FINANCIAL REPORT  
EMPLOYEE BENEFIT ACCOUNT**

Beginning Balance 08/01/26:       \$       23,657.87

**Receipts:**

General Fund                               \$    3,716.64

**Total Receipted:**                               \$       **3,716.64**

**Expended Out:**

Monthly Claims                           \$       452.68

Monthly Claims                           \$       416.66

Monthly Claims                           \$    3,263.83

Monthly Claims

**Total Expended Out:**                               \$       **4,133.17**

Ending Balance 08/31/26:       \$       **23,241.34**

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**SHELBY-RISING CITY PUBLIC SCHOOL**  
**FINANCIAL REPORT**  
**GENERAL FUND**

Balance: 08/01/26 \$ 2,881,804.80

**RECEIPTS:**

|                                      |              |
|--------------------------------------|--------------|
| Employee- Summer Premium Insurance   | \$ 837.82    |
| State of NE - Medicaid               | \$ 2,725.35  |
| Polk Co. Treas. - Motor              | \$ 15,455.08 |
| Polk Co. Treas. - Levied             | \$ 8,902.67  |
| Polk Co. Treas. - Interest           | \$ 34.68     |
| Polk Co. Treas. - Fines Lic.         | \$ 410.50    |
| Polk Co. Treas. - Home Stead         | \$ 5,847.31  |
| Employee- Summer Premium Insurance   | \$ 31.16     |
| Butler Co. Treas. - Motor            | \$ 5,713.19  |
| Butler Co. Treas. 0 Levied           | \$ 3,598.89  |
| Butler Co. Treas. - Interest         | \$ 8.54      |
| Butler Co. Treas. - Home Stead       | \$ 2,662.84  |
| Butelr Co. Treas. - 5% Gross         | \$ 2,249.33  |
| Butler Co. Treas. Fines & Lic        | \$ 763.48    |
| Savings - Interest                   | \$ 1.92      |
| Preschool - Tuition                  | \$ 2,817.46  |
| J.W. Pepper - Refund                 | \$ 213.49    |
| Village of Shelby - Library Expenses | \$ 354.13    |
| Preschool - Tuition                  | \$ 850.00    |
| Petty Cash - Interest                | \$ 3.15      |
| ESU 7 - Staff Stipends               | \$ 2,398.29  |
| Uniti - Refund                       | \$ 333.13    |
| Bank - Interest                      | \$ 64.18     |
| Intra Fund - Interest                | \$ 4,530.69  |

Total Receipts: \$ 60,807.28

**DISBURSEMENTS:**

|          |              |
|----------|--------------|
| Payroll  | \$447,723.21 |
| Invoices | \$127,352.45 |
| EOY      | \$494,528.48 |

Total Disbursements: \$ 1,069,604.14

Balance: 08/31/26 \$ 1,873,007.94

|                             |                 |
|-----------------------------|-----------------|
| Balance in Checking Account | \$ 1,873,007.94 |
| Savings Account             | \$ 9,035.76     |

**Total General Fund Assets 08/31/26 \$ 1,882,043.70**

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**SHELBY-RISING CITY PUBLIC SCHOOLS**  
**FINANCIAL REPORT**  
**NUTRITION FUND**

**Beginning Balance 08/01/26**

**\$ 77,257.00**

**RECEIPTS:**

**AMOUNT**

|                       |              |
|-----------------------|--------------|
| Family Receipts       | \$ 12,716.49 |
| Online lunch payments | \$ 1,800.00  |
| Kindergarten Milk     | \$ 1,385.25  |
| Interest              | \$ 18.01     |

**Total Receipts**

**\$ 15,919.75**

**DISBURSEMENTS:**

| <b>Name:</b>   | <b>Ck No.</b> | <b>AMOUNT</b> |
|----------------|---------------|---------------|
| Kurt Staroscik | 3414          | \$ 18.55      |
| Magic Wrighter | 6055          | \$ 34.95      |

**Total Disbursements:**

**\$ 53.50**

**Ending Balance 08/31/26**

**\$ 93,123.25**

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|                                               |                           |            |                   |
|-----------------------------------------------|---------------------------|------------|-------------------|
|                                               | <b>Beginning Balance:</b> | \$         | 439,007.76        |
| <b>RECEIPTS:</b>                              |                           |            |                   |
| Transfer from GF                              | \$                        | 200,000.00 |                   |
| Interest                                      | \$                        | 0.06       |                   |
| Interest Capitalization                       | \$                        | 380.92     |                   |
| <u>Total Receipts:</u>                        |                           | \$         | 200,380.98        |
| <b>DISBURSEMENTS:</b>                         |                           |            |                   |
| 1064 SRC Builders                             | \$                        | 10,500.00  |                   |
| 1065 Heartland Roofing Consultants            | \$                        | 201,975.00 |                   |
| <u>Total Disbursements:</u>                   |                           | \$         | 212,475.00        |
|                                               | <b>Balance:</b>           | \$         | 426,913.74        |
| Certificate of Deposit                        |                           | \$         | 172,000.00        |
| Total Depreciation and Certificate of Deposit |                           | \$         | <b>598,913.74</b> |

# SUMMARY SHEET

August 31, 2026

**Account  
Name:**

**Amount**

**Amount to CD**

|                      |    |              |               |
|----------------------|----|--------------|---------------|
| General Fund         | \$ | 1,873,007.94 |               |
| General Fund Savings | \$ | 9,035.76     |               |
| Nutrition Fund       | \$ | 93,123.25    |               |
| Petty Cash           | \$ | 12,593.60    |               |
| Building             | \$ | 110,051.87   |               |
| Depreciation         | \$ | 426,913.74   | \$ 172,000.00 |
| Employment Benefit   | \$ | 23,241.34    |               |
| Bond                 | \$ | 832,214.81   |               |
| Activity Fund        | \$ | 306,397.18   |               |

|       |    |                     |                      |
|-------|----|---------------------|----------------------|
| Total | \$ | <u>3,686,579.49</u> | \$ <u>172,000.00</u> |
|-------|----|---------------------|----------------------|

|                                     |  |  |                               |
|-------------------------------------|--|--|-------------------------------|
| <b><u>Total of All Accounts</u></b> |  |  | <b><u>\$ 3,858,579.49</u></b> |
|-------------------------------------|--|--|-------------------------------|

**SHELBY-RISING CITY PUBLIC SCHOOL**  
**FINANCIAL REPORT**  
**STUDENT ACTIVITY FUND**

Balance: 8/1/26 \$118,350.78

**RECEIPTS:**

Receipts \$ 220,458.05

Total Receipts: \$ 220,458.05

**DISBURSEMENTS:**

Total Disbursements \$ 32,411.65

Total Disbursements: \$ 32,411.65

Balance: 8/31/26 \$ 306,397.18

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|                                         |               |
|-----------------------------------------|---------------|
| Balance of Account:                     | \$ 306,397.18 |
| Certificate of Deposit at Pinnacle Bank | \$ 38,000.00  |
| Total in Activity Fund Checking         | \$ 268,397.18 |

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| Account Number                                          | Description                             | Previous Balance | Current Month | Ending Balance |
|---------------------------------------------------------|-----------------------------------------|------------------|---------------|----------------|
| <b>Fund: 05 ACTIVITIES FUND</b>                         |                                         |                  |               |                |
| <u>Current Assets</u>                                   |                                         |                  |               |                |
| 05 101                                                  | CASH/ACTIVITY FUND                      | 118,763.64       | 188,046.40    | 306,810.04     |
|                                                         | Current Assets Subtotal:                | 118,763.64       | 188,046.40    | 306,810.04     |
| <b>Total Assets and Deferred Outflows of Resources:</b> |                                         | 118,763.64       | 188,046.40    | 306,810.04     |
| <u>Fund Balance</u>                                     |                                         |                  |               |                |
| 05 704 0414                                             | FUND BALANCE/ART CLASS                  | 22.92            | 0.00          | 22.92          |
| 05 704 0434                                             | FUND BALANCE/CD                         | 2,359.00         | 0.00          | 2,359.00       |
| 05 704 4010                                             | FUND BALANCE - ATHLETICS                | (71,503.09)      | 141,004.98    | 69,501.89      |
| 05 704 4019                                             | FUND BALANCE - BOYS GOLF                | 1,991.00         | 0.00          | 1,991.00       |
| 05 704 4020                                             | FUND BALANCE - CONCESSION               | 1,481.45         | (544.90)      | 936.55         |
| 05 704 4030                                             | FUND BALANCE - NHS                      | 2,943.42         | 0.00          | 2,943.42       |
| 05 704 4040                                             | FUND BALANCE - SRC CLUB                 | 10,659.71        | 1,750.00      | 12,409.71      |
| 05 704 4050                                             | FUND BALANCE - CLASS OF 2027            | 3,944.49         | 0.00          | 3,944.49       |
| 05 704 4060                                             | FUND BALANCE - CLASS OF 2029            | 1,503.38         | 0.00          | 1,503.38       |
| 05 704 4070                                             | FUND BALANCE - JUST FOR KIDS            | 2,353.78         | 10.00         | 2,363.78       |
| 05 704 4080                                             | FUND BALANCE - CLASS OF 2028            | 3,015.08         | 0.00          | 3,015.08       |
| 05 704 4090                                             | FUND BALANCE - CLASS OF 2026            | 1,625.57         | 0.00          | 1,625.57       |
| 05 704 4100                                             | FUND BALANCE - YEARBOOK                 | 10,279.06        | 120.00        | 10,399.06      |
| 05 704 4110                                             | FUND BALANCE - MUSIC                    | (763.77)         | 6,350.00      | 5,586.23       |
| 05 704 4120                                             | FUND BALANCE - STUDENT COUNCIL          | 4,607.64         | 675.00        | 5,282.64       |
| 05 704 4130                                             | FUND BALANCE - DANCE TEAM               | 3,115.63         | (389.18)      | 2,726.45       |
| 05 704 4140                                             | FUND BALANCE - MEMORIALS                | 5,747.62         | 100.00        | 5,847.62       |
| 05 704 4150                                             | FUND BALANCE - DRUG & ALCHOL PREVENTION | 2,496.52         | 0.00          | 2,496.52       |
| 05 704 4160                                             | FUND BALANCE - SHOP                     | 17,519.45        | 0.00          | 17,519.45      |
| 05 704 4170                                             | FUND BALANCE - INTEREST                 | 8,910.60         | 163.22        | 9,073.82       |
| 05 704 4180                                             | FUND BALANCE - BOOK IT                  | 3,594.09         | 0.00          | 3,594.09       |
| 05 704 4190                                             | FUND BALANCE/SPEECH AND DRAMA           | (4,932.10)       | 10,000.00     | 5,067.90       |
| 05 704 4200                                             | FUND BALANCE - LAP TOP LEASE FEE        | 23,983.84        | 3,798.05      | 27,781.89      |
| 05 704 4210                                             | FUND BALANCE - WELLNESS CENTER          | 797.69           | 285.00        | 1,082.69       |
| 05 704 4220                                             | FUND BALANCE - FBLA                     | 7,927.28         | 0.00          | 7,927.28       |
| 05 704 4230                                             | FUND BALANCE - STAFF DEVELOPMENT        | (4,381.65)       | 10,393.50     | 6,011.85       |
| 05 704 4240                                             | FUND BALANCE - QUIZ BOWL                | 223.10           | 2,000.00      | 2,223.10       |
| 05 704 4250                                             | FUND BALANCE - ALUMNI                   | 2,710.87         | 0.00          | 2,710.87       |
| 05 704 4260                                             | FUND BALANCE - VIDEO BOARD              | 24,575.87        | 4,175.00      | 28,750.87      |
| 05 704 4270                                             | FUND BALANCE - FFA                      | 5,194.90         | (1,146.17)    | 4,048.73       |
| 05 704 4280                                             | FUND BALANCE - CIRCLE OF FRIENDS        | 3,640.94         | 0.00          | 3,640.94       |
| 05 704 4300                                             | FUND BALANCE - FACILITY RENTAL          | 2,490.00         | 0.00          | 2,490.00       |
| 05 704 4310                                             | FUND BALANCE - SUPERINTENDENT           | 3,287.51         | 0.00          | 3,287.51       |
| 05 704 4320                                             | FUND BALANCE - UNIFIED BOWLING          | 1,026.08         | 0.00          | 1,026.08       |
| 05 704 4330                                             | FUND BALANCE - 6-12 SPRING PLAY         | 1,208.46         | 5,000.00      | 6,208.46       |
| 05 704 4331                                             | FUND BALANCE - STUDENT OF THE MONTH     | 773.49           | 0.00          | 773.49         |
| 05 704 4332                                             | FUND BALANCE FACILITY RENTAL            | 625.00           | 0.00          | 625.00         |

| <u>Account Number</u>                                              | <u>Description</u>              | <u>Previous Balance</u> | <u>Current Month</u> | <u>Ending Balance</u> |
|--------------------------------------------------------------------|---------------------------------|-------------------------|----------------------|-----------------------|
| 05 704 4333                                                        | FUND BALANCE - YADA             | 1,311.32                | 0.00                 | 1,311.32              |
| 05 704 4400                                                        | FUND BALANCE - FOOTBALL OTHER   | 7,164.36                | 992.62               | 8,156.98              |
| 05 704 4410                                                        | FUND BALANCE - VOLLEYBALL OTHER | 7,906.56                | (26.72)              | 7,879.84              |
| 05 704 4420                                                        | FUND BALANCE - WRESTLING OTHER  | 1,068.61                | 0.00                 | 1,068.61              |
| 05 704 4430                                                        | FUND BALANCE - BOYS BB OTHER    | 8,204.10                | 0.00                 | 8,204.10              |
| 05 704 4440                                                        | FUND BALANCE - GIRLS BB OTHER   | 3,950.08                | 0.00                 | 3,950.08              |
| 05 704 4450                                                        | FUND BALANCE - DANCE OTHER      | 1,989.47                | 3,336.00             | 5,325.47              |
| 05 704 4460                                                        | FUND BALANCE - GOLF OTHER       | 90.00                   | 0.00                 | 90.00                 |
| 05 704 4470                                                        | FUND BALANCE - HUSKIE POWER     | 2,024.31                | 0.00                 | 2,024.31              |
| Fund Balance Subtotal:                                             |                                 | 118,763.64              | 188,046.40           | 306,810.04            |
| Total Liabilities, Deferred Inflows of Resources, and Fund Equity: |                                 | 118,763.64              | 188,046.40           | 306,810.04            |

- 38,000

268,810.04

|                                                        |                                          |                           |                        |                                      |                        |
|--------------------------------------------------------|------------------------------------------|---------------------------|------------------------|--------------------------------------|------------------------|
| Batch Description: AUGUST 2026, ACTIVITY FUND INVOICES |                                          | Processing Month: 08/2026 | Credit Card Vendor ID: | End of Fiscal Year Expense Invoices: |                        |
| Vendor ID: ALFSJOHN                                    | ALFS, JOHN                               | PO Number:                | Invoice Number: 8626   | Amount:                              | 426.00                 |
| Description:                                           |                                          | Invoice Date: 08/05/2026  | Due Date: 08/28/2026   | Status: PP                           | 1099 Amount: 0.00      |
| Sequence: 1                                            | Check Type: Check                        | Checking Account ID: 5    | Check Number: 15573    | Check Date: 08/06/2026               |                        |
| Chart of Account Number                                | <u>Detail Description</u>                | <u>Cost Center ID</u>     | <u>Detail Amount</u>   | <u>1099 Detail Amount</u>            | <u>Asset/Asset Tag</u> |
| 05 3200 610 000 4270 0 000                             | JUDGE AND MILEAGE FEE                    |                           | 426.00                 | N                                    | In Full                |
| Vendor ID: AMAZON                                      | AMAZON                                   | PO Number:                | Invoice Number: 81326  | Amount:                              | 382.69                 |
| Description:                                           |                                          | Invoice Date: 08/10/2026  | Due Date: 09/04/2026   | Status: PP                           | 1099 Amount: 0.00      |
| Sequence: 1                                            | Check Type: Check                        | Checking Account ID: 5    | Check Number: 15585    | Check Date: 08/13/2026               |                        |
| Chart of Account Number                                | <u>Detail Description</u>                | <u>Cost Center ID</u>     | <u>Detail Amount</u>   | <u>1099 Detail Amount</u>            | <u>Asset/Asset Tag</u> |
| 05 3200 610 000 4270 0 000                             | HOODED RAIN JACKETS                      |                           | 216.64                 | N                                    | In Full                |
| 05 3200 610 000 4011 0 000                             | HAND CLEANER, WHITENER STAIN REMOVER     |                           | 166.05                 | N                                    |                        |
| Vendor ID: BANDTRIP                                    | BAND TRIP FUND                           | PO Number:                | Invoice Number: 82126  | Amount:                              | 1,481.45               |
| Description:                                           |                                          | Invoice Date: 08/21/2026  | Due Date: 08/21/2026   | Status: PP                           | 1099 Amount: 0.00      |
| Sequence: 1                                            | Check Type: Check                        | Checking Account ID: 5    | Check Number: 15592    | Check Date: 08/21/2026               |                        |
| Chart of Account Number                                | <u>Detail Description</u>                | <u>Cost Center ID</u>     | <u>Detail Amount</u>   | <u>1099 Detail Amount</u>            | <u>Asset/Asset Tag</u> |
| 05 3200 610 000 4020 0 000                             | CONCESSION SPLIT                         |                           | 1,481.45               | N                                    | In Full                |
| Vendor ID: BRAUNMEL                                    | BRAUN, MELISSA                           | PO Number:                | Invoice Number: 82726  | Amount:                              | 180.00                 |
| Description:                                           |                                          | Invoice Date: 08/27/2026  | Due Date: 08/27/2026   | Status: PP                           | 1099 Amount: 180.00    |
| Sequence: 1                                            | Check Type: Check                        | Checking Account ID: 5    | Check Number: 15610    | Check Date: 08/27/2026               |                        |
| Chart of Account Number                                | <u>Detail Description</u>                | <u>Cost Center ID</u>     | <u>Detail Amount</u>   | <u>1099 Detail Amount</u>            | <u>Asset/Asset Tag</u> |
| 05 3200 150 000 4012 0 000                             | VOLLEYBALL OFFICIALS                     |                           | 180.00                 | N                                    | In Full                |
| Vendor ID: CHANCESR                                    | CHANCES R RESTAURANT                     | PO Number:                | Invoice Number: 81226  | Amount:                              | 129.26                 |
| Description:                                           |                                          | Invoice Date: 08/10/2026  | Due Date: 08/12/2026   | Status: PP                           | 1099 Amount: 0.00      |
| Sequence: 1                                            | Check Type: Check                        | Checking Account ID: 5    | Check Number: 15581    | Check Date: 08/12/2026               |                        |
| Chart of Account Number                                | <u>Detail Description</u>                | <u>Cost Center ID</u>     | <u>Detail Amount</u>   | <u>1099 Detail Amount</u>            | <u>Asset/Asset Tag</u> |
| 05 3200 610 000 4010 0 000                             | CRC MEETING MEAL                         |                           | 129.26                 | N                                    | In Full                |
| Vendor ID: CHANCESR                                    | CHANCES R RESTAURANT                     | PO Number:                | Invoice Number: 8626   | Amount:                              | 110.48                 |
| Description:                                           |                                          | Invoice Date: 08/06/2026  | Due Date: 08/06/2026   | Status: PP                           | 1099 Amount: 0.00      |
| Sequence: 1                                            | Check Type: Check                        | Checking Account ID: 5    | Check Number: 15575    | Check Date: 08/06/2026               |                        |
| Chart of Account Number                                | <u>Detail Description</u>                | <u>Cost Center ID</u>     | <u>Detail Amount</u>   | <u>1099 Detail Amount</u>            | <u>Asset/Asset Tag</u> |
| 05 3200 610 000 4010 0 000                             | MEAL FOR CRC MEETING                     |                           | 110.48                 | N                                    | In Full                |
| Vendor ID: CCHOSPITAL                                  | COLUMBUS COMMUNITY HOSPITAL              | PO Number:                | Invoice Number: 5727   | Amount:                              | 2,500.00               |
| Description:                                           |                                          | Invoice Date: 07/24/2026  | Due Date: 08/24/2026   | Status: PP                           | 1099 Amount: 0.00      |
| Sequence: 1                                            | Check Type: Check                        | Checking Account ID: 5    | Check Number: 15597    | Check Date: 08/24/2026               |                        |
| Chart of Account Number                                | <u>Detail Description</u>                | <u>Cost Center ID</u>     | <u>Detail Amount</u>   | <u>1099 Detail Amount</u>            | <u>Asset/Asset Tag</u> |
| 05 2900 340 000 0000 0 000                             | ATHLETIC TRAINER 1ST QUARTER INSTALLMENT |                           | 2,500.00               | N                                    | In Full                |

Invoice List Detail

|                                |                   |                                    |  |                          |                                       |                                           |
|--------------------------------|-------------------|------------------------------------|--|--------------------------|---------------------------------------|-------------------------------------------|
| <b>Vendor ID: COMPUHARDW</b>   |                   | <b>COMPUTER HARDWARE</b>           |  | <b>PO Number:</b>        | <b>Invoice Number: G27337, G27330</b> | <b>Amount:</b>                            |
| Description:                   |                   |                                    |  | Invoice Date: 07/20/2026 | Due Date: 08/20/2026                  | Status: PP 1099 Amount: 0.00              |
| Sequence: 1                    | Check Type: Check | Checking Account ID:               |  | 5                        | Check Number: 15571                   | Check Date: 08/04/2026                    |
| <u>Chart of Account Number</u> |                   | <u>Detail Description</u>          |  | <u>Cost Center ID</u>    | <u>Detail Amount</u>                  | <u>1099 Detail Amount Asset/Asset Tag</u> |
| 05 3200 610 000 4200 0 000     |                   | SERVICE AND REPAIRS LAP TOPS       |  |                          | 349.95                                | N                                         |
| <b>Vendor ID: CRC</b>          |                   | <b>CROSSROADS CONFERENCE</b>       |  | <b>PO Number:</b>        | <b>Invoice Number: CRC-2026-0</b>     | <b>Amount:</b>                            |
| Description:                   |                   |                                    |  | Invoice Date: 08/13/2026 | Due Date: 09/15/2026                  | Status: PP 1099 Amount: 0.00              |
| Sequence: 1                    | Check Type: Check | Checking Account ID:               |  | 5                        | Check Number: 15582                   | Check Date: 08/12/2026                    |
| <u>Chart of Account Number</u> |                   | <u>Detail Description</u>          |  | <u>Cost Center ID</u>    | <u>Detail Amount</u>                  | <u>1099 Detail Amount Asset/Asset Tag</u> |
| 05 3200 890 000 4010 0 000     |                   | CROSSROADS CONFERENCE DUES         |  |                          | 350.00                                | N                                         |
| <b>Vendor ID: CUBBYS</b>       |                   | <b>CUBBY'S</b>                     |  | <b>PO Number:</b>        | <b>Invoice Number: 81326</b>          | <b>Amount:</b>                            |
| Description:                   |                   |                                    |  | Invoice Date: 08/01/2026 | Due Date: 08/31/2026                  | Status: PP 1099 Amount: 0.00              |
| Sequence: 1                    | Check Type: Check | Checking Account ID:               |  | 5                        | Check Number: 15586                   | Check Date: 08/13/2026                    |
| <u>Chart of Account Number</u> |                   | <u>Detail Description</u>          |  | <u>Cost Center ID</u>    | <u>Detail Amount</u>                  | <u>1099 Detail Amount Asset/Asset Tag</u> |
| 05 3200 610 000 4400 0 000     |                   | DRINKS FOR CAMP                    |  |                          | 27.38                                 | N                                         |
| <b>Vendor ID: DASHRLLC</b>     |                   | <b>DASHR, LLC</b>                  |  | <b>PO Number:</b>        | <b>Invoice Number: 954</b>            | <b>Amount:</b>                            |
| Description:                   |                   |                                    |  | Invoice Date: 06/23/2026 | Due Date: 07/24/2026                  | Status: PP 1099 Amount: 0.00              |
| Sequence: 1                    | Check Type: Check | Checking Account ID:               |  | 5                        | Check Number: 15580                   | Check Date: 08/07/2026                    |
| <u>Chart of Account Number</u> |                   | <u>Detail Description</u>          |  | <u>Cost Center ID</u>    | <u>Detail Amount</u>                  | <u>1099 Detail Amount Asset/Asset Tag</u> |
| 05 3200 610 000 4010 0 000     |                   | EVENT GRAPHICS SYSTEM              |  |                          | 840.00                                | N                                         |
| <b>Vendor ID: FIELDSK</b>      |                   | <b>FIELDS, KEVIN</b>               |  | <b>PO Number:</b>        | <b>Invoice Number: 82426</b>          | <b>Amount:</b>                            |
| Description:                   |                   |                                    |  | Invoice Date: 08/21/2026 | Due Date: 08/24/2026                  | Status: PP 1099 Amount: 105.00            |
| Sequence: 1                    | Check Type: Check | Checking Account ID:               |  | 5                        | Check Number: 15594                   | Check Date: 08/24/2026                    |
| <u>Chart of Account Number</u> |                   | <u>Detail Description</u>          |  | <u>Cost Center ID</u>    | <u>Detail Amount</u>                  | <u>1099 Detail Amount Asset/Asset Tag</u> |
| 05 3200 150 000 4012 0 000     |                   | VOLLEYBALL OFFICIAL                |  |                          | 105.00                                | N                                         |
| <b>Vendor ID: FUEGO</b>        |                   | <b>FUEGO MEXICAN GRILL</b>         |  | <b>PO Number:</b>        | <b>Invoice Number: 8726</b>           | <b>Amount:</b>                            |
| Description:                   |                   |                                    |  | Invoice Date: 08/07/2026 | Due Date: 09/04/2026                  | Status: PP 1099 Amount: 0.00              |
| Sequence: 1                    | Check Type: Check | Checking Account ID:               |  | 5                        | Check Number: 15576                   | Check Date: 08/07/2026                    |
| <u>Chart of Account Number</u> |                   | <u>Detail Description</u>          |  | <u>Cost Center ID</u>    | <u>Detail Amount</u>                  | <u>1099 Detail Amount Asset/Asset Tag</u> |
| 05 3200 610 000 4230 0 000     |                   | LUNCH FOR STAFF IN SERVICE DAY     |  |                          | 1,606.50                              | N                                         |
| <b>Vendor ID: GIERHANB</b>     |                   | <b>GIERHAN, BRONSON</b>            |  | <b>PO Number:</b>        | <b>Invoice Number: 82426</b>          | <b>Amount:</b>                            |
| Description:                   |                   |                                    |  | Invoice Date: 08/21/2026 | Due Date: 08/27/2026                  | Status: PP 1099 Amount: 0.00              |
| Sequence: 1                    | Check Type: Check | Checking Account ID:               |  | 5                        | Check Number: 15595                   | Check Date: 08/24/2026                    |
| <u>Chart of Account Number</u> |                   | <u>Detail Description</u>          |  | <u>Cost Center ID</u>    | <u>Detail Amount</u>                  | <u>1099 Detail Amount Asset/Asset Tag</u> |
| 05 3200 150 000 4012 0 000     |                   | OFFICIAL VBALL                     |  |                          | 180.00                                | N                                         |
| <b>Vendor ID: HEARLANDCH</b>   |                   | <b>HEARTLAND CHAMPIONSHIPS LLC</b> |  | <b>PO Number:</b>        | <b>Invoice Number: 9093</b>           | <b>Amount:</b>                            |
| Description:                   |                   |                                    |  | Invoice Date: 08/18/2026 | Due Date: 10/15/2026                  | Status: PP 1099 Amount: 0.00              |
| Sequence: 1                    | Check Type: Check | Checking Account ID:               |  | 5                        | Check Number: 15598                   | Check Date: 08/25/2026                    |

Chart of Account Number  
05 3200 890 000 4130 0 000  
CHEER & DANCE CHAMPIONSHIP

Invoice List  
Detail  
Cost Center ID  
Detail Amount  
1099 Detail Amount  
Asset/Asset Tag  
N  
480.00  
In Full

Vendor ID: HENDERSONM HENDERSON, MICHAEL

Description:  
Sequence: 1 Check Type: Check  
Chart of Account Number  
05 3200 150 000 4011 0 000  
FOOTBALL OFFICIALS

PO Number:  
Invoice Date: 08/27/2026 Due Date: 08/28/2026 Status: PP 1099 Amount: 175.00  
Check Number: 15602 Check Date: 08/27/2026  
Cost Center ID  
Detail Amount  
1099 Detail Amount  
Asset/Asset Tag  
175.00  
175.00 N  
In Full

Amount:  
175.00

Vendor ID: HENSLEJRJ HENSLE, JERRY

Description:  
Sequence: 1 Check Type: Check  
Chart of Account Number  
05 3200 610 000 4270 0 000  
JUDGE AND MILEAGE

PO Number:  
Invoice Date: 08/05/2026 Due Date: 08/25/2026 Status: PP 1099 Amount: 0.00  
Check Number: 15574 Check Date: 08/06/2026  
Cost Center ID  
Detail Amount  
1099 Detail Amount  
Asset/Asset Tag  
85.00  
N  
In Full

Amount:  
85.00

Vendor ID: HINRICHSB HINRICHS, BAILEY

Description:  
Sequence: 1 Check Type: Check  
Chart of Account Number  
05 3200 610 000 4270 0 000  
JUDGE AND MILEAGE

PO Number:  
Invoice Date: 08/05/2026 Due Date: 08/25/2026 Status: PP 1099 Amount: 0.00  
Check Number: 15577 Check Date: 08/07/2026  
Cost Center ID  
Detail Amount  
1099 Detail Amount  
Asset/Asset Tag  
450.00  
N  
In Full

Amount:  
450.00

Vendor ID: HINRICHSST HINRICHS, THOMAS

Description:  
Sequence: 1 Check Type: Check  
Chart of Account Number  
05 3200 150 000 4011 0 000  
FOOTBALL OFFICIALS

PO Number:  
Invoice Date: 08/27/2026 Due Date: 08/28/2026 Status: PP 1099 Amount: 175.00  
Check Number: 15600 Check Date: 08/27/2026  
Cost Center ID  
Detail Amount  
1099 Detail Amount  
Asset/Asset Tag  
175.00  
175.00 N  
In Full

Amount:  
175.00

Vendor ID: HITCHENSRR HITCHENS, REID

Description:  
Sequence: 1 Check Type: Check  
Chart of Account Number  
05 3200 150 000 4011 0 000  
FOOTBALL OFFICIALS

PO Number:  
Invoice Date: 08/27/2026 Due Date: 08/28/2026 Status: PP 1099 Amount: 0.00  
Check Number: 15604 Check Date: 08/27/2026  
Cost Center ID  
Detail Amount  
1099 Detail Amount  
Asset/Asset Tag  
175.00  
N  
In Full

Amount:  
175.00

Vendor ID: HOPWOODKAS HOPWOOD, KASEY

Description:  
Sequence: 1 Check Type: Check  
Chart of Account Number  
05 3200 610 000 4410 0 000  
GAS FOR TOP 10

PO Number:  
Invoice Date: 07/29/2026 Due Date: 08/29/2026 Status: PP 1099 Amount: 0.00  
Check Number: 15572 Check Date: 08/06/2026  
Cost Center ID  
Detail Amount  
1099 Detail Amount  
Asset/Asset Tag  
51.72  
N  
In Full

Amount:  
51.72

Vendor ID: HUNNELZACH HUNNEL, ZACH

Description:  
Sequence: 1 Check Type: Check  
Chart of Account Number  
05 3200 150 000 4011 0 000  
FOOTBALL OFFICIALS

PO Number:  
Invoice Date: 08/27/2026 Due Date: 08/28/2026 Status: PP 1099 Amount: 175.00  
Check Number: 15603 Check Date: 08/27/2026  
Cost Center ID  
Detail Amount  
1099 Detail Amount  
Asset/Asset Tag  
175.00  
175.00 N  
In Full

Amount:  
175.00

Vendor ID: JUPHOTO JESSIE J PHOTOGRAPHY AND DESIGN

Description:  
Sequence: 1 Check Type: Check  
Chart of Account Number Detail Description  
05 3200 610 000 4012 0 000 VOLLEYBALL BANNERS AND POSTERS

PO Number:  
Invoice Date: 08/24/2026 Due Date: 09/24/2026 Status: PP 1099 Amount: 0.00  
Invoice Number: 82426  
Check Number: 15608 Check Date: 08/27/2026  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
200.00 N

Amount: 200.00

Vendor ID: KURTZERDEB KURTZER, DEB

Description:  
Sequence: 1 Check Type: Check  
Chart of Account Number Detail Description  
05 3200 150 000 4012 0 000 VOLLEYBALL OFFICIALS

PO Number:  
Invoice Date: 08/27/2026 Due Date: 08/27/2026 Status: PP 1099 Amount: 0.00  
Invoice Number: 82426  
Check Number: 15596 Check Date: 08/24/2026  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
180.00 N

Amount: 180.00

Vendor ID: MEDCO MEDCO SPORTS MEDICINE

Description:  
Sequence: 1 Check Type: Check  
Chart of Account Number Detail Description  
05 3200 610 000 4010 0 000 SUPPLIES FOR TRAINER

PO Number:  
Invoice Date: 06/23/2026 Due Date: 07/23/2026 Status: PP 1099 Amount: 0.00  
Invoice Number: 100169754,100180143  
Check Number: 15568 Check Date: 08/04/2026  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
2,050.35 N

Amount: 2,050.55

Vendor ID: MEDCO MEDCO SPORTS MEDICINE

Description:  
Sequence: 1 Check Type: Check  
Chart of Account Number Detail Description  
05 3200 610 000 4010 0 000 SUPPLIES FOR TRAINER

PO Number:  
Invoice Date: 06/30/2026 Due Date: 07/31/2026 Status: PP 1099 Amount: 0.00  
Invoice Number: 100206568  
Check Number: 15569 Check Date: 08/04/2026  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
325.00 N

Amount: 325.00

Vendor ID: MEDCO MEDCO SPORTS MEDICINE

Description:  
Sequence: 1 Check Type: Check  
Chart of Account Number Detail Description  
05 3200 610 000 4010 0 000 SUPPLIES FOR TRAINER

PO Number:  
Invoice Date: 07/10/2026 Due Date: 08/10/2026 Status: PP 1099 Amount: 0.00  
Invoice Number: 100236862  
Check Number: 15579 Check Date: 08/07/2026  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
524.63 N

Amount: 524.63

Vendor ID: MEDCO MEDCO SPORTS MEDICINE

Description:  
Sequence: 1 Check Type: Check  
Chart of Account Number Detail Description  
05 3200 610 000 4010 0 000 SUPPLIES FOR TRAINER

PO Number:  
Invoice Date: 08/01/2026 Due Date: 09/15/2026 Status: PP 1099 Amount: 0.00  
Invoice Number: 99069180,100296053  
Check Number: 15587 Check Date: 08/13/2026  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
106.04 N

Amount: 106.04

Vendor ID: MRGHAUFF MRG HAUFF

Description:  
Sequence: 1 Check Type: Check  
Chart of Account Number Detail Description  
05 3200 610 000 4010 0 000 MOUTHGUARD, HUSKY BOARD

PO Number:  
Invoice Date: 08/06/2026 Due Date: 09/05/2026 Status: PP 1099 Amount: 0.00  
Invoice Number: 192192, 200678  
Check Number: 15588 Check Date: 08/13/2026  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
2,705.69 N

Amount: 2,705.69

Vendor ID: MRGHAUFF MRG HAUFF

Description:  
Sequence: 1 Check Type: Check  
Chart of Account Number Detail Description  
05 3200 610 000 4010 0 000 MOUTHGUARD, HUSKY BOARD

PO Number:  
Invoice Date: 08/30/2026 Due Date: 07/31/2026 Status: PP 1099 Amount: 0.00  
Invoice Number: 203410,200105,200678  
Check Number: 15570 Check Date: 08/04/2026

Amount: 10,003.30

Chart of Account Number  
05 3200 610 000 4010 0 000  
JERSEYS TRACK, SPIKES, STARTING  
BLOCK

Vendor ID: MRGHAUFF  
Description:

Sequence: 1 Check Type: Check

Chart of Account Number  
05 3200 610 000 4010 0 000  
EMBROIDERED HUSKY LOGO

Vendor ID: NEHSSHOFF  
Description:

Sequence: 1 Check Type: Check

Chart of Account Number  
05 3200 890 000 4012 0 000  
VOLLEYBALL JAMBOREE

Vendor ID: NEWMAN  
Description:

Sequence: 1 Check Type: Check

Chart of Account Number  
05 3200 890 000 4270 0 000  
DISTRICT DUES

Vendor ID: ROLLINGTS  
Description:

Sequence: 1 Check Type: Check

Chart of Account Number  
05 3200 610 000 4270 0 000  
GROUND BEEF

Vendor ID: SCHUETHB  
Description:

Sequence: 1 Check Type: Check

Chart of Account Number  
05 3200 150 000 4012 0 000  
VOLLEYBALL OFFICIAL

Vendor ID: SCGC  
Description:

Sequence: 1 Check Type: Check

Chart of Account Number  
05 3200 890 000 4013 0 000  
GOLF ENTRY FEE

Vendor ID: SHIRTSAREU  
Description:

Sequence: 1 Check Type: Check

Chart of Account Number  
05 3200 610 000 4270 0 000  
SHIRTS FOR JUNE JAM

Invoice List

| Detail                   | Cost Center ID         | Detail Amount      | 1099 Detail Amount | Asset/Asset Tag | In Full |
|--------------------------|------------------------|--------------------|--------------------|-----------------|---------|
| 10,003.30                | N                      |                    |                    |                 |         |
| PO Number:               | Invoice Number:        | 205011             | Amount:            | 145.48          |         |
| Invoice Date: 08/20/2026 | Due Date: 09/20/2026   | Status: PP         | 1099 Amount: 0.00  |                 |         |
| Check Number: 15591      | Check Date: 08/21/2026 |                    |                    |                 |         |
| Cost Center ID           | Detail Amount          | 1099 Detail Amount | Asset/Asset Tag    | In Full         |         |
|                          | 145.48                 | N                  |                    |                 |         |
| PO Number:               | Invoice Number:        | 82526              | Amount:            | 457.00          |         |
| Invoice Date: 08/25/2026 | Due Date: 08/25/2026   | Status: PP         | 1099 Amount: 0.00  |                 |         |
| Check Number: 15599      | Check Date: 08/25/2026 |                    |                    |                 |         |
| Cost Center ID           | Detail Amount          | 1099 Detail Amount | Asset/Asset Tag    | In Full         |         |
|                          | 457.00                 | N                  |                    |                 |         |
| PO Number:               | Invoice Number:        | 81326              | Amount:            | 150.00          |         |
| Invoice Date: 08/10/2026 | Due Date: 09/15/2026   | Status: PP         | 1099 Amount: 0.00  |                 |         |
| Check Number: 15584      | Check Date: 08/13/2026 |                    |                    |                 |         |
| Cost Center ID           | Detail Amount          | 1099 Detail Amount | Asset/Asset Tag    | In Full         |         |
|                          | 150.00                 | N                  |                    |                 |         |
| PO Number:               | Invoice Number:        | 1307               | Amount:            | 98.53           |         |
| Invoice Date: 08/07/2026 | Due Date: 09/04/2026   | Status: PP         | 1099 Amount: 0.00  |                 |         |
| Check Number: 15583      | Check Date: 08/13/2026 |                    |                    |                 |         |
| Cost Center ID           | Detail Amount          | 1099 Detail Amount | Asset/Asset Tag    | In Full         |         |
|                          | 98.53                  | N                  |                    |                 |         |
| PO Number:               | Invoice Number:        | 82726              | Amount:            | 70.00           |         |
| Invoice Date: 08/24/2026 | Due Date: 08/27/2026   | Status: PP         | 1099 Amount: 0.00  |                 |         |
| Check Number: 15605      | Check Date: 08/27/2026 |                    |                    |                 |         |
| Cost Center ID           | Detail Amount          | 1099 Detail Amount | Asset/Asset Tag    | In Full         |         |
|                          | 70.00                  | N                  |                    |                 |         |
| PO Number:               | Invoice Number:        | 82726              | Amount:            | 100.00          |         |
| Invoice Date: 08/26/2026 | Due Date: 08/28/2026   | Status: PP         | 1099 Amount: 0.00  |                 |         |
| Check Number: 15607      | Check Date: 08/27/2026 |                    |                    |                 |         |
| Cost Center ID           | Detail Amount          | 1099 Detail Amount | Asset/Asset Tag    | In Full         |         |
|                          | 100.00                 | N                  |                    |                 |         |
| PO Number:               | Invoice Number:        | 1623               | Amount:            | 1,120.00        |         |
| Invoice Date: 06/09/2026 | Due Date: 08/09/2026   | Status: PP         | 1099 Amount: 0.00  |                 |         |
| Check Number: 15578      | Check Date: 08/07/2026 |                    |                    |                 |         |
| Cost Center ID           | Detail Amount          | 1099 Detail Amount | Asset/Asset Tag    | In Full         |         |
|                          | 1,120.00               | N                  |                    |                 |         |

|                                |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|
| Vendor ID: STEINERJ            |  |  |  |  |  |  |  |  |  | STEINER, JACQUELINE       |  |  |  |  |  |  |  |  |  | PO Number:            |  |  |  |  |  |  |  |  |  | Invoice Number: 82426 |  |  |  |  |  |  |  |  |  | Amount:                |  |  |  |  |  |  |  |  |  |
| Description:                   |  |  |  |  |  |  |  |  |  | Invoice Date:             |  |  |  |  |  |  |  |  |  | Due Date:             |  |  |  |  |  |  |  |  |  | Status: PP            |  |  |  |  |  |  |  |  |  | 1099 Amount: 105.00    |  |  |  |  |  |  |  |  |  |
| Sequence: 1                    |  |  |  |  |  |  |  |  |  | Check Type: Check         |  |  |  |  |  |  |  |  |  | Checking Account ID:  |  |  |  |  |  |  |  |  |  | Check Number: 15593   |  |  |  |  |  |  |  |  |  | Check Date: 08/24/2026 |  |  |  |  |  |  |  |  |  |
| <u>Chart of Account Number</u> |  |  |  |  |  |  |  |  |  | <u>Detail Description</u> |  |  |  |  |  |  |  |  |  | <u>Cost Center ID</u> |  |  |  |  |  |  |  |  |  | <u>Detail Amount</u>  |  |  |  |  |  |  |  |  |  | <u>Asset/Asset Tag</u> |  |  |  |  |  |  |  |  |  |
| 05 3200 150 000 4012 0 000     |  |  |  |  |  |  |  |  |  | VOLLEYBALL OFFICIAL       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  | 105.00                |  |  |  |  |  |  |  |  |  | 105.00 N               |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  | In Full                |  |  |  |  |  |  |  |  |  |
| Vendor ID: TIETZTYLER          |  |  |  |  |  |  |  |  |  | TIETZ, TYLER              |  |  |  |  |  |  |  |  |  | PO Number:            |  |  |  |  |  |  |  |  |  | Invoice Number: 82726 |  |  |  |  |  |  |  |  |  | Amount:                |  |  |  |  |  |  |  |  |  |
| Description:                   |  |  |  |  |  |  |  |  |  | Invoice Date:             |  |  |  |  |  |  |  |  |  | Due Date:             |  |  |  |  |  |  |  |  |  | Status: PP            |  |  |  |  |  |  |  |  |  | 1099 Amount: 175.00    |  |  |  |  |  |  |  |  |  |
| Sequence: 1                    |  |  |  |  |  |  |  |  |  | Check Type: Check         |  |  |  |  |  |  |  |  |  | Checking Account ID:  |  |  |  |  |  |  |  |  |  | Check Number: 15601   |  |  |  |  |  |  |  |  |  | Check Date: 08/27/2026 |  |  |  |  |  |  |  |  |  |
| <u>Chart of Account Number</u> |  |  |  |  |  |  |  |  |  | <u>Detail Description</u> |  |  |  |  |  |  |  |  |  | <u>Cost Center ID</u> |  |  |  |  |  |  |  |  |  | <u>Detail Amount</u>  |  |  |  |  |  |  |  |  |  | <u>Asset/Asset Tag</u> |  |  |  |  |  |  |  |  |  |
| 05 3200 150 000 4011 0 000     |  |  |  |  |  |  |  |  |  | FOOTBALL OFFICIALS        |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  | 175.00                |  |  |  |  |  |  |  |  |  | 175.00 N               |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  | In Full                |  |  |  |  |  |  |  |  |  |
| Vendor ID: VELASCOMAR          |  |  |  |  |  |  |  |  |  | VELASCO, MARITZA          |  |  |  |  |  |  |  |  |  | PO Number:            |  |  |  |  |  |  |  |  |  | Invoice Number: 82126 |  |  |  |  |  |  |  |  |  | Amount:                |  |  |  |  |  |  |  |  |  |
| Description:                   |  |  |  |  |  |  |  |  |  | Invoice Date:             |  |  |  |  |  |  |  |  |  | Due Date:             |  |  |  |  |  |  |  |  |  | Status: PP            |  |  |  |  |  |  |  |  |  | 1099 Amount: 0.00      |  |  |  |  |  |  |  |  |  |
| Sequence: 1                    |  |  |  |  |  |  |  |  |  | Check Type: Check         |  |  |  |  |  |  |  |  |  | Checking Account ID:  |  |  |  |  |  |  |  |  |  | Check Number: 15590   |  |  |  |  |  |  |  |  |  | Check Date: 08/21/2026 |  |  |  |  |  |  |  |  |  |
| <u>Chart of Account Number</u> |  |  |  |  |  |  |  |  |  | <u>Detail Description</u> |  |  |  |  |  |  |  |  |  | <u>Cost Center ID</u> |  |  |  |  |  |  |  |  |  | <u>Detail Amount</u>  |  |  |  |  |  |  |  |  |  | <u>Asset/Asset Tag</u> |  |  |  |  |  |  |  |  |  |
| 05 3200 610 000 4010 0 000     |  |  |  |  |  |  |  |  |  | CASH FOR MONEY BAGS       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  | 3,110.00              |  |  |  |  |  |  |  |  |  | N                      |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  | In Full                |  |  |  |  |  |  |  |  |  |
| Vendor ID: WESTPOINT           |  |  |  |  |  |  |  |  |  | WEST POINT PUBLIC SCHOOL  |  |  |  |  |  |  |  |  |  | PO Number:            |  |  |  |  |  |  |  |  |  | Invoice Number: 81926 |  |  |  |  |  |  |  |  |  | Amount:                |  |  |  |  |  |  |  |  |  |
| Description:                   |  |  |  |  |  |  |  |  |  | Invoice Date:             |  |  |  |  |  |  |  |  |  | Due Date:             |  |  |  |  |  |  |  |  |  | Status: PP            |  |  |  |  |  |  |  |  |  | 1099 Amount: 0.00      |  |  |  |  |  |  |  |  |  |
| Sequence: 1                    |  |  |  |  |  |  |  |  |  | Check Type: Check         |  |  |  |  |  |  |  |  |  | Checking Account ID:  |  |  |  |  |  |  |  |  |  | Check Number: 15589   |  |  |  |  |  |  |  |  |  | Check Date: 08/19/2026 |  |  |  |  |  |  |  |  |  |
| <u>Chart of Account Number</u> |  |  |  |  |  |  |  |  |  | <u>Detail Description</u> |  |  |  |  |  |  |  |  |  | <u>Cost Center ID</u> |  |  |  |  |  |  |  |  |  | <u>Detail Amount</u>  |  |  |  |  |  |  |  |  |  | <u>Asset/Asset Tag</u> |  |  |  |  |  |  |  |  |  |
| 05 3200 890 000 4013 0 000     |  |  |  |  |  |  |  |  |  | WEST POINT ENTRY FEE      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  | 100.00                |  |  |  |  |  |  |  |  |  | N                      |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  | In Full                |  |  |  |  |  |  |  |  |  |
| Vendor ID: WICKHAMSEA          |  |  |  |  |  |  |  |  |  | WICKHAM, SEAN             |  |  |  |  |  |  |  |  |  | PO Number:            |  |  |  |  |  |  |  |  |  | Invoice Number: 82726 |  |  |  |  |  |  |  |  |  | Amount:                |  |  |  |  |  |  |  |  |  |
| Description:                   |  |  |  |  |  |  |  |  |  | Invoice Date:             |  |  |  |  |  |  |  |  |  | Due Date:             |  |  |  |  |  |  |  |  |  | Status: PP            |  |  |  |  |  |  |  |  |  | 1099 Amount: 0.00      |  |  |  |  |  |  |  |  |  |
| Sequence: 1                    |  |  |  |  |  |  |  |  |  | Check Type: Check         |  |  |  |  |  |  |  |  |  | Checking Account ID:  |  |  |  |  |  |  |  |  |  | Check Number: 15606   |  |  |  |  |  |  |  |  |  | Check Date: 08/27/2026 |  |  |  |  |  |  |  |  |  |
| <u>Chart of Account Number</u> |  |  |  |  |  |  |  |  |  | <u>Detail Description</u> |  |  |  |  |  |  |  |  |  | <u>Cost Center ID</u> |  |  |  |  |  |  |  |  |  | <u>Detail Amount</u>  |  |  |  |  |  |  |  |  |  | <u>Asset/Asset Tag</u> |  |  |  |  |  |  |  |  |  |
| 05 3200 150 000 4012 0 000     |  |  |  |  |  |  |  |  |  | VOLLEYBALL OFFICIAL       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  | 70.00                 |  |  |  |  |  |  |  |  |  | N                      |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  | In Full                |  |  |  |  |  |  |  |  |  |
| Vendor ID: WIETFELD            |  |  |  |  |  |  |  |  |  | WIETFELD, KAREN           |  |  |  |  |  |  |  |  |  | PO Number:            |  |  |  |  |  |  |  |  |  | Invoice Number: 82726 |  |  |  |  |  |  |  |  |  | Amount:                |  |  |  |  |  |  |  |  |  |
| Description:                   |  |  |  |  |  |  |  |  |  | Invoice Date:             |  |  |  |  |  |  |  |  |  | Due Date:             |  |  |  |  |  |  |  |  |  | Status: PP            |  |  |  |  |  |  |  |  |  | 1099 Amount: 180.00    |  |  |  |  |  |  |  |  |  |
| Sequence: 1                    |  |  |  |  |  |  |  |  |  | Check Type: Check         |  |  |  |  |  |  |  |  |  | Checking Account ID:  |  |  |  |  |  |  |  |  |  | Check Number: 15609   |  |  |  |  |  |  |  |  |  | Check Date: 08/27/2026 |  |  |  |  |  |  |  |  |  |
| <u>Chart of Account Number</u> |  |  |  |  |  |  |  |  |  | <u>Detail Description</u> |  |  |  |  |  |  |  |  |  | <u>Cost Center ID</u> |  |  |  |  |  |  |  |  |  | <u>Detail Amount</u>  |  |  |  |  |  |  |  |  |  | <u>Asset/Asset Tag</u> |  |  |  |  |  |  |  |  |  |
| 05 3200 150 000 4012 0 000     |  |  |  |  |  |  |  |  |  | VOLLEYBALL OFFICIALS      |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  | 180.00                |  |  |  |  |  |  |  |  |  | 180.00 N               |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  | In Full                |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |
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# NOTICE OF BUDGET HEARING AND BUDGET SUMMARY

Shelby Rising City Public Schools (72 - 0032 ) In Polk County, Nebraska

PUBLIC NOTICE is hereby given, in compliance with the provisions of State Statute Sections 13-501 to 13-513, that the governing body will meet on the 16 day of September, 2026 at 7:00 o'clock, P.M., at Shelby High School, Room 402, Shelby NE for the purpose of hearing support, opposition, criticism, suggestions or observations of taxpayers relating to the following proposed budget and to consider amendments relative thereto. The budget detail is available at the office of the Clerk/Secretary during regular business hours. For more information on statewide receipts and expenditures, and to compare cost per pupil and performance to other school districts, go to: <https://nep.education.ne.gov>

| FUNDS                                 | Actual Disbursements & Transfers | Actual/Estimated Disbursements & Transfers | Budgeted Disbursements & Transfers | Necessary Cash Reserve (4) | Total Available Resources Before Property Taxes (5) | Total Personal and Real Property Tax Requirement (7) |
|---------------------------------------|----------------------------------|--------------------------------------------|------------------------------------|----------------------------|-----------------------------------------------------|------------------------------------------------------|
|                                       | 2024-2025 (1)                    | 2025-2026 (2)                              | 2026-2027 (3)                      |                            |                                                     |                                                      |
| General                               | \$ 8,244,694.00                  | \$ 9,990,424.00                            | \$ 9,830,935.00                    | \$ 766,065.00              | \$ 5,271,797.00                                     | \$ 5,378,993.00                                      |
| Depreciation                          | \$ 276,107.00                    | \$ 1,155,930.00                            | \$ 666,000.00                      |                            | \$ 666,000.00                                       |                                                      |
| Employee Benefit                      | \$ 49,742.00                     | \$ 55,000.00                               | \$ 55,765.00                       | \$ -                       | \$ 55,765.00                                        |                                                      |
| Contingency                           | \$ -                             | \$ -                                       | \$ -                               |                            | \$ -                                                |                                                      |
| Activities                            | \$ 329,940.00                    | \$ 400,000.00                              | \$ 606,503.00                      | \$ -                       | \$ 606,503.00                                       |                                                      |
| School Nutrition                      | \$ 253,867.00                    | \$ 260,600.00                              | \$ 358,137.00                      | \$ -                       | \$ 358,137.00                                       |                                                      |
| Bond                                  | \$ 901,194.00                    | \$ 925,000.00                              | \$ 2,007,156.00                    | \$ -                       | \$ 1,105,156.00                                     | \$ 911,111.00                                        |
| Special Building                      | \$ 35,173.00                     | \$ 40,000.00                               | \$ 128,662.00                      |                            | \$ 93,662.00                                        | \$ 35,354.00                                         |
| Qualified Capital Purpose Undertaking | \$ -                             | \$ -                                       | \$ -                               | \$ -                       | \$ -                                                | \$ -                                                 |
| Cooperative                           | \$ -                             | \$ -                                       | \$ -                               | \$ -                       | \$ -                                                |                                                      |
| Student Fee                           | \$ -                             | \$ -                                       | \$ -                               | \$ -                       | \$ -                                                |                                                      |
|                                       | \$ -                             | \$ -                                       | \$ -                               | \$ -                       | \$ -                                                |                                                      |
| <b>TOTALS</b>                         | <b>\$ 10,090,717.00</b>          | <b>\$ 12,826,954.00</b>                    | <b>\$ 13,653,158.00</b>            | <b>\$ 766,065.00</b>       | <b>\$ 8,157,020.00</b>                              | <b>\$ 6,325,458.00</b>                               |

| Breakdown of Property Tax |    |            | Bond Purposes |              | Non-Bond Purposes |              | Total |
|---------------------------|----|------------|---------------|--------------|-------------------|--------------|-------|
|                           | \$ | 911,111.00 | \$            | 5,414,347.00 | \$                | 6,325,458.00 |       |

## Notice of Special Hearing To Set Final Tax Request

Shelby Rising City Public Schools (72-\_\_0032\_\_) in Polk County, Nebraska

PUBLIC NOTICE is hereby given, in compliance with the provisions of State Statute Section 77-1632, that the governing body will meet on the 16 day of, September 2026 at 7:00 o'clock P.M., at Shelby High School, Room 402, Shelby NE for the purpose of hearing support, opposition, criticism, suggestions or observations of taxpayers relating to setting the final tax request.

| Property Valuations | 2025-2026     | 2026-2027     | Change |
|---------------------|---------------|---------------|--------|
|                     | 1,078,397,853 | 1,143,528,286 | 6%     |

### 2025-2026 Budget Information

### 2026-2027 Budget Information

| Fund                                                 | 2025-2026<br>Operating Budget | 2025-2026<br>Property Tax<br>Request | 2025<br>Tax Rate | Property Tax Rate<br>(2025-2026 Request<br>Divided By<br>2026 Valuation) | 2026-2027<br>Operating Budget | 2026-2027<br>Proposed Property<br>Tax Request | Proposed<br>2026<br>Tax Rate | Change<br>in Tax<br>Rate | Change in<br>Operating<br>Budget |
|------------------------------------------------------|-------------------------------|--------------------------------------|------------------|--------------------------------------------------------------------------|-------------------------------|-----------------------------------------------|------------------------------|--------------------------|----------------------------------|
| General Fund                                         | 10,000,348.00                 | 5,298,381.00                         | 0.491320         | 0.463336                                                                 | 9,830,935.00                  | 5,378,993.00                                  | 0.470386                     | -4%                      | -2%                              |
| Bond Fund(s) K - 12                                  | 1,998,139.00                  | 902,000.00                           | 0.083643         | 0.078879                                                                 | 2,007,156.00                  | 911,111.00                                    | 0.079675                     | -5%                      | 0%                               |
| Bond Fund(s) K - 8                                   |                               |                                      |                  |                                                                          |                               |                                               |                              |                          | 0                                |
| Bond Fund(s) 9 - 12                                  |                               |                                      |                  |                                                                          |                               |                                               |                              |                          | 0                                |
| Bond Fund                                            |                               |                                      |                  |                                                                          |                               |                                               |                              |                          | 0                                |
| Special Building Fund                                | 143,343.00                    | 53,919.00                            | 0.005000         | 0.004715                                                                 | 128,662.00                    | 35,354.00                                     | 0.003092                     | -38%                     | -10%                             |
| Qualified Capital Purpose<br>Undertaking Fund K - 12 |                               |                                      |                  |                                                                          |                               |                                               |                              |                          | 0                                |
| Qualified Capital Purpose<br>Undertaking Fund K - 8  |                               |                                      |                  |                                                                          |                               |                                               |                              |                          | 0                                |
| Qualified Capital Purpose<br>Undertaking Fund 9 - 12 |                               |                                      |                  |                                                                          |                               |                                               |                              |                          | 0                                |
| <b>Total</b>                                         | <b>12,141,830.00</b>          | <b>6,254,300.00</b>                  | <b>0.579962</b>  | <b>0.546930</b>                                                          | <b>11,966,753.00</b>          | <b>6,325,458.00</b>                           | <b>0.553153</b>              | <b>-5%</b>               | <b>-1%</b>                       |

**RESOLUTION SETTING THE PROPERTY TAX REQUEST**

**RESOLUTION NO. \_\_\_\_\_**

WHEREAS, Nebraska Revised Statute 77-1632 and 77-1633 provides that the Governing Body of Shelby Rising City Public Schools passes by a majority vote a resolution or ordinance setting the tax request; and

WHEREAS, a special public hearing was held as required by law to hear and consider comments concerning the property tax request;

NOW, THEREFORE, the Governing Body of Shelby Rising City Public Schools resolves that:

1. The 2026-2027 property tax request be set at:

|                           |    |              |
|---------------------------|----|--------------|
| General Fund:             | \$ | 5,378,993.00 |
| Bond Fund:                | \$ | 911,111.00   |
| Special Building Fund:    | \$ | 35,354.00    |
| Qualified Capital Purpose | \$ | -            |
| Undertaking Fund:         |    |              |

2. The total assessed value of property differs from last year's total assessed value by 6.04 percent.

3. The tax rate which would levy the same amount of property taxes as last year, when multiplied by the new total assessed value of property would be 0.54693 per \$100 of assessed value.

4. Shelby Rising City Public Schools proposes to adopt a property tax request that will cause its tax rate to be 0.553153 per \$100 of assessed value.

5. Based on the proposed property tax request and changes in other revenue, the total operating budget of Shelby Rising City Public Schools will increase (decrease) last year's budget by 0.52 percent.

6. A copy of this resolution be certified and forwarded to the County Clerk on or before October 15, 2026.

Motion by \_\_\_\_\_, seconded by \_\_\_\_\_ to adopt Resolution # \_\_\_\_\_.

Voting yes were:

Voting no were:

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Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2026