

AGENDA

School District #145 - Waverly Public Schools

1. OPENING OF THE MEETING

1. Public Hearing Regarding 2019-2020 Proposed Tax Levy

2. Call to Order

3. Open Meetings Act

4. Publication of Meeting

5. Roll Call

6. To excuse the absence of Scott Claycomb from the October 7, 2019 regular meeting
Passed with a motion by Board Member #1 and a second by Board Member #2.

7.

8. Pledge of Allegiance

2. APPROVAL OF AGENDA

1. Approve Agenda

2. Approval of the agenda for the meeting Passed with a motion by Board Member #1 and
a second by Board Member #2.

3.

3. REPORTS

1. Building / District Administrators

2. Superintendent

3. Board Reports

4. RECOGNITION OF VISITORS / OPEN FORUM

5. ACTION ITEMS

1. Consent Agenda

2. Approval of the consent agenda Passed with a motion by Board Member #1 and a second by Board Member #2.

3.

1. Meeting Minutes

2. Staff Resignations / Terminations

3. Staff Hires / Reassignments

4. Extra-Duty Assignments

5. Fund Balances

6. Fund Claims

7. Acceptance of Donations

4. Mid Term Graduation Requests

5. Approve the mid-term graduation requests (December 2019) for Waverly High School Seniors Cody Gilliland, Alexandra Rash, Michelle Beckstead, Rylee Crosgrove and Ella Gerlach Passed with a motion by Board Member #1 and a second by Board Member #2.
- 6.
7. WEA Negotiation Acknowledgement Letter

8. Recognize the Waverly Education Association as the sole and exclusive negotiating agent for the 2021-2022 school year Passed with a motion by Board Member #1 and a second by Board Member #2.
- 9.
10. Changes in Salary Schedule Placement for Certificated Staff

11. Approve changes in salary schedule placement, due to horizontal movement, for certificated staff Passed with a motion by Board Member #1 and a second by Board Member #2.
- 12.
13. 2019-2020 Property Tax Request

14. Modify the prior year's property tax requests and, pursuant to State Law, hereby sets the attached 2019 - 2020 property tax requests as specified in the attached 2019 - 2020 Property Tax Resolution Passed with a motion by Board Member #1 and a second by Board Member #2.
- 15.

16. Review Board Policies

17. Approve review of Board Policies 2100, 2120 and 2121 Passed with a motion by Board Member #1 and a second by Board Member #2.

18.

19. Declare Buses as Surplus

20. Declare buses #10 VIN# 1HVBBNMP0NH399549, 120,856 miles; #11 VIN# 1T7HP4B26W1156810, 193,944 miles; #15 VIN# 1HVBBNMN8MH355831, 312,493 miles; #16 VIN# 1HVBBPEP2NH456747, 273,025 miles; #20 VIN# 1HVBBAN5XH205662, 271,951 miles; and #28 VIN# 4UZAAXDC35CU83807, 230,558 miles as surplus and to advertise for bids or solicit offers for these buses Passed with a motion by Board Member #1 and a second by Board Member #2.

21.

22. PayFlex Section 125 Plan Document Revision

23. Approve the attached amended Section 125 Plan documents including a Health Flexible Spending Account and Dependent Care Flexible Spending Account effective September 1, 2019 and authorizing the Superintendent or Business Manager to sign the documents Passed with a motion by Board Member #1 and a second by Board Member #2.

24.

6. Discussion Items

1. NCSA Federal Education Report

2. NASB October Newsletter

3. School Board Area Membership Awards

4. Additional Information on Vision Insurance Program

5. Wheel Tax

7. Convene Closed Session

1. Convene Closed Session

2. Approve convening into closed session at 7:53 P.M. to discuss real estate matters and protect the public interest Passed with a motion by Board Member #1 and a second by Board Member #2.

3.

1. Restate Closed Session Reason

8. Reconvene to Open Session

1. Reconvene Open Session

2. To reconvene in open session at 8:48 P.M. Passed with a motion by Board Member #1 and a second by Board Member #2.

- 3.

9. Upcoming Board Activities

1. Committee Meetings

2. Board Meetings

3. Board Training/Development

10. Adjournment

11. For Your Information

Meeting Notice

Notice of Public Hearing and Regular Meeting
School District 145 (aka Waverly Public Schools)

Tax Request Hearing Notice

The School District 145-Waverly Board of Education will convene a public hearing at 7:00 p.m. on the 7th Day of October, 2019 at Eagle Elementary, Eagle, Nebraska for the purpose of hearing support, opposition, criticism, suggestions, or observations of taxpayers relating to setting the final tax request for the 2019-2020 school fiscal year.

The School District 145-Waverly Board of Education will convene in regular session immediately following the public hearing on Monday, October 7th, 2019, at Eagle Elementary, located at 600 South 1st Street in Eagle, Nebraska.

The agenda for this meeting, which shall be kept continually current, shall be readily available for public inspection at the School District 145-Waverly Central Office, located at 14511 Heywood Street, Waverly, Nebraska.

Posted this 2nd day of October, 2019.



Cory Worrell
Superintendent

Public Input to the Board

It is the policy of the Board of Education to provide for and encourage input from its various constituents in an appropriate and orderly fashion at regularly scheduled Board of Education meetings. The board is open to and encourages input on school issues from the public. The board would prefer that individuals or groups with school related concerns first attempt to resolve those concerns through established administrative channels.

1. Matters concerning an individual school shall be discussed first with the respective building administrator of the school.
2. If the matter is not resolved satisfactorily at the school level, it may then be brought to the Superintendent.
3. If the matter is not resolved satisfactorily at the Superintendent's level, it may then be brought before the board of education by:
 - a. Addressing the matter during Open Forum at a regular, monthly board meeting; individual presentations should be no longer than three (3) minutes and the total allotted Open Forum agenda time will be a maximum of thirty (30) minutes.
 - b. Requesting a formal agenda item by contacting the superintendent or board president on or before the Thursday prior to the regular, monthly meeting which, unless otherwise announced, will be on the first Monday of every month.
 - c. Submitting the matter in writing, said documentation can either be presented at the regular meeting or appended to the agenda, if received in the superintendent's office on the designated Thursday.
4. A response will be provided once the board has the opportunity to inquire about the matter. Possible board responses when appropriate may include, but are not limited to: directing the superintendent to address the matter; tabling for further study; appointing a temporary board committee to study and/or resolve the matter; scheduling a special meeting to hear the matter; or not taking action. Public input to the board is heard during Open Forum. Matters brought to the board in this fashion will be taken under advisement and not acted upon at that time.

Note: The chair will not allow complaints about individuals. There are appropriate channels to address such matters. Because of the potential of introducing bias into board hearings on termination cases, complaints on individual employees will be received by the board only through the Superintendent of schools.

Policy Adopted: 04/10/78
 Policy Revised: 03/07/88
 Policy Revised: 01/02/06
 Policy Revised: 11/03/08

SCHOOL DISTRICT 145
 WAVERLY, NEBRASKA

Board of Education Regular Meeting

Thursday, September 5, 2019 7:00 PM Central

Central Office Building
14511 Heywood
Waverly, NE 68462-0426

Scott Claycomb: Present

Andy Grosshans: Present

Robin Kappler: Present

Chad Kendall: Present

Cheryl Landon: Present

Jessica Zuniga: Present

Present: 6.

1. OPENING OF THE MEETING

1.1. Call to Order

The regular meeting of the School District 145 Board of Education was called to order on Thursday, September 5, 2019 at 7:00 P.M., at the Central Office Board Room, 14511 Heywood Street, Waverly, Nebraska.

1.2. Open Meetings Act

COPY OF OPEN MEETINGS ACT: The Board of Education makes available at least one current copy of the Open Meetings Act posted in the meeting room at a location accessible to members of the public. The Act is posted on the wall of the meeting room.

1.3. Publication of Meeting

Notice of the meeting was given in advance by posting in accordance with the Board of Education approved method for giving notice of meetings. Notice of this meeting was given in advance to all members of the Board of Education. Availability of the agenda was communicated in the posted notice and a current copy of the agenda was maintained as stated in the posted notice.

1.4. Roll Call

Board Members present for Roll Call are Scott Claycomb, Andy Grosshans, Robin Kappler, Chad Kendall, Cheryl Landon, and Jessica Zuniga.

1.5. Pledge of Allegiance

2. APPROVAL OF AGENDA

2.1. Approve Agenda

Approval of the agenda for the meeting passed with a motion by Scott Claycomb and a second by Jessica Zuniga. Scott Claycomb: Yea, Andy Grosshans: Yea, Robin Kappler: Yea, Chad Kendall: Yea, Cheryl Landon: Yea, Jessica Zuniga: Yea
Yea: 6, Nay: 0

3. REPORTS

3.1. Building / District Administrators

3.2. Superintendent

- NDE Early Childhood Program approval - letter attached

- Recycling Agreement - Have not seen this yet from the City of Waverly

- Eastern Midland Conference Information

- Current Enrollment - Official enrollment is taken on the last Friday in September and reported to NDE. Our current PK-12 enrollment as of Tuesday, September 3rd is 2103 students. This includes our K-12 enrollment of 2,072 and Pre K of 31 Eagle students. In year's past we have included Hamlow's Pre-K numbers. Since these students are not technically our students, I have not included them in these numbers like they have been in the past.

As of Tuesday, September 3rd, 2019 through Power School.

Eagle Elementary = 261 (K-5) + 31 EC = 292

Hamlow Elementary = 333 (K-5)

Waverly Intermediate School = 340 (3-5)

Waverly Middle School = 496 (6-8)

Waverly High School = 642 (9-12)

3.3. Board Reports

Policy Committee

Building, Grounds, Transportation Committee

Planning and Development Committee

Performance and Assessment Committee

Board Trainings/Activity/Events

4. RECOGNITION OF VISITORS / OPEN FORUM

The regular board meeting agenda provides for citizens to present information or to express opinions to the board through public comment.

5. ACTION ITEMS

5.1. Consent Agenda

Approval of the consent agenda passed with a motion by Cheryl Landon and a second by Chad Kendall. Scott Claycomb: Yea, Andy Grosshans: Yea, Robin Kappler: Yea, Chad Kendall: Yea, Cheryl Landon: Yea, Jessica Zuniga: Yea
Yea: 6, Nay: 0

5.1.1. Meeting Minutes

Approved the minutes from the August 5, 2019 Regular Meeting and the August 25, 2019 Special Meeting;

5.1.2. Staff Resignations / Terminations

Anthony Harms, 8th grade boys basketball coach, Waverly Middle School

5.1.3. Staff Hires / Reassignments

Kari Pagles, Paraprofessional, Waverly Middle School, 6.5 hrs. / day, \$12.00 hr., Replacement for LaVonne Guthard, Effective Date 8/14/19

Cynthia Anderson, Food Service, Waverly Middle School, 6.5 hrs. / day, \$11.65 hr., Replacement for Patricia Arellano, Effective date 8/12/19

Elizabeth Stevens, Food Service, Hamlow Elementary, 6.0 hrs. / day, \$11.15 hr., Replacement for Rhonda Manthei, Effective date 8/12/19

Rhona Manthei, Food Service, Waverly Intermediate School, 6 hrs., / day, \$11.93 hr., Replacement for Theresa West, Effective date 8/12/19

Kelly Everson, Paraprofessional, Hamlow Elementary, 6.0 hrs. / day, \$12.89 hr., Effective date 8/12/19

Tiffany Weekly, Paraprofessional, Hamlow Elementary, 6.0 hrs. / day, \$12.89 hr., Effective date 8/19/19

Jake Johnson, Custodian, Hamlow Elementary, 8.0 hrs. / day, \$13.89 hr., Effective date 7/15/19

Jennifer Patire, Paraprofessional, Waverly Intermediate School, 6.5 hrs. / day, \$12.00 hr.,

Replacement for Erin Ruskamp, Effective date 8/21/19

Jasmyn White, Paraprofessional, Waverly Middle School, 6.5 hrs. / day, \$12.00 hr., Replacement for Mary Doetker, Effective date 8/30/19

5.1.4. Extra-Duty Assignments

Adison Kerchal, Volleyball Coach, Waverly Middle School, Category IV, Level I, Replacement for Vicki Fehringer

MacKenzie Lee, 7th Grade Basketball Coach, Waverly Middle School, Category IV, Level 1, Replacement for Vicki Fehringer

Emily Finley, Volleyball Coach, Waverly Middle School, Category IV, Level II, Replacement for Maddy Jones

Laura Hilkemann, Assistant Track Coach, Waverly High School, Category VI, Level IV, Replacement for Ken Adkisson

Anthony Harms, Assistant Track Coach, Waverly High School, Category VI, Level I, Replacement for Mike Johnson

Sydney Webb, Middle School Cross Country Coach, Category IV, Level I, Replacement for Laura Hilkemann

Cindy Schmidt, Intramural Volleyball Coach, Waverly Middle School, Category I, Level III, Replacement for Brad Doering

Cindy Schmidt, Intramural Basketball Coach, Waverly Middle School, Category I, Level III, Replacement for Brad Doering

Jen Wilke, Elementary Music Performance, Category II, Level 4

Luke Tewes, Head Baseball Coach, Waverly High School, Category VII, Level II, Replacement for Kyle Parker

5.1.5. Fund Balances

Fund Balances as of August 31, 2019:

General Fund = \$9,459,083.73

Special Building Fund = \$1,066,373.85

Bond 2016 (Debt) = \$312,039.01

Bond 2015 (Debt) = \$446,259.76

Bond 2010 (Debt) = \$636,661.96

Bond 2008 (Debt) = \$209,323.07

Bond 2015 / 2016 Construction Proceeds = \$479,779.56

Bond 2011 A / B K - 8 = \$867,988.31
Bond 2011 C 9 - 12 (Debt) = \$473,926.37
Hot Lunch = \$347,391.12
2003 QCPUF = \$7,793.64
2010 QCPUF = \$67,904.43
2012 QCPUF = \$153,486.54
2013 QCPUF = \$337,534.48
Depreciation Fund = \$741,995.75

5.1.6. Fund Claims

Fund Claims for September 5, 2019:
Payroll, Imprest, and General Fund Claims = \$2,125,611.35
Special Building Fund Claims = \$36,829.23
Bond 2015 / 2016 Construction Proceeds Claims = \$60,252.10

5.1.7. Acceptance of Donations

5.2. Superintendent/Board Goals

Approve superintendent goals for the 2019-2020 school year passed with a motion by Robin Kappler and a second by Cheryl Landon. Scott Claycomb: Yea, Andy Grosshans: Yea, Robin Kappler: Yea, Chad Kendall: Yea, Cheryl Landon: Yea, Jessica Zuniga: Yea
Yea: 6, Nay: 0

5.3. Remove Board Policy

Approve removal of Board Policy 2010 passed with a motion by Scott Claycomb and a second by Robin Kappler. Scott Claycomb: Yea, Andy Grosshans: Yea, Robin Kappler: Yea, Chad Kendall: Yea, Cheryl Landon: Yea, Jessica Zuniga: Yea
Yea: 6, Nay: 0

5.4. Review Board Policies

Approve review of Board Policies 2000 and 2020 passed with a motion by Cheryl Landon and a second by Scott Claycomb. Scott Claycomb: Yea, Andy Grosshans: Yea, Robin Kappler: Yea, Chad Kendall: Yea, Cheryl Landon: Yea, Jessica Zuniga: Yea
Yea: 6, Nay: 0

5.5. Board of Education / Waverly Transportation Association Negotiated Agreement

Approve the Board of Education / Waverly Transportation Association Negotiated Agreement for 2019 - 2020 including a 3% hourly rate increase, 3% rate increase for bus washing, and a 3% rate increase for field trips passed with a motion by Chad Kendall and a second by Jessica Zuniga. Scott Claycomb: Yea, Andy Grosshans: Yea, Robin Kappler: Yea, Chad Kendall: Yea, Cheryl Landon: Yea, Jessica Zuniga: Yea

Yea: 6, Nay: 0

6. Discussion Items

6.1. WHS Theatre Company Schedule and Information

6.2. Voluntary Vision Insurance for Employees

6.3. NASB September Board Quicks

7. Convene Closed Session

7.1. Convene Closed Session

Approve convening into closed session at 7:54 P.M. to discuss real estate matters and protect the public interest passed with a motion by Scott Claycomb and a second by Robin Kappler.

Scott Claycomb: Yea, Andy Grosshans: Yea, Robin Kappler: Yea, Chad Kendall: Yea, Cheryl Landon: Yea, Jessica Zuniga: Yea

Yea: 6, Nay: 0

7.1.1. Restate Closed Session Reason

The Board of Education will convene in closed session to discuss real estate matters and to protect the public interest.

8. Reconvene to Open Session

8.1. Reconvene Open Session

To reconvene in open session at 8:22 P.M. passed with a motion by Cheryl Landon and a second by Chad Kendall. Scott Claycomb: Yea, Andy Grosshans: Yea, Robin Kappler: Yea, Chad Kendall: Yea, Cheryl Landon: Yea, Jessica Zuniga: Yea

Yea: 6, Nay: 0

9. Upcoming Board Activities

9.1. Committee Meetings

9.2. Board Meetings

The Budget Hearing meeting will be held on Monday, September 9th, 2019 at 8:00 p.m. at Central Office in Waverly.

The next regular board meeting is scheduled for Monday, October 7th, 2019 at 7:00 p.m. in Eagle.

9.3. Board Training/Development

10. Adjournment

President Grosshans adjourned the meeting at 8:28 P.M.

11. For Your Information

The School District #145 – Board of Education reserves the right to convene a Closed Session for purposes in accordance with §84-1410(1).



Recording Secretary

Attest: Board Secretary

Board of Education Special Meeting

Monday, September 9, 2019 8:00 PM Central

Central Office Building
14511 Heywood
Waverly, NE 68462-0426

Scott Claycomb: Present
Andy Grosshans: Present
Robin Kappler: Present
Chad Kendall: Present
Cheryl Landon: Present
Jessica Zuniga: Present

Present: 6.

1. OPENING OF THE MEETING

1.1. Public Hearing Regarding the 2019 - 2020 Proposed Budgets

At 8:00 P.M., on September 9, 2019, at the Central Office Board Room, 14511 Heywood Street, Waverly, Nebraska, President Andy Grosshans convened a public hearing for the purpose of hearing support, opposition, criticism, suggestions, or observations of taxpayers relating to the 2019 - 2020 proposed budgets, and to consider amendments relative thereto. Members present for roll call were Scott Claycomb, Andy Grosshans, Robin Kappler, Chad Kendall, Cheryl Landon, and Jessica Zuniga. Following the opportunity for audience comment, President Grosshans adjourned the meeting at 8:01 P.M.

1.2. Call to Order

The special meeting of the School District 145 Board of Education was called to order on Monday, September 9, 2019 at 8:01 P.M., at the Central Office Board Room, 14511 Heywood Street, Waverly, Nebraska.

1.3. Open Meetings Act

COPY OF OPEN MEETINGS ACT: The Board of Education makes available at least one current copy of the Open Meetings Act posted in the meeting room at a location accessible to members of the public. The Act is posted on the wall of the meeting room.

1.4. Publication of Meeting

Notice of the meeting was given in advance by posting in accordance with the Board of Education approved method for giving notice of meetings. Notice of this meeting was given in advance to all members of the Board of Education. Availability of the agenda was communicated in the posted notice and a current copy of the agenda was maintained as stated in the posted notice.

1.5. Roll Call

Board Members present for roll call were Scott Claycomb, Andy Grosshans, Robin Kappler, Chad Kendall, Cheryl Landon, and Jessica Zuniga.

1.6. Pledge of Allegiance

2. APPROVAL OF AGENDA

2.1. Approve Agenda

Approval of the agenda for the meeting passed with a motion by Cheryl Landon and a second by Robin Kappler. Scott Claycomb: Yea, Andy Grosshans: Yea, Robin Kappler: Yea, Chad Kendall: Yea, Cheryl Landon: Yea, Jessica Zuniga: Yea
Yea: 6, Nay: 0

3. Action Items

3.1. Approve 2019 - 2020 Budgets

2019 - 2020 Budgets

GENERAL FUND = \$25,038,388.00

with tax request including collection fee, at \$17,871,127.28

SPECIAL BUILDING FUND = \$2,684,248.83

with tax request including collection fee, at \$1,111,111.00

BOND FUND (REPAYMENT) = \$5,775,982.55

with tax request including collection fee, at \$2,532,814.00

QUALIFIED CAPITAL PURPOSE UNDERTAKING FUND = \$1,249,101.79

with tax request including collection fee, at \$606,961.00

DEPRECIATION FUND = \$742,580.85

SCHOOL NUTRITION = \$1,201,413.00

ACTIVITIES FUND = \$1,150,000.00

STUDENT FEES FUND = \$30,000.00

Approve the School District 145 Budgets for the 2019 - 2020 school year as presented passed with a motion by Jessica Zuniga and a second by Scott Claycomb. Scott Claycomb: Yea, Andy Grosshans: Yea, Robin Kappler: Yea, Chad Kendall: Yea, Cheryl Landon: Yea, Jessica Zuniga: Yea

Yea: 6, Nay: 0

3.2. Accept Resignation

Approve resignation of Jasmyn White as a Paraprofessional at Waverly Middle School effective immediately passed with a motion by Chad Kendall and a second by Scott Claycomb. Scott Claycomb: Yea, Andy Grosshans: Yea, Robin Kappler: Yea, Chad Kendall: Yea, Cheryl Landon: Yea, Jessica Zuniga: Yea

Yea: 6, Nay: 0

3.3. Out of State Trip Request

Approve request for the Waverly High School Band to attend the marching band competition in Sioux Falls, South Dakota on October 5th, 2019 passed with a motion by Cheryl Landon and a second by Robin Kappler. Scott Claycomb: Yea, Andy Grosshans: Yea, Robin Kappler: Yea, Chad Kendall: Yea, Cheryl Landon: Yea, Jessica Zuniga: Yea
Yea: 6, Nay: 0

4. Convene Closed Session

4.1. Convene Closed Session

4.1.1. Restate Closed Session Reason

5. Reconvene to Open Session

5.1. Reconvene Open Session

6. Adjournment

President Grosshans adjourned the meeting at 8:05 P.M.

7. For Your Information

The School District #145 – Board of Education reserves the right to convene a Closed Session for purposes in accordance with §84-1410(1).



Recording Secretary

Attest: Board Secretary

Fund Balances as of:
September 30, 2019

Fund	August 31, 2019	Receipts	Expenditures	September 30, 2019
General	9,459,083.73	2,418,800.72	2,137,224.35	9,740,660.10
Building	1,066,373.85	94,050.87	97,081.33	1,063,343.39
Bond 2016 (Debt)	312,039.01	50,611.68	-	362,650.69
Bond 2015 (Debt)	446,259.76	75,713.14	-	521,972.90
Bond 2010 (Debt)	636,661.96	34,124.65	-	670,786.61
Bond 2008 (Debt)	209,323.07	17.41	-	209,340.48
Bond 15 Construction	390,159.48	607.83	-	390,767.31
Bond 11 A/B K-8 Debt	867,988.31	94,180.52	-	962,168.83
Bond 11 C 9-12 Debt	473,926.37	21,981.44	-	495,907.81
Hot Lunch	347,391.12	115,118.23	102,290.65	360,218.70
2003 QCPUF	7,793.64	1.34	-	7,794.98
2010 QCPUF	67,904.43	7,382.19	-	75,286.62
2012 QCPUF	153,486.54	20,235.75	-	173,722.29
2013 QCPUF	337,534.48	46,005.41	-	383,539.89
Depreciation	741,995.75	60.89	-	742,056.64
Total	15,517,921.50	2,978,892.07	2,336,596.33	16,160,217.24

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
Checking	1			
Checking	1	Fund: 01	GENERAL FUND	
64710	ABBIE HUENINK			43.15
01 1200 333 0 000	MILEAGE	MILEAGE 8/21/19 CPI		43.15
1214	8/21/19	TRAINING		
			Vendor Total:	43.15
64711	ADAM BAUMAN			368.50
01 2230 430 0 000	EBAY 9/11/19	Lenovo Chromebook N21 Laptop Palmrest Ke		368.50
			Vendor Total:	368.50
64712	AIRGAS			68.27
01 1100 442 2 001	9964217531	CYLINDER RENTAL		68.27
1172			Vendor Total:	68.27
64713	ALLIED OIL & TIRE COMPANY			372.35
01 2710 430 0 000	455451-00	DEF FLUID, DIFF LUBE OIL		297.88
01 2712 430 0 000	455451-00	DEF FLUID, DIFF LUBE OIL		74.47
64713	ALLIED OIL & TIRE COMPANY			71.04
01 2710 430 0 000	456761-00	GREASE		71.04
			Vendor Total:	443.39
64714	AMAZON			143.47
01 2161 610 1 006	434736793393	POWERSHRED PERFORMANCE OIL		5.89
01 2161 610 1 006	434736793393	10-SHEETS CROSS-CUT PAPER AND CREDIT CAR		53.99
01 2161 610 1 006	434736793393	WATER BEADS RAINBOW MIX		11.99
01 2161 610 1 004	434736793393	LARGE POP UP TODDLER BALL PITS TENT		9.99
01 2161 610 1 004	434736793393	PLASTIC CUP AND BALL GAME		6.99
01 2161 610 1 004	434736793393	LIGHT PASTEL COLLECTION ERASABLE HIGHLIG		4.65
01 2161 610 1 003	434736793393	CHIHEE HAMMOCK CHAIR		29.99
01 2161 610 1 003	434736793393	CHIHEE STAINLESS STEEL HAMMOCK HANGER FO		11.99
01 2161 610 1 006	434736793393	PAPER SHREDDER SHARPENING & LUBRICANT SH		7.99
64714	AMAZON			175.21
01 1100 610 2 002	434869434339	AmazonBasics Carpet Chair Floor Mat with		66.16
1111				
01 1100 610 2 002	434869434339	Lorell Mobile File Cabinet, Black		54.99
1111				
01 1100 610 2 002	434869434339	S/H		54.06
1111				
64714	AMAZON			(6.85)
01 1200 610 1 006	436836879445	REFUND		(6.85)
1222				
64714	AMAZON			27.45
01 1100 610 2 002	443795543369	X-ACTO School Pro Electric sharpener		27.45
1108				
64714	AMAZON			233.88
01 2710 430 0 000	448567378575	CAR SEATS		233.88
64714	AMAZON			45.84
01 2320 610 0 000	456394666973	BLACK SHARPIE MARKERS		5.88
01 2320 610 0 000	456394666973	RECEIVED STAMP		9.99
01 2320 610 0 000	456394666973	PLASTIC ID BADGE HOLDERS		29.97
64714	AMAZON			32.45

BOARD REPORT FOR PERIOD ENDING OCTOBER 7, 2019

<u>Check #</u>	<u>Vendor Name</u>	<u>Amount</u>		<u>Amount</u>
<u>Account Number</u>	<u>Invoice</u>	<u>Description</u>		<u>Amount</u>
01 1200 610 2 001 1222	456949898879	Noise Cancelling headphones		17.45
01 1200 610 2 001 1222	456949898879	Dry Erase markers		15.00
	64714 AMAZON		109.99	
01 2410 610 1 004	457585887899	Traffic Cones - Safety Cones - 36" Orang		109.99
	64714 AMAZON		9.99	
01 1100 610 2 002 1111	458494439366	At a Glance Desk Calendar Desk Calendar		9.99
	64714 AMAZON		88.50	
01 1100 610 2 001 1153	458963746354	HUAOU 50mL Bolometric Flask with stopper		59.80
01 1100 610 2 001 1153	458963746354	Emoji Kickball hackey sacks		28.70
	64714 AMAZON		(21.89)	
01 2220 640 2 001	459656334963	REFUND		(21.89)
	64714 AMAZON		35.80	
01 1100 610 2 001 1153	459747643994	EXPO 80078 low odor dry erase set, chis		35.80
	64714 AMAZON		82.99	
01 2161 610 1 003	463835675536	HANGING HAMMOCK STANDS, C STAND		82.99
	64714 AMAZON		424.08	
01 2212 340 0 000	463843634966	Notice & Note: Strategies for Close Read		25.77
01 2212 340 0 000	463843634966	The Writing Revolution: A Guidee to Adva		18.78
01 2212 340 0 000	463843634966	The New Art and Science of Teaching		161.90
01 2212 340 0 000	463843634966	Disrupting THinking: Why How We Read Ma		27.53
01 2212 340 0 000	463843634966	Explicit Instruction: Effective and Eff		68.28
01 2212 340 0 000	463843634966	Handbook of Reading Research, Volume IV		37.99
01 2212 340 0 000	463843634966	Unlocking Literacy: Effective Decoding		35.22
01 2212 340 0 000	463843634966	Solving 25 Problems in Unit Design: How		11.68
01 2212 340 0 000	463843634966	The Understanding by Design Guide to Cre		19.47
01 2212 340 0 000	463843634966	Ensuring High Quality Curriculum: how t		17.46
	64714 AMAZON		118.20	
01 1100 610 2 001 1111	463957385675	150 Dark Burgundy Linen 80# Cover Paper		118.20
	64714 AMAZON		198.00	
01 2230 430 0 000	464789443775	Milwaukee 2401-22 M12 12- Volt Lithium-Io		198.00
	64714 AMAZON		48.73	
01 1100 610 2 002 1111	46786864498	Sharp Calculator EL1801V		48.73
	64714 AMAZON		75.51	
01 1100 610 2 001 1176	486759465578	Luxor Black Mobile Plastic 3 shelf AV Pr		75.51
	64714 AMAZON		195.75	

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
01 1100 610 2 002 1111	563939657539	Google Chromecast (3rd Generation)		70.00
01 1100 610 2 002 1111	563939657539	La Crosse Technology WT-3143A-INT 14-Inc		125.75
	64714 AMAZON		36.12	
01 2141 640 1 003	653878488648	ESSENTIALS OF DYSLEXIA ASSESSMENT AND IN		12.04
01 2141 640 1 004	653878488648	ESSENTIALS OF DYSLEXIA ASSESSMENT AND IN		12.04
01 2141 640 1 006	653878488648	ESSENTIALS OF DYSLEXIA ASSESSMENT AND IN		12.04
	64714 AMAZON		7.99	
01 1100 610 2 002 1169	694684786339	YELLOW POCKET FOLDERS		7.99
	64714 AMAZON		17.97	
01 1100 610 2 002 1169	733483786398	Plano 771 BAB 19-Inch Tool Box with Tray		17.97
	64714 AMAZON		30.50	
01 2410 610 1 004	748474943948	Caution Automatic Door and Push Button t		22.00
01 2410 610 1 004	748474943948	S/H		8.50
	64714 AMAZON		210.31	
01 2230 734 0 000	756865776553	AmazonBasics 3-Button USB Wired Computer		187.32
01 2230 430 0 000	756865776553	Sabrent USB 3.0 to SATA/IDE 2.5/3.5/5.25		22.99
	64714 AMAZON		9.99	
01 2212 340 0 000	767688659778	Better Learning Through Structured Teach		9.99
	64714 AMAZON		129.90	
01 2230 430 0 000	866933583563	10 AA Rechargeable HR6 2700mAh 1.2V NiMH		129.90
	64714 AMAZON		6.99	
01 1100 610 2 002 1111	935995445779	Sortkwik Fingertip Moisteners (3)		6.99
	64714 AMAZON		68.37	
01 1100 610 2 002 1111	959558949398	VicTsing Mouse Pad w/Stitched Edge Black		11.98
01 1100 610 2 002 1111	959558949398	Minimalism Art, Premium Notebook Journal		19.95
01 1100 610 2 002 1111	959558949398	Blu Monaco Office Supplies Desk Organize		22.87
01 1100 610 2 002 1111	959558949398	At a Glance Desk Calendar Refill 2019		6.58
01 1100 610 2 002 1111	959558949398	At a Glance Desk Calendar Refill 2020		6.99
	64714 AMAZON		68.32	
01 1100 610 2 001 1140	977675567976	GRAPH PAPERS		68.32
	64714 AMAZON		27.99	
01 1100 610 2 002 1108	997954689769	Wireless USB Trackball Mouse w/Laser Poi		27.99
				Vendor Total: 2,631.55
	64715 AMERICAN EXPRESS		196.20	
01 2320 810 0 000	FEES SEPT 19	FEES SEPT 19		196.20
	64715 AMERICAN EXPRESS		30.00	
01 2320 320 0 000	OPEN SKY	2019 FALL POLICY SYMPOSIUM		30.00

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
	8/23/19			
64715	AMERICAN EXPRESS			120.00
01 6412 735 0 000	THERAPLATFORM 9/15/19-10/15/19	PRO PLUS 9/15/19-10/15/19		120.00
64715	AMERICAN EXPRESS			44.99
01 2181 610 1 003	THERMOFORM 8/22/19	BRAILLE PAPER 11X11.5" - 1000 SHEETS		44.99
64715	AMERICAN EXPRESS			90.51
01 1200 610 1 006	WALMART 8/21/19	Hammock C Stand Steel Constuction for Ha		90.51
1222				
			Vendor Total:	481.70
64716	AMERICAN MESSAGING			43.03
01 2510 530 0 000	D3201922TI	SVS 9/1/19-9/30/19		43.03
64716	AMERICAN MESSAGING			43.05
01 2510 530 0 000	D3201922TJ	SVS 10/1/19-10/31/19		43.05
			Vendor Total:	86.08
64717	AMI HEFFELFINGER-MARX			2,800.00
01 1200 320 0 000	SVS 8/20/19-9/19/19	SVS 8/20/19-9/19/19		2,800.00
1215				
			Vendor Total:	2,800.00
64718	ANGIE COBELENS			30.60
01 2141 333 1 003	8/19-9/19	MILEAGE 8/19-9/19		6.12
01 2141 333 1 004	8/19-9/19	MILEAGE 8/19-9/19		6.12
01 2141 333 1 006	8/19-9/19	MILEAGE 8/19-9/19		6.12
01 2141 333 2 001	8/19-9/19	MILEAGE 8/19-9/19		6.12
01 2141 333 2 002	8/19-9/19	MILEAGE 8/19-9/19		6.12
			Vendor Total:	30.60
64719	APERTURE EDUCATION LLC			1,522.66
01 1200 735 1 004	INV-1194	DESSA Contract Renewal		1,356.00
1212				
01 1200 735 1 004	INV-1194	Support Fee-Hamlow		166.66
1212				
64719	APERTURE EDUCATION LLC			1,262.67
01 2120 735 1 003	INV-1194-	DESSA		1,262.67
64719	APERTURE EDUCATION LLC			1,534.67
01 1200 735 1 006	INV-1194.	DESSA Contract Renewal		1,368.00
1212				
01 1200 735 1 006	INV-1194.	Support Fee - WIS		166.67
1212				
			Vendor Total:	4,320.00
64720	ARBOR SCIENTIFIC			141.13
01 1100 733 2 002	431424	g Ball		35.00
1107				
01 1100 733 2 002	431424	Pocket Scale		90.00
1107				
01 1100 733 2 002	431424	Shipping&Handling		16.13
1107				
			Vendor Total:	141.13
64721	ASCA			164.00
01 1100 810 2 001	154148-19/20	Jason Boitnott professional dues		164.00
1111				
64721	ASCA			164.00
01 1100 810 2 001	154149-19/20	Kelly Verkamp professional dues		164.00
1111				
			Vendor Total:	328.00

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
64722	AUTO GLASS NATION, INC			372.00
01 2710 430 0 000	1-27168	WINDSHIELD BUS 4		372.00
			Vendor Total:	372.00
64723	BARNES & NOBLE			178.54
01 2220 640 2 001	3891730	Various Books		178.54
64723	BARNES & NOBLE			(3.47)
01 2220 640 2 001	3897044	Various Books		(3.47)
			Vendor Total:	175.07
64724	BECKY SCHROEDER			97.08
01 6408 333 0 000	8/15/19-9/19/19	MILEAGE 8/15/19-9/19/19		97.08
			Vendor Total:	97.08
64725	BELLEVUE EAST HIGH SCHOOL			150.00
01 1100 810 2 001	2019BECMI 1194	Competition Entry Fee		150.00
			Vendor Total:	150.00
64726	BLICK ART MATERIALS			259.59
01 1100 610 2 001	2027422	Electric Colored Pencil Sharpener		29.98
1190				
01 1100 610 2 001	2027422	Elmer's Glue Stick		37.05
1190				
01 1100 610 2 001	2027422	Loew- Cornell Storage Cup pack		6.28
1190				
01 1100 610 2 001	2027422	Bruynzeel Dutch Masters Pencils		16.98
1190				
01 1100 610 2 001	2027422	Plastic Water Cup		6.24
1190				
01 1100 610 2 001	2027422	Prismacolor Premier Double		144.51
1190				
01 1100 610 2 001	2027422	Blick Artist Tape		6.82
1190				
01 1100 610 2 001	2027422	Scotch Magic Transparent Tape		11.73
1190				
64726	BLICK ART MATERIALS			2.55
01 1100 610 2 001	2134286	Scotch Super Strength packaging tape		2.55
1190				
			Vendor Total:	262.14
64705	BLUE CROSS BLUE SHIELD			240,185.16
01 1100 281 1 003	OCT 19-0001	HEALTH BENEFITS		2,378.67
1100				
01 1100 281 1 004	OCT 19-0001	HEALTH BENEFITS		6,974.71
1100				
01 1100 281 1 003	OCT 19-0001	HEALTH BENEFITS		2,779.27
1101				
01 1100 281 1 004	OCT 19-0001	HEALTH BENEFITS		7,242.44
1101				
01 1100 281 1 003	OCT 19-0001	HEALTH BENEFITS		3,216.57
1102				
01 1100 281 1 004	OCT 19-0001	HEALTH BENEFITS		6,584.00
1102				
01 6408 281 2 000	OCT 19-0001	HEALTH BENEFITS		769.22
01 3540 281 1 003	OCT 19-0001	HEALTH BENEFITS		636.52
01 3535 281 0 000	OCT 19-0001	HEALTH BENEFITS		368.60
01 6200 281 1 003	OCT 19-0001	HEALTH BENEFITS		1,742.15
01 6200 281 1 004	OCT 19-0001	HEALTH BENEFITS		977.32
01 6310 281 1 006	OCT 19-0001	HEALTH BENEFITS		730.72
01 6408 281 1 000	OCT 19-0001	HEALTH BENEFITS		2,936.42

Check #	Vendor Name			Amount
Account	Number	Invoice	Description	Amount
01 2620 280 1 006		OCT 19-0001	HEALTH BENEFITS	668.50
01 2620 280 2 001		OCT 19-0001	HEALTH BENEFITS	334.25
01 2620 280 2 002		OCT 19-0001	HEALTH BENEFITS	334.25
01 2710 280 0 000		OCT 19-0001	HEALTH BENEFITS	668.50
01 2710 286 0 000		OCT 19-0001	HEALTH BENEFITS	318.26
01 2712 286 0 000		OCT 19-0001	HEALTH BENEFITS	318.26
01 2610 280 1 006		OCT 19-0001	HEALTH BENEFITS	1,337.00
01 2610 280 2 001		OCT 19-0001	HEALTH BENEFITS	3,342.50
01 2610 280 2 002		OCT 19-0001	HEALTH BENEFITS	2,005.50
01 2630 280 0 000		OCT 19-0001	HEALTH BENEFITS	2,005.50
01 2620 280 1 003		OCT 19-0001	HEALTH BENEFITS	668.50
01 2620 280 1 004		OCT 19-0001	HEALTH BENEFITS	668.50
01 2410 281 2 001		OCT 19-0001	HEALTH BENEFITS	3,589.70
01 2410 280 2 001		OCT 19-0001	HEALTH BENEFITS	1,337.00
01 2410 281 2 002		OCT 19-0001	HEALTH BENEFITS	1,794.85
01 2410 280 2 002		OCT 19-0001	HEALTH BENEFITS	1,337.00
01 2610 280 1 003		OCT 19-0001	HEALTH BENEFITS	1,337.00
01 2610 280 1 004		OCT 19-0001	HEALTH BENEFITS	1,337.00
01 2410 281 1 003		OCT 19-0001	HEALTH BENEFITS	1,794.85
01 2410 280 1 003		OCT 19-0001	HEALTH BENEFITS	668.50
01 2410 281 1 004		OCT 19-0001	HEALTH BENEFITS	1,794.85
01 2410 280 1 004		OCT 19-0001	HEALTH BENEFITS	668.50
01 2410 281 1 006		OCT 19-0001	HEALTH BENEFITS	1,794.85
01 2410 280 1 006		OCT 19-0001	HEALTH BENEFITS	668.50
01 2220 281 2 002		OCT 19-0001	HEALTH BENEFITS	1,223.77
01 2230 281 0 000		OCT 19-0001	HEALTH BENEFITS	1,794.85
01 2230 286 0 000		OCT 19-0001	HEALTH BENEFITS	2,005.50
01 2320 285 0 000		OCT 19-0001	HEALTH BENEFITS	1,794.85
01 2320 286 0 000		OCT 19-0001	HEALTH BENEFITS	1,794.85
01 2320 280 0 000		OCT 19-0001	HEALTH BENEFITS	1,838.37
01 2190 282 2 001		OCT 19-0001	HEALTH BENEFITS	668.50
01 2212 281 0 000		OCT 19-0001	HEALTH BENEFITS	1,177.54
01 2220 281 1 003		OCT 19-0001	HEALTH BENEFITS	1,393.72
01 2220 281 1 004		OCT 19-0001	HEALTH BENEFITS	1,045.29
01 2220 281 1 006		OCT 19-0001	HEALTH BENEFITS	1,045.29
01 2220 281 2 001		OCT 19-0001	HEALTH BENEFITS	1,474.42
01 2141 281 1 006		OCT 19-0001	HEALTH BENEFITS	358.97
01 2141 281 2 001		OCT 19-0001	HEALTH BENEFITS	358.97
01 2141 281 2 002		OCT 19-0001	HEALTH BENEFITS	358.97
01 2151 281 1 003		OCT 19-0001	HEALTH BENEFITS	1,474.42
01 2151 281 1 004		OCT 19-0001	HEALTH BENEFITS	871.08
01 2151 281 1 006		OCT 19-0001	HEALTH BENEFITS	871.07
01 2130 282 1 003		OCT 19-0001	HEALTH BENEFITS	28.96
01 2130 282 1 004		OCT 19-0001	HEALTH BENEFITS	668.50
01 2130 282 1 006		OCT 19-0001	HEALTH BENEFITS	668.50
01 2130 282 2 001		OCT 19-0001	HEALTH BENEFITS	668.50
01 2141 281 1 003		OCT 19-0001	HEALTH BENEFITS	358.97
01 2141 281 1 004		OCT 19-0001	HEALTH BENEFITS	358.97
01 2120 281 1 003		OCT 19-0001	HEALTH BENEFITS	652.42
01 2120 281 1 004		OCT 19-0001	HEALTH BENEFITS	1,742.15
01 2120 281 1 006		OCT 19-0001	HEALTH BENEFITS	1,105.46
01 2120 281 2 001		OCT 19-0001	HEALTH BENEFITS	2,639.57
01 2120 280 2 001		OCT 19-0001	HEALTH BENEFITS	668.50
01 2120 281 2 002		OCT 19-0001	HEALTH BENEFITS	1,304.85

BOARD REPORT FOR PERIOD ENDING OCTOBER 7, 2019

<u>Check #</u>	<u>Vendor Name</u>			<u>Amount</u>
<u>Account</u>	<u>Number</u>	<u>Invoice</u>	<u>Description</u>	<u>Amount</u>
01 1200 281 2 002 1221		OCT 19-0001	HEALTH BENEFITS	5,862.97
01 1200 281 1 004 1222		OCT 19-0001	HEALTH BENEFITS	871.08
01 1200 281 2 001 1222		OCT 19-0001	HEALTH BENEFITS	541.57
01 1200 281 2 002 1222		OCT 19-0001	HEALTH BENEFITS	1,304.85
01 1200 281 1 003 1223		OCT 19-0001	HEALTH BENEFITS	977.32
01 1200 281 2 001 1225		OCT 19-0001	HEALTH BENEFITS	1,105.46
01 1200 281 0 000 1214		OCT 19-0001	HEALTH BENEFITS	1,527.12
01 1200 282 0 000 1214		OCT 19-0001	HEALTH BENEFITS	167.13
01 1200 281 1 003 1221		OCT 19-0001	HEALTH BENEFITS	5,226.45
01 1200 281 1 004 1221		OCT 19-0001	HEALTH BENEFITS	2,345.49
01 1200 281 1 006 1221		OCT 19-0001	HEALTH BENEFITS	3,824.93
01 1200 281 2 001 1221		OCT 19-0001	HEALTH BENEFITS	2,110.94
01 1100 281 2 002 1193		OCT 19-0001	HEALTH BENEFITS	1,389.06
01 1100 281 1 003 1194		OCT 19-0001	HEALTH BENEFITS	87.11
01 1100 281 1 006 1194		OCT 19-0001	HEALTH BENEFITS	505.22
01 1100 281 2 001 1194		OCT 19-0001	HEALTH BENEFITS	1,149.82
01 1100 281 2 002 1194		OCT 19-0001	HEALTH BENEFITS	1,742.15
01 1200 281 2 001 1212		OCT 19-0001	HEALTH BENEFITS	897.43
01 1100 281 2 001 1190		OCT 19-0001	HEALTH BENEFITS	1,742.15
01 1100 281 2 002 1190		OCT 19-0001	HEALTH BENEFITS	1,742.15
01 1100 281 1 003 1193		OCT 19-0001	HEALTH BENEFITS	1,304.85
01 1100 281 1 004 1193		OCT 19-0001	HEALTH BENEFITS	988.27
01 1100 281 1 006 1194		OCT 19-0001	HEALTH BENEFITS	988.26
01 1100 281 2 001 1193		OCT 19-0001	HEALTH BENEFITS	574.91
01 1100 281 2 002 1174		OCT 19-0001	HEALTH BENEFITS	657.15
01 1100 281 2 001 1176		OCT 19-0001	HEALTH BENEFITS	3,188.14
01 1100 281 2 002 1176		OCT 19-0001	HEALTH BENEFITS	1,992.80
01 1100 281 1 003 1190		OCT 19-0001	HEALTH BENEFITS	184.13
01 1100 281 1 004 1190		OCT 19-0001	HEALTH BENEFITS	178.72
01 1100 281 1 006 1190		OCT 19-0001	HEALTH BENEFITS	178.72
01 1100 281 2 001 1169		OCT 19-0001	HEALTH BENEFITS	1,184.66

Check #	Vendor Name	Account Number	Invoice	Description	Amount
01 1100 281 2 002 1169			OCT 19-0001	HEALTH BENEFITS	937.76
01 1100 281 2 001 1170			OCT 19-0001	HEALTH BENEFITS	2,299.64
01 1100 281 2 002 1170			OCT 19-0001	HEALTH BENEFITS	1,105.46
01 1100 281 2 001 1172			OCT 19-0001	HEALTH BENEFITS	592.33
01 1100 281 2 001 1174			OCT 19-0001	HEALTH BENEFITS	740.66
01 1100 281 1 006 1160			OCT 19-0001	HEALTH BENEFITS	318.26
01 1100 281 1 003 1168			OCT 19-0001	HEALTH BENEFITS	1,474.42
01 1100 281 1 004 1168			OCT 19-0001	HEALTH BENEFITS	1,172.75
01 1100 281 1 006 1168			OCT 19-0001	HEALTH BENEFITS	1,172.75
01 1100 281 2 001 1168			OCT 19-0001	HEALTH BENEFITS	2,624.24
01 1100 281 2 002 1168			OCT 19-0001	HEALTH BENEFITS	1,982.48
01 1100 281 2 001 1130			OCT 19-0001	HEALTH BENEFITS	5,085.31
01 1100 281 2 001 1140			OCT 19-0001	HEALTH BENEFITS	6,117.24
01 1100 281 1 006 1150			OCT 19-0001	HEALTH BENEFITS	318.26
01 1100 281 2 001 1153			OCT 19-0001	HEALTH BENEFITS	6,537.41
01 1100 281 2 001 1155			OCT 19-0001	HEALTH BENEFITS	636.52
01 1100 281 1 003 1160			OCT 19-0001	HEALTH BENEFITS	3,031.10
01 1100 281 2 002 1106			OCT 19-0001	HEALTH BENEFITS	6,788.62
01 1100 281 2 002 1107			OCT 19-0001	HEALTH BENEFITS	6,399.29
01 1100 281 2 002 1108			OCT 19-0001	HEALTH BENEFITS	7,657.82
01 1100 281 2 001 1110			OCT 19-0001	HEALTH BENEFITS	7,061.97
01 1100 281 2 001 1114			OCT 19-0001	HEALTH BENEFITS	737.21
01 1100 281 2 001 1124			OCT 19-0001	HEALTH BENEFITS	3,372.11
01 1100 281 1 003 1103			OCT 19-0001	HEALTH BENEFITS	4,958.72
01 1100 281 1 006 1103			OCT 19-0001	HEALTH BENEFITS	5,595.07
01 1100 281 1 003 1104			OCT 19-0001	HEALTH BENEFITS	1,304.85
01 1100 281 1 006 1104			OCT 19-0001	HEALTH BENEFITS	3,963.31
01 1100 281 1 003 1105			OCT 19-0001	HEALTH BENEFITS	2,948.84
01 1100 281 1 006 1105			OCT 19-0001	HEALTH BENEFITS	6,165.24
				Vendor Total:	240,185.16
64727	BOOKOUTLET			253.70	
01 2220 640 2 002		IN000197680		Books . (Open PO)	253.70
				Vendor Total:	253.70

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
64728	BORDER STATES INDUSTRIES			172.80
01 2620 740 2 002	918578074	SUPPLIES		172.80
			Vendor Total:	172.80
64729	BRADY ROHLFS			100.00
01 1100 810 2 001	REIMB	NMEA CONF REGISTRATION		100.00
1194	10/8/19			
			Vendor Total:	100.00
64730	BUS PARTS WAREHOUSE			365.61
01 2710 430 0 000	IN115316	PARTS		365.61
			Vendor Total:	365.61
64731	C.A.R. ALLIANCE FOR SAFE TEEN DRIVING			190.00
01 1100 810 2 001	WVHS10008	Distracted Driving presentation to sopho		190.00
1111				
			Vendor Total:	190.00
64732	CASS COUNTY REFUSE			225.00
01 2620 430 1 003	799-0919	TRASH SVS 9/1/19-9/30/19		225.00
			Vendor Total:	225.00
64733	CENTERPOINT ENERGY SERVICES			2,486.75
01 2610 621 1 006	3853453	SVS 7/1/19-7/31/19		686.06
01 2610 621 1 004	3853453	SVS 7/1/19-7/31/19		39.18
01 2610 621 1 003	3853453	SVS 7/1/19-7/31/19		478.95
01 2610 621 2 001	3853453	SVS 7/1/19-7/31/19		1,250.36
01 2610 621 0 000	3853453	SVS 7/1/19-7/31/19		32.20
			Vendor Total:	2,486.75
64734	CHARTER COMMUNICATIONS			94.98
01 2230 430 0 000	010769009071	SVS 9/7/19-10/6/19		94.98
	9			
64734	CHARTER COMMUNICATIONS			60.30
01 2320 430 0 000	010815109101	SVS 9/10/19-10/9/19		60.30
	9			
			Vendor Total:	155.28
64735	CIPAFILTER			6,000.00
01 2230 734 0 000	INV252970	Cipafilter CF350.04		6,000.00
			Vendor Total:	6,000.00
64736	CITY OF WAVERLY			186.84
01 2610 410 1 006	1252001-0919	SVS 7/24/19-8/26/19		186.84
64736	CITY OF WAVERLY			110.75
01 2610 410 1 006	1254001-0919	SVS 7/24/19-8/26/19		110.75
64736	CITY OF WAVERLY			167.76
01 2610 410 0 000	1254501-0919	SVS 7/24/19-8/26/19		167.76
64736	CITY OF WAVERLY			238.83
01 2610 410 1 004	1521001-0919	SVS 7/24/19-8/26/19		238.83
64736	CITY OF WAVERLY			186.84
01 2610 410 2 001	1581001-0919	SVS 7/24/19-8/26/19		186.84
64736	CITY OF WAVERLY			186.84
01 2610 410 2 001	1582001-0919	SVS 7/24/19-8/26/19		186.84
64736	CITY OF WAVERLY			674.15
01 2610 410 2 001	1584001-0919	SVS 7/24/19-8/26/19		674.15
64736	CITY OF WAVERLY			403.02
01 2610 410 2 002	1584101-0919	SVS 7/24/19-8/26/19		403.02
64736	CITY OF WAVERLY			90.70

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
01 2610 410 0 000	1590501-0919	SVS 7/24/19-8/26/19		90.70
				Vendor Total: 2,245.73
64737 CLINT COLTON			1,450.00	
01 2630 430 1 004	S 0719	MOWING 7/2/19-7/26/19		250.00
01 2630 430 2 002	S 0719	MOWING 7/2/19-7/26/19		450.00
01 2630 430 2 001	S 0719	MOWING 7/2/19-7/26/19		750.00
				Vendor Total: 1,450.00
64738 COMPUTER HARDWARE, INC.			15,210.00	
01 2230 734 0 000	H25757	Lenovo 100e 11.6" Gen 2 4GB 32GB SSD		15,210.00
				Vendor Total: 15,210.00
64739 CORNHUSKER INTNL TRUCKS INC			240.00	
01 2710 430 0 000	141547	DIAGNOSTIC BUS 8		240.00
64739 CORNHUSKER INTNL TRUCKS INC			423.26	
01 2710 430 0 000	3340928	PARTS SEWARD BUS 3		423.26
64739 CORNHUSKER INTNL TRUCKS INC			17.50	
01 2710 430 0 000	3341037	HEADLIGHT WIRE, PIGTAIL		17.50
64739 CORNHUSKER INTNL TRUCKS INC			41.90	
01 2710 430 0 000	3341046	LIGHTS		41.90
64739 CORNHUSKER INTNL TRUCKS INC			86.03	
01 2710 430 0 000	3341124	TURBO ACTIVATOR RESEAL KIT BUS 6		86.03
64739 CORNHUSKER INTNL TRUCKS INC			3,746.14	
01 2710 430 0 000	3341199	TURBO BUS 6		3,746.14
64739 CORNHUSKER INTNL TRUCKS INC			108.04	
01 2710 430 0 000	3341273	TURBO MOUNTING STUDS, ETC BUS 6		108.04
				Vendor Total: 4,662.87
64740 CPI			778.05	
01 1200 640 0 000	CUS0192322	NCI REFRESHER WORKBOOK		678.30
1214				
01 1200 640 0 000	CUS0192322	NCI FOUNDATION WORKBOOK		99.75
1214				
64740 CPI			778.05	
01 2141 640 1 003	CUS0194631	NCI WORKBOOKS		155.61
01 2141 640 1 004	CUS0194631	NCI WORKBOOKS		155.61
01 2141 640 1 006	CUS0194631	NCI WORKBOOKS		155.61
01 2141 640 2 001	CUS0194631	NCI WORKBOOKS		155.61
01 2141 640 2 002	CUS0194631	NCI WORKBOOKS		155.61
				Vendor Total: 1,556.10
64741 CULLIGAN			490.21	
01 2320 610 0 000	94367-0919	WATER		34.50
01 2610 610 1 003	94367-0919	SALT		91.15
01 2610 610 1 004	94367-0919	SALT		91.14
01 2610 610 1 006	94367-0919	SALT		91.14
01 2610 610 2 001	94367-0919	SALT		91.14
01 2610 610 2 002	94367-0919	SALT		91.14
				Vendor Total: 490.21
64742 DAS STATE ACCOUNTING - CENTRAL FINANCE			229.32	
01 2230 340 0 000	1183024	SVS AUG 19		229.32
				Vendor Total: 229.32
64743 DEMCO			65.26	

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
01 2220 610 2 002	6673024	2 x 30 Book Tape		6.84
01 2220 610 2 002	6673024	S/H		9.95
01 2220 610 2 002	6673024	Flu. Green 7/8 x 2 3/8 labels		9.24
01 2220 610 2 002	6673024	Stick together Frog Poster		29.99
01 2220 610 2 002	6673024	7/8 x 2 3/8 Copper Label Protector		9.24
	64743 DEMCO		224.49	
01 2220 610 1 003	6673031	Scotch wall mounting tabs		6.94
01 2220 610 1 003	6673031	Glue Gun Sticks		12.69
01 2220 610 1 003	6673031	S/H		20.41
01 2220 610 1 003	6673031	Book Tape (2inX15 yds)		28.16
01 2220 610 1 003	6673031	Book tape (1.5inX15 yds)		22.56
01 2220 610 1 003	6673031	Demco Masking Tape		17.94
01 2220 610 1 003	6673031	chisel tip marker		2.98
01 2220 610 1 003	6673031	Post it notes		9.19
01 2220 610 1 003	6673031	Clear Glossy Label Protectors 1-1/2" x 3		103.62
				Vendor Total: 289.75
	64744 DENNIS SUPPLY COMPANY		10.91	
01 2620 740 2 001	LN01068698-001	SUPPLIES		10.91
				Vendor Total: 10.91
	64745 DIANE CHAPMAN		34.57	
01 2213 333 1 004	9/12/19	MILEAGE 9/12/19 VERBAL BEHAVIOR		34.57
				Vendor Total: 34.57
	64746 DIETZE MUSIC HOUSE		12.60	
01 1100 430 2 001	EY8640	Various repairs/music		12.60
1194				
	64746 DIETZE MUSIC HOUSE		70.95	
01 1100 430 2 001	EY9058	Various repairs/music		70.95
1194				
	64746 DIETZE MUSIC HOUSE		7.20	
01 1100 430 2 001	EY9740	Various repairs/music		7.20
1194				
	64746 DIETZE MUSIC HOUSE		547.00	
01 1100 430 2 001	EZ0276	Various repairs/music		547.00
1194				
	64746 DIETZE MUSIC HOUSE		255.26	
01 1100 430 2 001	EZ0738	Various repairs/music		255.26
1194				
	64746 DIETZE MUSIC HOUSE		198.90	
01 1100 430 2 001	EZ0850	Various repairs/music		198.90
1194				
	64746 DIETZE MUSIC HOUSE		51.16	
01 1100 430 2 001	EZ0882-0	Various repairs/music		51.16
1194				
	64746 DIETZE MUSIC HOUSE		76.74	
01 1100 430 2 001	EZ0914	Various repairs/music		76.74
1194				
	64746 DIETZE MUSIC HOUSE		27.00	
01 1100 430 2 001	QK1083-0	Various repairs/music		27.00
1194				
	64746 DIETZE MUSIC HOUSE		33.00	

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
01 1100 430 2 001 1194	QK6535	Various repairs/music		33.00
64746	DIETZE MUSIC HOUSE		280.00	
01 1100 430 2 001 1194	QK6536-0	Various repairs/music		280.00
64747	DIETZE MUSIC/OMAHA - na		9.48	
01 1100 640 2 002 1194	QK7765-4	Text Books (Open PO)		9.48
64747	DIETZE MUSIC/OMAHA - na		272.30	
01 1100 610 2 002 1194	QK7932	Music		272.30
64747	DIETZE MUSIC/OMAHA - na		23.50	
01 1100 610 2 002 1194	QL1197	Supplies		23.50
64748	DULTMEIER SALES LLC		202.13	
01 2630 430 2 002	3619152	SHURFLO PUMP		101.07
01 2630 430 2 001	3619152	SHURFLO PUMP		101.06
64749	EAKES OFFICE SOLUTIONS		3,934.82	
01 1100 733 2 002 1111	7843781-0	Focus, side chair, Mesh Back, Silver Fra		2,840.04
01 1100 733 2 002 1111	7843781-0	Focus, Side Chair, Mesh Back, Silver Fra		946.68
01 1100 733 2 002 1111	7843781-0	Shipping/Handling		148.10
64749	EAKES OFFICE SOLUTIONS		33.75	
01 2510 443 0 000	7866873-0	FAX PLAN OVERAGE		33.75
64749	EAKES OFFICE SOLUTIONS		2,032.19	
01 2510 443 0 000	INV153595	CONTRACT 6/1/19-8/31/19		2,032.19
64750	ECHO GROUP INC		(42.37)	
01 2620 740 1 006	S8161264.002	SUPPLIES		(42.37)
64750	ECHO GROUP INC		557.34	
01 2620 740 0 000	S8198382.001	SUPPLIES		557.34
64750	ECHO GROUP INC		18.74	
01 2620 740 0 000	S8201794.001	SUPPLIES		18.74
64751	ELECTRICAL ENGINEERING & EQUIPMENT CO		30.79	
01 2630 430 2 001	6533195-00	SUPPLIES		30.79
64751	ELECTRICAL ENGINEERING & EQUIPMENT CO		86.44	
01 2620 740 0 000	6556981-00	SUPPLIES		86.44
64752	ELECTRONIC CONTRACTING		81.00	
01 2620 430 1 003	LN050381	QTRLY MONITORING SEPT, OCT, NOV		81.00
64752	ELECTRONIC CONTRACTING		1,000.00	
01 2620 430 2 001	LN050418	SEMI ANNUAL FIRE ALARM INSPECTION		1,000.00
64752	ELECTRONIC CONTRACTING		983.00	
01 2620 430 2 002	LN050419	SEMI ANNUAL FIRE ALARM INSPECTION		983.00

Vendor Total: 1,559.81

Vendor Total: 305.28

Vendor Total: 202.13

Vendor Total: 6,000.76

Vendor Total: 533.71

Vendor Total: 117.23

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
	64752 ELECTRONIC CONTRACTING			189.00
01 2620 430 2 002	LN050443	BATTERIES		189.00
	64752 ELECTRONIC CONTRACTING			303.78
01 2620 430 2 001	LN050500	TROUBLE PANEL REPAIR		303.78
	64752 ELECTRONIC CONTRACTING			195.00
01 2620 430 2 001	LN050605	TROUBLE PANEL REPAIR		195.00
	64752 ELECTRONIC CONTRACTING			81.00
01 2620 430 2 001	LN050673	QTRLY MONITORING SEPT, OCT, NOV		81.00
	64752 ELECTRONIC CONTRACTING			81.00
01 2620 430 1 006	LN050674	QTRLY MONITORING SEPT, OCT, NOV		81.00
	64752 ELECTRONIC CONTRACTING			81.00
01 2620 430 2 002	LN05686	QTRLY MONITORING SEPT, OCT, NOV		81.00
			Vendor Total:	2,994.78
	64753 ELLSWORTH PUBLISHING CO			301.50
01 1100 735 2 002	36302	Keyboarding Mastery-100 Lic 1176		301.50
			Vendor Total:	301.50
	64754 ESU #10			448.89
01 1200 610 1 006	JUL 19	Unique Learning System Subscription		448.89
1221				
	64754 ESU #10			158.46
01 1200 610 2 002	JUL 2019	News 2 You Subscription Renewal for WMS		158.46
1221				
			Vendor Total:	607.35
	64755 ESU #4			7,000.00
01 2230 340 0 000	9142	DVLG ANNUAL DUES 2019-2020		7,000.00
			Vendor Total:	7,000.00
	64756 ESU #5			30.00
01 2230 320 0 000	1379	NEW POWERSCHOOL USERS WKSHOP		30.00
	64756 ESU #5			11,280.00
01 2230 340 0 000	1451	POWERSCHOOL CONSORTIUM ADMIN FEE 19/20		6,000.00
01 2230 340 0 000	1451	POWERSCHOOL CLOUD HOSTING		5,280.00
			Vendor Total:	11,310.00
	64757 ESU #6			7,268.53
01 2230 320 0 000	AUG 19	TECH HOSTED SVS		139.08
01 2230 735 0 000	AUG 19	SOPHOS ENDPOINT LICENSES		2,726.30
01 2230 735 0 000	AUG 19	SOPHOS SERVER LICENSES		326.40
01 2212 340 0 000	AUG 19	19/20 READING CONSULTANT SVS		3,990.00
01 1100 610 2 002	AUG 19	LAMINATING		18.00
1111				
01 1100 610 2 001	AUG 19	LAMINATING		43.75
1176				
01 1100 610 2 001	AUG 19	COMPOSITE		25.00
1111				
	64757 ESU #6			90.00
01 1100 610 2 001	AUG 2019	Excellance postcards		90.00
1111				
	64757 ESU #6			170.29
01 2230 320 0 000	SEPT 19	TECH HOSTED SVS		145.29

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
01 1100 610 2 001 1111	SEPT 19	COMPOSITE POSTER		25.00
	64758 EWELL EDUCATIONAL SERVICES			325.00
			Vendor Total:	7,528.82
01 1100 810 2 001 1172	NE117-50671	Subscription to the AET		325.00
	64759 FACTORY MOTOR PARTS			344.32
			Vendor Total:	325.00
01 2710 430 0 000	23-642159	FRONT WHEEL BEARINGS SUB 2		344.32
	64759 FACTORY MOTOR PARTS			452.23
01 2710 430 0 000	23-642406	BRAKE PARTS VAN 16		452.23
	64759 FACTORY MOTOR PARTS			50.32
01 2712 430 0 000	23-643398	GASKETS, O RINGS SUB 5		50.32
	64759 FACTORY MOTOR PARTS			56.74
01 2710 430 0 000	23-643751	BRAKE PADS, AIR FILTER SUB 2		56.74
	64759 FACTORY MOTOR PARTS			12.94
01 2710 430 0 000	23-643808	BRAKE CALIPER, PINS, SEALS SUB 2		12.94
	64760 FASTENAL COMPANY			59.08
			Vendor Total:	916.55
01 2620 739 0 000	NELIN354633	TOOLS		59.08
	64760 FASTENAL COMPANY			81.98
01 2620 740 2 001	NELIN354998	SUPPLIES		81.98
	64761 FIREFLY COMPUTERS			48.00
			Vendor Total:	141.06
01 2230 734 0 000	I000167728	Google Chrome OS Management Licenses - A		48.00
	64761 FIREFLY COMPUTERS			84.95
01 2230 430 0 000	I000167844	Lenovo 11 N23 Chromebook LCD Cable w/ Ca		84.95
	64761 FIREFLY COMPUTERS			2,160.00
01 2230 734 0 000	I000167895	Google Chrome OS Management Licenses - A		2,160.00
	64761 FIREFLY COMPUTERS			330.00
01 2230 562 0 000	I000168295	Lenovo 100e Chromebook 2nd Gen MTK - Rug		330.00
	64762 FLICKER PROMOTIONS			1,560.00
			Vendor Total:	2,622.95
01 2410 610 1 004	1686	Promotional Item: Awards, Signs & Trades		1,560.00
	64763 FOLLETT SCHOOL SOLUTIONS INC			1,956.32
			Vendor Total:	1,560.00
01 1100 640 2 002 1111	2427001A	LARS 2014 Big Ideas Math A Bridge to Suc		800.00
01 1100 640 2 002 1111	2427001A	TCI 2011 Geography Alive Regions and Peo		978.48
01 1100 640 2 002 1111	2427001A	Shipping		177.84
	64764 GENERAL FIRE AND SAFETY			534.00
			Vendor Total:	1,956.32
01 2620 430 1 004	I5696	ANNUAL FIRE EXTINGUISHER MAINT		534.00
	64764 GENERAL FIRE AND SAFETY			4,270.50
01 2620 430 1 003	I7672	ANNUAL FIRE EXTINGUISHER		1,067.62

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
01 2620 430 1 006	I7672	MAINT ANNUAL FIRE EXTINGUISHER		1,067.62
01 2620 430 2 001	I7672	MAINT ANNUAL FIRE EXTINGUISHER		1,067.63
01 2620 430 2 002	I7672	MAINT ANNUAL FIRE EXTINGUISHER		1,067.63
			Vendor Total:	4,804.50
64765 GLYNLYON INC			20,000.00	
01 1100 735 2 001 1155	OW39115655	FULL ODYSSEYWARE LIBRARY (RENEWAL) CONCU		20,000.00
			Vendor Total:	20,000.00
64766 GOPHER			1,063.64	
01 1100 733 2 002 1168	9639464	Badminton racquet, Aeroblade 3		89.70
01 1100 733 2 002 1168	9639464	Tube of 6 shuttlecocks		15.90
01 1100 733 2 002 1168	9639464	Onix pickleball paddles		119.70
01 1100 733 2 002 1168	9639464	One dozen pickleballs (orange)		34.95
01 1100 733 2 002 1168	9639464	Rainbow softex soccer balls		179.90
01 1100 733 2 002 1168	9639464	Rainbow softex footballs (set of 6)		69.95
01 1100 733 2 002 1168	9639464	ClassPlus 25-tube wall rack pack		399.00
01 1100 733 2 002 1168	9639464	Shipping & Handling		154.54
			Vendor Total:	1,063.64
64767 GRAINGER			24.52	
01 2620 740 1 003	9278711131	SUPPLIES		24.52
64767 GRAINGER			29.73	
01 2620 740 2 002	9307152075	SUPPLIES		29.73
			Vendor Total:	54.25
64768 GWELDA J CARLSON			480.00	
01 6412 340 0 000	SVS 9/3/19- 9/26/19	SVS 9/3/19-9/26/19		480.00
			Vendor Total:	480.00
64769 HARDWOOD HEAVEN			3,624.00	
01 1100 733 2 001 1170	163464	SawStop 52" T-Glide		3,149.00
01 1100 733 2 001 1170	163464	Dado Brake Cartridge		198.00
01 1100 733 2 001 1170	163464	Dado Lock Down Zero- Clearance insert		49.00
01 1100 733 2 001 1170	163464	Standard Brake Cartridge		79.00
01 1100 733 2 001 1170	163464	Standard lock down zero- clearance insert		49.00
01 1100 733 2 001 1170	163464	Shipping		100.00
			Vendor Total:	3,624.00
64770 HEGGERTY			1,283.84	
01 2212 640 0 000	CO00211	PHONEMIC AWARENESS CURRICULUM: ENGLISH K		639.92
01 2212 640 0 000	CO00211	PHONEMIC AWARENESS CURRICULUM: ENGLISH P		559.93
01 2212 640 0 000	CO00211	SHIPPING AND HANDLING		83.99

BOARD REPORT FOR PERIOD ENDING OCTOBER 7, 2019

<u>Check #</u>	<u>Vendor Name</u>		<u>Amount</u>		<u>Amount</u>	
<u>Account Number</u>	<u>Invoice</u>	<u>Description</u>			<u>Vendor Total:</u>	
	64771 HELENA AGRI-ENTERPRISES, LLC		425.00			1,283.84
01 2630 430 1 003	269052950	FERTILIZER		141.66		
01 2630 430 2 001	269052950	FERTILIZER		141.67		
01 2630 430 2 002	269052950	FERTILIZER		141.67		
	64771 HELENA AGRI-ENTERPRISES, LLC		850.00			
01 2630 430 2 001	269053146	PROMATE, ON DECK		425.00		
01 2630 430 2 002	269053146	PROMATE, ON DECK		425.00		
					Vendor Total:	1,275.00
	64772 HILLYARD/SIOUX FALLS		12,413.64			
01 2610 739 1 006	603589401	SCRUBBER, BATTERIES		12,413.64		
	64772 HILLYARD/SIOUX FALLS		671.19			
01 2610 340 1 004	700395526	MACHINE REPAIR, NEW BATTERIES		671.19		
					Vendor Total:	13,084.83
	64773 HOME DEPOT PRO, THE		43.82			
01 2630 430 1 003	507924652	SUPPLIES		8.76		
01 2630 430 1 004	507924652	SUPPLIES		8.76		
01 2630 430 1 006	507924652	SUPPLIES		8.76		
01 2630 430 2 001	507924652	SUPPLIES		8.77		
01 2630 430 2 002	507924652	SUPPLIES		8.77		
	64773 HOME DEPOT PRO, THE		45.02			
01 2620 740 0 000	508844016	SUPPLIES		45.02		
	64773 HOME DEPOT PRO, THE		39.08			
01 2610 610 1 006	509076295	SUPPLIES		39.08		
	64773 HOME DEPOT PRO, THE		21.88			
01 2610 610 1 004	509076303	SUPPLIES		21.88		
	64773 HOME DEPOT PRO, THE		278.93			
01 2610 610 2 001	509306122	SUPPLIES		278.93		
	64773 HOME DEPOT PRO, THE		18.72			
01 2610 610 1 004	509783494	SUPPLIES		18.72		
	64773 HOME DEPOT PRO, THE		322.49			
01 2610 610 1 004	510009962	SUPPLIES		322.49		
	64773 HOME DEPOT PRO, THE		177.36			
01 2610 610 1 006	510009970	SUPPLIES		177.36		
	64773 HOME DEPOT PRO, THE		66.29			
01 2610 610 1 006	510098494	SUPPLIES		66.29		
	64773 HOME DEPOT PRO, THE		13.40			
01 2610 610 1 006	510443070	SUPPLIES		13.40		
	64773 HOME DEPOT PRO, THE		249.90			
01 2610 610 2 001	510684459	SUPPLIES		249.90		
	64773 HOME DEPOT PRO, THE		24.69			
01 2610 610 2 001	510684467	SUPPLIES		24.69		
	64773 HOME DEPOT PRO, THE		8.91			
01 2610 610 1 003	510684475	SUPPLIES		8.91		
	64773 HOME DEPOT PRO, THE		458.00			
01 2610 610 1 003	510921430	SUPPLIES		458.00		
	64773 HOME DEPOT PRO, THE		138.24			
01 2610 610 1 006	510921448	SUPPLIES		138.24		
	64773 HOME DEPOT PRO, THE		261.94			
01 2610 610 1 004	511170524	SUPPLIES		261.94		

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
	64773 HOME DEPOT PRO, THE		146.00	
01 2610 610 1 006	511170532	SUPPLIES		146.00
	64773 HOME DEPOT PRO, THE		250.58	
01 2610 610 1 006	511170540	SUPPLIES		250.58
	64773 HOME DEPOT PRO, THE		971.38	
01 2610 610 1 003	511414237	SUPPLIES		971.38
	64773 HOME DEPOT PRO, THE		69.12	
01 2610 610 1 006	511414245	SUPPLIES		69.12
	64773 HOME DEPOT PRO, THE		1,077.80	
01 2610 610 2 001	511414252	SUPPLIES		1,077.80
	64773 HOME DEPOT PRO, THE		48.92	
01 2620 740 0 000	511665242	SUPPLIES		48.92
	64773 HOME DEPOT PRO, THE		26.25	
01 2610 610 1 006	511665259	SUPPLIES		26.25
	64773 HOME DEPOT PRO, THE		158.12	
01 2610 610 1 006	511876062	SUPPLIES		158.12
	64773 HOME DEPOT PRO, THE		18.15	
01 2610 610 1 006	512074782	SUPPLIES		18.15
	64773 HOME DEPOT PRO, THE		271.56	
01 2610 610 1 006	512839960	SUPPLIES		271.56
	64773 HOME DEPOT PRO, THE		242.36	
01 2610 610 1 004	512839978	SUPPLIES		242.36
	64773 HOME DEPOT PRO, THE		34.66	
01 2610 610 1 006	513083691	SUPPLIES		34.66
	64773 HOME DEPOT PRO, THE		1,342.05	
01 2610 610 2 002	513083709	SUPPLIES		1,342.05
	64773 HOME DEPOT PRO, THE		177.60	
01 2610 610 1 006	513083717	SUPPLIES		177.60
	64773 HOME DEPOT PRO, THE		23.88	
01 2610 610 2 002	513307694	SUPPLIES		23.88
	64773 HOME DEPOT PRO, THE		111.50	
01 2610 610 2 002	513526764	SUPPLIES		111.50
	64773 HOME DEPOT PRO, THE		18.48	
01 2610 610 2 001	513526772	SUPPLIES		18.48
	64773 HOME DEPOT PRO, THE		380.48	
01 2610 610 1 004	513872986	SUPPLIES		380.48
	64773 HOME DEPOT PRO, THE		561.03	
01 2610 610 2 001	514170984	SUPPLIES		561.03
	64773 HOME DEPOT PRO, THE		465.59	
01 2610 610 1 003	514170992	SUPPLIES		465.59
	64773 HOME DEPOT PRO, THE		437.46	
01 2610 610 1 006	514171008	SUPPLIES		437.46
				Vendor Total: 9,001.64
	64706 HOMETOWN LEASING		1,775.19	
01 2510 443 0 000	OCT 19-0001	COPIER LEASE PMT SEPT 19		1,775.19
				Vendor Total: 1,775.19
	64774 HOTSYS EQUIPMENT CO		301.50	
01 2710 430 0 000	297259	POWERWASHER SOAP		301.50
				Vendor Total: 301.50
	64775 HUNTEL COMMUNICATIONS INC		57.50	

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
01 2230 430 0 000	234994	TROUBLE W/ X3503 SHOWS BUSY		57.50
			Vendor Total:	57.50
	64776 HY-VEE, INC.			61.96
01 3400 610 2 001	5835233977	WATER AND SNACKS		61.96
			Vendor Total:	61.96
	64777 IDEAL PURE WATER			11.00
01 2710 610 0 000	182385	WATER		11.00
	64777 IDEAL PURE WATER			11.00
01 2710 610 0 000	182386	WATER		11.00
			Vendor Total:	22.00
	64778 INTELEPEER CLOUD COMMUNICATION LLC			342.21
01 2510 530 0 000	INV-167789	SVS 8/1/19-8/31/19		342.21
			Vendor Total:	342.21
	64779 INTERSTATE ALL BATTERY			48.39
01 2620 740 1 004	192470101775	BATTERIES		48.39
				123.00
	64779 INTERSTATE ALL BATTERY			123.00
01 2620 740 2 002	192470101778	BATTERIES		123.00
				68.40
	64779 INTERSTATE ALL BATTERY			68.40
01 2620 740 1 004	192470101784	BATTERIES		68.40
			Vendor Total:	239.79
	64780 JAYMAR BUSINESS FORMS, INC.			369.66
01 2320 610 0 000	057575	GENERAL FUND CHECKS		369.66
			Vendor Total:	369.66
	64781 JCI INDUSTRIES INC			2,325.00
01 2620 740 2 001	8184149	PUMP REPAIR		2,325.00
			Vendor Total:	2,325.00
	64782 JOHNSON HARDWARE CO			11.04
01 2620 740 1 003	0905574-IN	SUPPLIES		11.04
	64782 JOHNSON HARDWARE CO			30.30
01 2620 740 1 004	0906585-IN	SUPPLIES		30.30
	64782 JOHNSON HARDWARE CO			171.19
01 2620 740 1 006	0907055-IN	SUPPLIES		171.19
			Vendor Total:	212.53
	64783 JUNIOR LIBRARY GUILD			485.10
01 2220 640 2 002	467414	Level MM		249.90
01 2220 640 2 002	467414	Level SM		235.20
			Vendor Total:	485.10
	64784 JUST FOR KIDS THERAPY			996.79
01 1200 334 0 000	47	PT SVS		109.04
1215				
01 1200 320 0 000	47	PT SVS		787.25
1215				
01 6408 320 0 000	47	PT SVS		100.50
			Vendor Total:	996.79
	64785 KAPCO			86.90
01 1100 640 2 002	1386478	Kapco Easy Bind Repair Tape		28.66
1111				
01 1100 640 2 002	1386478	S/H		7.90
1111				
01 1100 640 2 002	1386478	Kaplam 12x400 laminate		50.34
1111				

Check #	Vendor Name	Amount		Amount	
Account Number	Invoice	Description		Vendor Total:	
64786	KERI COOPER		45.24		86.90
01 2320 333 0 000	9/26/19	MILEAGE PAYFLEX OPEN HOUSE		45.24	
				Vendor Total:	45.24
64787	KRIS SPATH		315.00		
01 3400 610 2 001	NCE CONF 19	NCE CONF REG		315.00	
				Vendor Total:	315.00
64707	KUBOTA LEASING		575.57		
01 2620 732 0 000	OCT 19-0001	UTV LEASE PMT OCT 19		575.57	
				Vendor Total:	575.57
64788	KYLA BLUM		7,757.56		
01 1200 320 0 000	8/21/19-9/20/19	SVS 8/21/19-9/20/19		7,462.00	
1215					
01 1200 334 0 000	8/21/19-9/20/19	SVS 8/21/19-9/20/19		295.56	
1215					
				Vendor Total:	7,757.56
64789	LAKESHORE LEARNING MATERIALS		99.96		
01 2410 610 1 004	1657650919	Classroom Magnetic Letters Kit (In store)		99.96	
				Vendor Total:	99.96
64790	LD PRODUCTS		43.99		
01 1100 610 2 002	SIP-010121478	Magenta Toner for HP4700n		43.99	
1111				Vendor Total:	43.99
64791	LINCOLN ELECTRIC SYSTEM		2,319.22		
01 2610 622 2 001	023814703-0919	SVS 8/1/19-8/31/19		2,319.22	
64791	LINCOLN ELECTRIC SYSTEM		6,722.03		
01 2610 622 2 002	023832404-0919	SVS 8/1/19-8/31/19		6,722.03	
64791	LINCOLN ELECTRIC SYSTEM		3,532.64		
01 2610 622 2 002	023832504-0919	SVS 8/1/19-8/31/19		3,532.64	
64791	LINCOLN ELECTRIC SYSTEM		20,747.56		
01 2610 622 2 001	942809903-0919	SVS 8/1/19-8/31/19		20,747.56	
64791	LINCOLN ELECTRIC SYSTEM		29.83		
01 2610 622 1 006	944800203-0919	SVS 8/22/19-9/19/19		29.83	
64791	LINCOLN ELECTRIC SYSTEM		3,137.76		
01 2610 622 1 006	944800303-0919	SVS 8/1/19-8/31/19		3,137.76	
64791	LINCOLN ELECTRIC SYSTEM		380.05		
01 2610 622 1 006	944800403-0919	SVS 8/22/19-9/19/19		380.05	
64791	LINCOLN ELECTRIC SYSTEM		132.44		
01 2610 622 1 006	944800503-0919	SVS 8/22/19-9/19/19		132.44	
64791	LINCOLN ELECTRIC SYSTEM		27.65		
01 2610 622 1 006	944800603-0919	SVS 8/22/19-9/19/19		27.65	
64791	LINCOLN ELECTRIC SYSTEM		3,289.35		
01 2610 622 1 006	944800703-0919	SVS 8/1/19-8/31/19		3,289.35	
64791	LINCOLN ELECTRIC SYSTEM		97.50		

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
01 2610 622 1 006	944800803-0919	SVS 8/22/19-9/19/19		97.50
64791	LINCOLN ELECTRIC SYSTEM			171.75
01 2610 622 0 000	944800903-0919	SVS 8/22/19-9/19/19		171.75
64791	LINCOLN ELECTRIC SYSTEM			157.68
01 2610 622 0 000	944801003-0919	SVS 8/22/19-9/19/19		157.68
64791	LINCOLN ELECTRIC SYSTEM			3,754.52
01 2610 622 1 004	944801103-0919	SVS 8/1/19-8/31/19		3,754.52
			Vendor Total:	44,499.98
64792	LINCOLN WINLECTRIC CO			443.00
01 2620 740 2 002	394654 02	SUPPLIES		443.00
64792	LINCOLN WINLECTRIC CO			302.85
01 2620 740 2 001	398415 01	SUPPLIES		302.85
			Vendor Total:	745.85
64793	LTR/TOWING			368.00
01 2710 430 0 000	96738	SEWARD BUS 3		368.00
			Vendor Total:	368.00
64708	MADISON NATIONAL LIFE INSURANCE CO INC			401.14
01 6408 281 2 000	LIFE- OCT - 0002	LIFE INSURANCE		2.62
01 3540 211 1 003	LIFE- OCT - 0002	LIFE INSURANCE		2.40
01 3535 211 0 000	LIFE- OCT - 0002	LIFE INSURANCE		0.60
01 6200 211 1 003	LIFE- OCT - 0002	LIFE INSURANCE		2.40
01 6200 211 1 004	LIFE- OCT - 0002	LIFE INSURANCE		2.40
01 6310 211 1 006	LIFE- OCT - 0002	LIFE INSURANCE		1.34
01 6408 281 1 000	LIFE- OCT - 0002	LIFE INSURANCE		4.34
01 2410 211 1 004	LIFE- OCT - 0002	LIFE INSURANCE		3.00
01 2410 211 1 006	LIFE- OCT - 0002	LIFE INSURANCE		3.00
01 2410 211 2 001	LIFE- OCT - 0002	LIFE INSURANCE		7.50
01 2410 211 2 002	LIFE- OCT - 0002	LIFE INSURANCE		6.00
01 2710 216 0 000	LIFE- OCT - 0002	LIFE INSURANCE		0.75
01 2712 216 0 000	LIFE- OCT - 0002	LIFE INSURANCE		0.75
01 2220 211 2 001	LIFE- OCT - 0002	LIFE INSURANCE		2.40
01 2220 211 2 002	LIFE- OCT - 0002	LIFE INSURANCE		1.99
01 2230 211 0 000	LIFE- OCT - 0002	LIFE INSURANCE		3.00
01 2320 215 0 000	LIFE- OCT - 0002	LIFE INSURANCE		6.00
01 2320 216 0 000	LIFE- OCT - 0002	LIFE INSURANCE		3.00
01 2410 211 1 003	LIFE- OCT -	LIFE INSURANCE		3.00

<u>Check #</u>	<u>Vendor Name</u>	<u>Invoice</u>	<u>Description</u>	<u>Amount</u>	<u>Amount</u>
		0002			
01 2151 211 1 006		LIFE- OCT -	LIFE INSURANCE		1.20
		0002			
01 2190 211 2 001		LIFE- OCT -	LIFE INSURANCE		1.50
		0002			
01 2212 211 0 000		LIFE- OCT -	LIFE INSURANCE		9.00
		0002			
01 2220 211 1 003		LIFE- OCT -	LIFE INSURANCE		1.92
		0002			
01 2220 211 1 004		LIFE- OCT -	LIFE INSURANCE		1.44
		0002			
01 2220 211 1 006		LIFE- OCT -	LIFE INSURANCE		1.44
		0002			
01 2141 211 1 004		LIFE- OCT -	LIFE INSURANCE		0.48
		0002			
01 2141 211 1 006		LIFE- OCT -	LIFE INSURANCE		0.48
		0002			
01 2141 211 2 001		LIFE- OCT -	LIFE INSURANCE		0.48
		0002			
01 2141 211 2 002		LIFE- OCT -	LIFE INSURANCE		0.48
		0002			
01 2151 211 1 003		LIFE- OCT -	LIFE INSURANCE		2.40
		0002			
01 2151 211 1 004		LIFE- OCT -	LIFE INSURANCE		1.20
		0002			
01 2120 211 1 003		LIFE- OCT -	LIFE INSURANCE		1.20
		0002			
01 2120 211 1 004		LIFE- OCT -	LIFE INSURANCE		2.40
		0002			
01 2120 211 1 006		LIFE- OCT -	LIFE INSURANCE		2.40
		0002			
01 2120 211 2 001		LIFE- OCT -	LIFE INSURANCE		3.60
		0002			
01 2120 211 2 002		LIFE- OCT -	LIFE INSURANCE		2.40
		0002			
01 2141 211 1 003		LIFE- OCT -	LIFE INSURANCE		0.48
		0002			
01 1200 211 2 002		LIFE- OCT -	LIFE INSURANCE		7.20
1221		0002			
01 1200 211 1 004		LIFE- OCT -	LIFE INSURANCE		1.20
1222		0002			
01 1200 211 2 001		LIFE- OCT -	LIFE INSURANCE		2.40
1222		0002			
01 1200 211 2 002		LIFE- OCT -	LIFE INSURANCE		2.40
1222		0002			
01 1200 211 1 003		LIFE- OCT -	LIFE INSURANCE		2.40
1223		0002			
01 1200 211 2 001		LIFE- OCT -	LIFE INSURANCE		2.40
1225		0002			
01 1200 211 2 001		LIFE- OCT -	LIFE INSURANCE		1.20
1212		0002			
01 1200 211 0 000		LIFE- OCT -	LIFE INSURANCE		3.00
1214		0002			
01 1200 211 1 003		LIFE- OCT -	LIFE INSURANCE		7.20
1221		0002			
01 1200 211 1 004		LIFE- OCT -	LIFE INSURANCE		3.60
1221		0002			
01 1200 211 1 006		LIFE- OCT -	LIFE INSURANCE		7.20
1221		0002			
01 1200 211 2 001		LIFE- OCT -	LIFE INSURANCE		10.97
1221		0002			

Check #	Vendor Name		Amount	
Account	Number	Invoice	Description	Amount
01 1100 211 2 001	1193	LIFE- OCT - 0002	LIFE INSURANCE	0.79
01 1100 211 2 002	1193	LIFE- OCT - 0002	LIFE INSURANCE	2.02
01 1100 211 1 003	1194	LIFE- OCT - 0002	LIFE INSURANCE	0.12
01 1100 211 1 006	1194	LIFE- OCT - 0002	LIFE INSURANCE	0.70
01 1100 211 2 001	1194	LIFE- OCT - 0002	LIFE INSURANCE	1.58
01 1100 211 2 002	1194	LIFE- OCT - 0002	LIFE INSURANCE	2.40
01 1100 211 1 006	1190	LIFE- OCT - 0002	LIFE INSURANCE	0.79
01 1100 211 2 001	1190	LIFE- OCT - 0002	LIFE INSURANCE	2.40
01 1100 211 2 002	1190	LIFE- OCT - 0002	LIFE INSURANCE	2.40
01 1100 211 1 003	1193	LIFE- OCT - 0002	LIFE INSURANCE	2.40
01 1100 211 1 004	1193	LIFE- OCT - 0002	LIFE INSURANCE	1.80
01 1100 211 1 006	1193	LIFE- OCT - 0002	LIFE INSURANCE	1.80
01 1100 211 2 001	1174	LIFE- OCT - 0002	LIFE INSURANCE	2.64
01 1100 211 2 002	1174	LIFE- OCT - 0002	LIFE INSURANCE	2.02
01 1100 211 2 001	1176	LIFE- OCT - 0002	LIFE INSURANCE	2.65
01 1100 211 2 002	1176	LIFE- OCT - 0002	LIFE INSURANCE	2.81
01 1100 211 1 003	1190	LIFE- OCT - 0002	LIFE INSURANCE	0.82
01 1100 211 1 004	1190	LIFE- OCT - 0002	LIFE INSURANCE	0.79
01 1100 211 2 002	1168	LIFE- OCT - 0002	LIFE INSURANCE	4.80
01 1100 211 2 001	1169	LIFE- OCT - 0002	LIFE INSURANCE	1.63
01 1100 211 2 002	1169	LIFE- OCT - 0002	LIFE INSURANCE	2.40
01 1100 211 2 001	1170	LIFE- OCT - 0002	LIFE INSURANCE	3.17
01 1100 211 2 002	1170	LIFE- OCT - 0002	LIFE INSURANCE	4.80
01 1100 211 2 001	1172	LIFE- OCT - 0002	LIFE INSURANCE	0.82
01 1100 211 1 003	1160	LIFE- OCT - 0002	LIFE INSURANCE	6.00
01 1100 211 1 006	1160	LIFE- OCT - 0002	LIFE INSURANCE	1.20
01 1100 211 1 003	1168	LIFE- OCT - 0002	LIFE INSURANCE	2.40
01 1100 211 1 004	1168	LIFE- OCT - 0002	LIFE INSURANCE	1.80
01 1100 211 1 006	1168	LIFE- OCT - 0002	LIFE INSURANCE	1.80
01 1100 211 2 001	1168	LIFE- OCT - 0002	LIFE INSURANCE	3.98
01 1100 211 2 001	1124	LIFE- OCT - 0002	LIFE INSURANCE	7.61

Check #	Vendor Name	Amount
Account Number	Invoice Description	Amount
01 1100 211 2 001 1130	LIFE- OCT - LIFE INSURANCE 0002	10.83
01 1100 211 2 001 1140	LIFE- OCT - LIFE INSURANCE 0002	11.40
01 1100 211 1 006 1150	LIFE- OCT - LIFE INSURANCE 0002	1.20
01 1100 211 2 001 1153	LIFE- OCT - LIFE INSURANCE 0002	12.00
01 1100 211 2 001 1155	LIFE- OCT - LIFE INSURANCE 0002	2.40
01 1100 211 2 002 1106	LIFE- OCT - LIFE INSURANCE 0002	15.98
01 1100 211 2 002 1107	LIFE- OCT - LIFE INSURANCE 0002	13.58
01 1100 211 2 002 1108	LIFE- OCT - LIFE INSURANCE 0002	13.99
01 1100 211 2 001 1110	LIFE- OCT - LIFE INSURANCE 0002	12.79
01 1100 211 2 001 1114	LIFE- OCT - LIFE INSURANCE 0002	1.20
01 1100 211 2 002 1116	LIFE- OCT - LIFE INSURANCE 0002	0.41
01 1100 211 1 003 1103	LIFE- OCT - LIFE INSURANCE 0002	7.20
01 1100 211 1 006 1103	LIFE- OCT - LIFE INSURANCE 0002	12.00
01 1100 211 1 003 1104	LIFE- OCT - LIFE INSURANCE 0002	2.40
01 1100 211 1 006 1104	LIFE- OCT - LIFE INSURANCE 0002	8.26
01 1100 211 1 003 1105	LIFE- OCT - LIFE INSURANCE 0002	4.80
01 1100 211 1 006 1105	LIFE- OCT - LIFE INSURANCE 0002	14.40
01 1100 211 1 003 1100	LIFE- OCT - LIFE INSURANCE 0002	4.80
01 1100 211 1 004 1100	LIFE- OCT - LIFE INSURANCE 0002	16.80
01 1100 211 1 003 1101	LIFE- OCT - LIFE INSURANCE 0002	4.80
01 1100 211 1 004 1101	LIFE- OCT - LIFE INSURANCE 0002	(2.40)
01 1100 211 1 003 1102	LIFE- OCT - LIFE INSURANCE 0002	4.80
01 1100 211 1 004 1102	LIFE- OCT - LIFE INSURANCE 0002	12.00
64708	MADISON NATIONAL LIFE INSURANCE CO INC	2,518.83
01 2712 216 0 000	LTD- OCT 1- LTD INSURANCE 0002	7.07
01 3540 211 1 003	LTD- OCT 1- LTD INSURANCE 0002	12.49
01 3535 211 0 000	LTD- OCT 1- LTD INSURANCE 0002	4.59
01 6200 211 1 003	LTD- OCT 1- LTD INSURANCE 0002	10.74
01 6200 211 1 004	LTD- OCT 1- LTD INSURANCE 0002	15.87
01 6310 211 1 006	LTD- OCT 1- LTD INSURANCE 0002	8.74
01 2410 211 1 003	LTD- OCT 1- LTD INSURANCE 0002	23.13

<u>Check #</u>	<u>Vendor Name</u>	<u>Amount</u>
<u>Account Number</u>	<u>Invoice</u>	<u>Description</u>
		<u>Amount</u>
01 2410 211 1 004	LTD- OCT 1- 0002	LTD INSURANCE 23.44
01 2410 211 1 006	LTD- OCT 1- 0002	LTD INSURANCE 24.59
01 2410 211 2 001	LTD- OCT 1- 0002	LTD INSURANCE (31.98)
01 2410 211 2 002	LTD- OCT 1- 0002	LTD INSURANCE 48.19
01 2710 216 0 000	LTD- OCT 1- 0002	LTD INSURANCE 7.32
01 2220 211 1 006	LTD- OCT 1- 0002	LTD INSURANCE 7.64
01 2220 211 2 001	LTD- OCT 1- 0002	LTD INSURANCE 16.77
01 2220 211 2 002	LTD- OCT 1- 0002	LTD INSURANCE 14.43
01 2230 211 0 000	LTD- OCT 1- 0002	LTD INSURANCE 21.88
01 2320 215 0 000	LTD- OCT 1- 0002	LTD INSURANCE 41.25
01 2320 216 0 000	LTD- OCT 1- 0002	LTD INSURANCE 27.42
01 2151 211 1 004	LTD- OCT 1- 0002	LTD INSURANCE 7.57
01 2151 211 1 006	LTD- OCT 1- 0002	LTD INSURANCE 7.57
01 2190 211 2 001	LTD- OCT 1- 0002	LTD INSURANCE 11.57
01 2212 211 0 000	LTD- OCT 1- 0002	LTD INSURANCE 56.00
01 2220 211 1 003	LTD- OCT 1- 0002	LTD INSURANCE 11.15
01 2220 211 1 004	LTD- OCT 1- 0002	LTD INSURANCE 9.08
01 2141 211 1 003	LTD- OCT 1- 0002	LTD INSURANCE 3.61
01 2141 211 1 004	LTD- OCT 1- 0002	LTD INSURANCE 3.61
01 2141 211 1 006	LTD- OCT 1- 0002	LTD INSURANCE 3.61
01 2141 211 2 001	LTD- OCT 1- 0002	LTD INSURANCE 3.61
01 2141 211 2 002	LTD- OCT 1- 0002	LTD INSURANCE 3.61
01 2151 211 1 003	LTD- OCT 1- 0002	LTD INSURANCE 17.51
01 1200 211 2 001 1225	LTD- OCT 1- 0002	LTD INSURANCE 15.21
01 2120 211 1 003	LTD- OCT 1- 0002	LTD INSURANCE 8.75
01 2120 211 1 004	LTD- OCT 1- 0002	LTD INSURANCE 15.50
01 2120 211 1 006	LTD- OCT 1- 0002	LTD INSURANCE 17.73
01 2120 211 2 001	LTD- OCT 1- 0002	LTD INSURANCE 29.07
01 2120 211 2 002	LTD- OCT 1- 0002	LTD INSURANCE 18.26
01 1200 211 2 001 1221	LTD- OCT 1- 0002	LTD INSURANCE 68.96
01 1200 211 2 002 1221	LTD- OCT 1- 0002	LTD INSURANCE 76.69

BOARD REPORT FOR PERIOD ENDING OCTOBER 7, 2019

<u>Check #</u>	<u>Vendor Name</u>		<u>Amount</u>	
<u>Account</u>	<u>Number</u>	<u>Invoice</u>	<u>Description</u>	<u>Amount</u>
01 1200 211 1 004 1222	LTD- OCT 1- 0002	LTD INSURANCE	8.29	
01 1200 211 2 001 1222	LTD- OCT 1- 0002	LTD INSURANCE	17.98	
01 1200 211 2 002 1222	LTD- OCT 1- 0002	LTD INSURANCE	16.15	
01 1200 211 1 003 1223	LTD- OCT 1- 0002	LTD INSURANCE	16.69	
01 1100 211 2 002 1194	LTD- OCT 1- 0002	LTD INSURANCE	18.28	
01 1200 211 2 001 1212	LTD- OCT 1- 0002	LTD INSURANCE	10.02	
01 1200 211 0 000 1214	LTD- OCT 1- 0002	LTD INSURANCE	25.46	
01 1200 211 1 003 1221	LTD- OCT 1- 0002	LTD INSURANCE	43.50	
01 1200 211 1 004 1221	LTD- OCT 1- 0002	LTD INSURANCE	23.79	
01 1200 211 1 006 1221	LTD- OCT 1- 0002	LTD INSURANCE	46.84	
01 1100 211 1 006 1193	LTD- OCT 1- 0002	LTD INSURANCE	9.48	
01 1100 211 2 001 1193	LTD- OCT 1- 0002	LTD INSURANCE	5.35	
01 1100 211 2 002 1193	LTD- OCT 1- 0002	LTD INSURANCE	13.00	
01 1100 211 1 003 1194	LTD- OCT 1- 0002	LTD INSURANCE	0.88	
01 1100 211 1 006 1194	LTD- OCT 1- 0002	LTD INSURANCE	5.69	
01 1100 211 2 001 1194	LTD- OCT 1- 0002	LTD INSURANCE	14.00	
01 1100 211 1 004 1190	LTD- OCT 1- 0002	LTD INSURANCE	4.48	
01 1100 211 1 006 1190	LTD- OCT 1- 0002	LTD INSURANCE	4.48	
01 1100 211 2 001 1190	LTD- OCT 1- 0002	LTD INSURANCE	4.21	
01 1100 211 2 002 1190	LTD- OCT 1- 0002	LTD INSURANCE	15.39	
01 1100 211 1 003 1193	LTD- OCT 1- 0002	LTD INSURANCE	11.85	
01 1100 211 1 004 1193	LTD- OCT 1- 0002	LTD INSURANCE	9.48	
01 1100 211 2 001 1172	LTD- OCT 1- 0002	LTD INSURANCE	6.27	
01 1100 211 2 001 1174	LTD- OCT 1- 0002	LTD INSURANCE	17.10	
01 1100 211 2 002 1174	LTD- OCT 1- 0002	LTD INSURANCE	13.61	
01 1100 211 2 001 1176	LTD- OCT 1- 0002	LTD INSURANCE	29.39	
01 1100 211 2 002 1176	LTD- OCT 1- 0002	LTD INSURANCE	17.09	
01 1100 211 1 003 1190	LTD- OCT 1- 0002	LTD INSURANCE	4.62	
01 1100 211 2 001 1168	LTD- OCT 1- 0002	LTD INSURANCE	33.32	
01 1100 211 2 002 1168	LTD- OCT 1- 0002	LTD INSURANCE	25.92	
01 1100 211 2 001 1169	LTD- OCT 1- 0002	LTD INSURANCE	12.28	

Check #	Vendor Name	Amount	
Account Number	Invoice	Description	Amount
01 1100 211 2 002 1169	LTD- OCT 1- 0002	LTD INSURANCE	13.46
01 1100 211 2 001 1170	LTD- OCT 1- 0002	LTD INSURANCE	23.32
01 1100 211 2 002 1170	LTD- OCT 1- 0002	LTD INSURANCE	31.66
01 1100 211 2 001 1155	LTD- OCT 1- 0002	LTD INSURANCE	18.62
01 1100 211 1 003 1160	LTD- OCT 1- 0002	LTD INSURANCE	39.40
01 1100 211 1 006 1160	LTD- OCT 1- 0002	LTD INSURANCE	8.75
01 1100 211 1 003 1168	LTD- OCT 1- 0002	LTD INSURANCE	10.49
01 1100 211 1 004 1168	LTD- OCT 1- 0002	LTD INSURANCE	11.17
01 1100 211 1 006 1168	LTD- OCT 1- 0002	LTD INSURANCE	11.17
01 1100 211 2 002 1116	LTD- OCT 1- 0002	LTD INSURANCE	2.62
01 1100 211 2 001 1124	LTD- OCT 1- 0002	LTD INSURANCE	45.72
01 1100 211 2 001 1130	LTD- OCT 1- 0002	LTD INSURANCE	72.96
01 1100 211 2 001 1140	LTD- OCT 1- 0002	LTD INSURANCE	80.89
01 1100 211 1 006 1150	LTD- OCT 1- 0002	LTD INSURANCE	8.75
01 1100 211 2 001 1153	LTD- OCT 1- 0002	LTD INSURANCE	67.96
01 1100 211 1 006 1105	LTD- OCT 1- 0002	LTD INSURANCE	94.51
01 1100 211 2 002 1106	LTD- OCT 1- 0002	LTD INSURANCE	92.40
01 1100 211 2 002 1107	LTD- OCT 1- 0002	LTD INSURANCE	84.48
01 1100 211 2 002 1108	LTD- OCT 1- 0002	LTD INSURANCE	97.00
01 1100 211 2 001 1110	LTD- OCT 1- 0002	LTD INSURANCE	82.88
01 1100 211 2 001 1114	LTD- OCT 1- 0002	LTD INSURANCE	7.57
01 1100 211 1 004 1102	LTD- OCT 1- 0002	LTD INSURANCE	65.44
01 1100 211 1 003 1103	LTD- OCT 1- 0002	LTD INSURANCE	42.49
01 1100 211 1 006 1103	LTD- OCT 1- 0002	LTD INSURANCE	64.83
01 1100 211 1 003 1104	LTD- OCT 1- 0002	LTD INSURANCE	17.68
01 1100 211 1 006 1104	LTD- OCT 1- 0002	LTD INSURANCE	49.82
01 1100 211 1 003 1105	LTD- OCT 1- 0002	LTD INSURANCE	29.36
01 1100 211 1 003 1100	LTD- OCT 1- 0002	LTD INSURANCE	27.45
01 1100 211 1 004 1100	LTD- OCT 1- 0002	LTD INSURANCE	86.38
01 1100 211 1 003 1101	LTD- OCT 1- 0002	LTD INSURANCE	26.97
01 1100 211 1 004 1101	LTD- OCT 1- 0002	LTD INSURANCE	(23.97)

Check #	Vendor Name	Account Number	Invoice	Description	Amount	Amount
01 1100 211 1 003 1102	LTD- OCT 1-	LTD- OCT 1- 0002	LTD INSURANCE		23.07	
01 6408 211 1 000	LTD- OCT 1-	LTD- OCT 1- 0002	LTD INSURANCE		30.95	
01 6408 211 2 000	LTD- OCT 1-	LTD- OCT 1- 0002	LTD INSURANCE		15.44	
					Vendor Total:	2,919.97
64794 MALLORY GREGORY					354.21	
01 1200 733 2 001 1225	REIMB	REIMB 10/8/19	SUPPLIES		324.33	
01 1100 610 2 001 1174	REIMB	REIMB 10/8/19	SUPPLIES		29.88	
					Vendor Total:	354.21
64795 MATHESON-LINWELD					40.06	
01 2630 430 1 003	20397168	20397168	SUPPLIES		8.02	
01 2630 430 1 004	20397168	20397168	SUPPLIES		8.01	
01 2630 430 1 006	20397168	20397168	SUPPLIES		8.01	
01 2630 430 2 001	20397168	20397168	SUPPLIES		8.01	
01 2630 430 2 002	20397168	20397168	SUPPLIES		8.01	
64795 MATHESON-LINWELD					51.84	
01 2620 740 0 000	51501806	51501806	CYLINDER RENTAL		51.84	
64795 MATHESON-LINWELD					97.69	
01 2710 610 0 000	51501807	51501807	CYLINDER RENTAL		97.69	
64795 MATHESON-LINWELD					52.79	
01 2620 740 0 000	51516181	51516181	CYLINDER RENTAL		52.79	
64795 MATHESON-LINWELD					96.95	
01 2710 610 0 000	51516182	51516182	CYLINDER RENTAL		96.95	
					Vendor Total:	339.33
64796 MATTICE LOCK AND SAFE					8.50	
01 2620 740 1 004	2500	2500	KEYS		8.50	
64796 MATTICE LOCK AND SAFE					12.75	
01 2620 740 1 004	2640	2640	KEYS		12.75	
					Vendor Total:	21.25
64797 MAXEY ELEMENTARY SCHOOL					119.99	
01 1200 610 1 004 1222	92719	92719	AUDIOLOGY SUPPLY AUDIO SHOE 18		119.99	
					Vendor Total:	119.99
64798 MCGRAW HILL					39.02	
01 2212 640 0 000	109197876001	109197876001	SHIPPING INSPIRE SCIENCE		39.02	
64798 MCGRAW HILL					79.32	
01 2212 640 0 000	109369597001	109369597001	SHIPPING INSPIRE SCIENCE		79.32	
					Vendor Total:	118.34
64799 MENARDS LINCOLN-NORTH					79.67	
01 2620 740 1 004	50922	50922	SUPPLIES		79.67	
64799 MENARDS LINCOLN-NORTH					20.77	
01 2620 740 1 003	51105	51105	SUPPLIES		20.77	
64799 MENARDS LINCOLN-NORTH					14.25	
01 2620 740 1 006	51149	51149	SUPPLIES		14.25	
64799 MENARDS LINCOLN-NORTH					25.61	
01 2620 740 2 002	51510	51510	SUPPLIES		25.61	
64799 MENARDS LINCOLN-NORTH					29.98	
01 2620 739 0 000	51511	51511	TOOLS		29.98	
64799 MENARDS LINCOLN-NORTH					125.43	

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
01 2710 430 0 000	51528	SUPPLIES		125.43
64799 MENARDS LINCOLN-NORTH			7.92	
01 1100 610 2 001	51593	Misc. Supplies		7.92
1170				
64799 MENARDS LINCOLN-NORTH			38.97	
01 2630 430 1 006	51868	SUPPLIES		7.79
01 2630 430 2 001	51868	SUPPLIES		7.80
01 2630 430 2 002	51868	SUPPLIES		7.80
01 2630 430 1 003	51868	SUPPLIES		7.79
01 2630 430 1 004	51868	SUPPLIES		7.79
64799 MENARDS LINCOLN-NORTH			1.18	
01 1100 733 2 001	51965	Various tools		1.18
1170				
64799 MENARDS LINCOLN-NORTH			96.52	
01 2710 430 0 000	52096	SUPPLIES		96.52
64799 MENARDS LINCOLN-NORTH			4.74	
01 2620 740 1 004	52262	SUPPLIES		4.74
64799 MENARDS LINCOLN-NORTH			216.99	
01 1100 733 2 001	52544	Various tools		216.99
1170				
64799 MENARDS LINCOLN-NORTH			32.32	
01 2620 740 1 006	52568	SUPPLIES		32.32
64799 MENARDS LINCOLN-NORTH			40.47	
01 2620 740 1 006	52737	SUPPLIES		40.47
64799 MENARDS LINCOLN-NORTH			57.74	
01 2620 740 1 004	52775	SUPPLIES		57.74
64799 MENARDS LINCOLN-NORTH			98.35	
01 2620 740 2 001	52782	SUPPLIES		98.35
64799 MENARDS LINCOLN-NORTH			38.96	
01 2620 740 0 000	52852	SUPPLIES		38.96
64799 MENARDS LINCOLN-NORTH			11.88	
01 2620 740 1 003	53168	SUPPLIES		11.88
64799 MENARDS LINCOLN-NORTH			33.45	
01 2620 740 2 002	53184	SUPPLIES		33.45
64799 MENARDS LINCOLN-NORTH			39.04	
01 2620 740 2 001	53185	SUPPLIES		39.04
				Vendor Total: 1,014.24
64800 MICHELLE REZEK			164.37	
01 2213 333 1 004	REIMB 10/8/19	MILEAGE MTSS CONF		164.37
64800 MICHELLE REZEK			39.03	
01 2213 580 1 004	REIMB 10/8/19-	MTSS CONF MEALS		39.03
				Vendor Total: 203.40
64801 MIDWEST SOUND & LIGHTING INC			30.27	
01 2620 740 2 001	0122659-IN	SUPPLIES		30.27
				Vendor Total: 30.27
64802 NASB			72.00	
01 2310 320 0 000	INV-04275- K3W7K5	ARE MEMBERSHIP MTG - LANDON		72.00
				Vendor Total: 72.00
64803 NATIONAL SCHOOL FORMS			76.27	

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
01 1100 610 2 001 1111	41142	Period Absence Slips		59.00
01 1100 610 2 001 1111	41142	Shipping		17.27
			Vendor Total:	76.27
64804 NCECBVI				4,444.48
01 1200 569 0 000 1201	T-333	INSTRUCTION MULTI CATEGORICAL		4,444.48
			Vendor Total:	4,444.48
64805 NCS PEARSON ASSESMENTS				60.00
01 2141 735 0 000	6446041	1 YEAR SUBSCRIPTION		60.00
			Vendor Total:	60.00
64806 NCSA				430.00
01 2310 320 0 000	61837	LABOR RELATIONS - LANDON, KENDALL		430.00
			Vendor Total:	430.00
64807 NE FCCLA				15.00
01 1100 320 2 001 1174	GREGORY 2019	Nebraska FACS Fall Workshop		15.00
64807 NE FCCLA				15.00
01 1100 320 2 001 1174	ZIOLA 2019	Nebraska FACS Fall Workshop		15.00
			Vendor Total:	30.00
64808 NEBRASKA CENTRAL EQUIPMENT INC				131.45
01 2710 430 0 000	0161508-IN	SUPPLIES		131.45
			Vendor Total:	131.45
64809 NVAA DISTRICT 2				150.00
01 1100 810 2 001 1172	2019-2020	District Career Development Events Fees		150.00
			Vendor Total:	150.00
64816 O'REILLY AUTOMOTIVE STORES INC				53.92
01 2620 740 1 003	0360-480946	SUPPLIES		53.92
64816 O'REILLY AUTOMOTIVE STORES INC				76.82
01 2710 430 0 000	5824-138088	FILTERS AND HEADLIGHT		76.82
64816 O'REILLY AUTOMOTIVE STORES INC				27.73
01 2710 430 0 000	5824-139463	SUPPLIES		27.73
64816 O'REILLY AUTOMOTIVE STORES INC				19.09
01 2710 430 0 000	5824-139465	SUPPLIES		19.09
64816 O'REILLY AUTOMOTIVE STORES INC				285.63
01 2710 430 0 000	5824-140172	STARTER, MIRROR VAN 14		285.63
64816 O'REILLY AUTOMOTIVE STORES INC				(10.00)
01 2710 430 0 000	5824-140290	CORE RETURN		(10.00)
64816 O'REILLY AUTOMOTIVE STORES INC				(5.64)
01 2710 430 0 000	5824-140292	RETURN		(5.64)
64816 O'REILLY AUTOMOTIVE STORES INC				142.18
01 2710 430 0 000	5824-140376	FILTERS AND BULBS		142.18
64816 O'REILLY AUTOMOTIVE STORES INC				52.52
01 2710 430 0 000	5824-140386	BELT BUS 4		52.52
64816 O'REILLY AUTOMOTIVE STORES INC				161.16
01 2710 430 0 000	5824-140388	BELTS		161.16
64816 O'REILLY AUTOMOTIVE STORES INC				27.18
01 2710 430 0 000	5824-140436	SUPPLIES		27.18
64816 O'REILLY AUTOMOTIVE STORES INC				24.99

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
01 2710 430 0 000	5824-140515	SUPPLIES		24.99
64816	O'REILLY AUTOMOTIVE STORES INC		20.05	
01 2710 430 0 000	5824-140995	BULBS AND FILTER		20.05
64810	OCCUPATIONAL HEALTH CENTERS OF NEBRASKA		94.50	
01 2710 340 0 000	256456007	DOT PHYS - HOPP		94.50
64811	OFFICE DEPOT		57.98	
01 2320 610 0 000	372103088001	CARD STOCK		49.74
01 2320 610 0 000	372103088001	10X13 ENVELOPES		8.24
64811	OFFICE DEPOT		7.59	
01 1100 610 2 001	376191080001	Reynolds Wrap Standard Aluminum		7.59
64811	OFFICE DEPOT		18.53	
01 1100 610 2 001	376191257001	Sharpie Oil Based Paint Marker		5.85
01 1100 610 2 001	376191257001	Office Depot Brand File Folders		4.49
01 1100 610 2 001	376191257001	Sharpie Permanent Ultra-Fine Point		8.19
64811	OFFICE DEPOT		51.65	
01 2320 610 0 000	38074085001	STORAGE BOXES		20.59
01 2320 610 0 000	38074085001	BROTHER 7020 CORRECTABLE FILM TYPEWRITER		7.19
01 2320 610 0 000	38074085001	POST-IT FILING TABS		6.29
01 2320 610 0 000	38074085001	POST-IT FILING TABS		3.43
01 2320 610 0 000	38074085001	1/3 CUT MANILLA FOLDERS		8.98
01 2320 610 0 000	38074085001	MASKING TAPE		5.17
64811	OFFICE DEPOT		55.57	
01 1100 610 2 001	381579721001	Office Depot General Purpose Masking Tap		5.17
01 1100 610 2 001	381579721001	Swingline Optima 25 stapler		14.99
01 1100 610 2 001	381579721001	Office Depot Clear Sheet Protectors		17.02
01 1100 610 2 001	381579721001	Office Depot Postcards		18.39
64812	OMAHA PUBLIC POWER DISTRICT		7,709.53	
01 2610 622 1 003	8764000061-0919	SVS 8/23/19-9/24/19		7,709.53
64813	ONE CALL CONCEPTS INC		5.00	
01 2230 340 0 000	9080537	AUG 19 LOCATES		5.00
64814	ONE SOURCE		130.38	
01 2310 350 0 000	3524-20190930	SVS 9/16/19-9/30/19		130.38
64814	ONE SOURCE		121.00	
01 2310 350 0 000	3524V-20190930	SVS 9/4/19-9/30/19		121.00
64815	OPS MUSIC DEPARTMENT		175.00	
01 1100 810 2 001	1194	MARCHING INV Competition Entry Fee 2019		175.00

Check #	Vendor Name	Amount		Amount	
Account Number	Invoice	Description		Vendor Total:	
	64817 PAR, INC.		252.00		175.00
01 2141 640 1 003	38727A-1	BRIEF-2		50.40	
01 2141 640 1 004	38727A-1	BRIEF-2		50.40	
01 2141 640 1 006	38727A-1	BRIEF-2		50.40	
01 2141 640 2 001	38727A-1	BRIEF-2		50.40	
01 2141 640 2 002	38727A-1	BRIEF-2		50.40	
				Vendor Total:	252.00
	64818 PERRY GUTHERY HAASE & GESSFORD		3,375.00		
01 2330 317 0 000	367	SVS 7/31/19-8/22/19		3,375.00	
	64818 PERRY GUTHERY HAASE & GESSFORD		2,332.50		
01 2330 317 0 000	368	SVS 8/28/19-9/18/19		2,332.50	
				Vendor Total:	5,707.50
	64819 PIONEER DRAMA SERVICE, INC.		149.50		
01 1100 640 2 002	589977	Cafe Murder -Script		94.50	
1111					
01 1100 640 2 002	589977	Cafe Murder-First		45.00	
1111		Performance (12-20-19)			
01 1100 640 2 002	589977	Standard Shipping		10.00	
1111					
				Vendor Total:	149.50
	64820 PLAINS EQUIPMENT GROUP		30.73		
01 2630 430 2 002	2258228	FILTER, PLUG Z960M, LATCH		6.14	
		HPX GATOR			
01 2630 430 1 003	2258228	FILTER, PLUG Z960M, LATCH		6.15	
		HPX GATOR			
01 2630 430 1 004	2258228	FILTER, PLUG Z960M, LATCH		6.15	
		HPX GATOR			
01 2630 430 1 006	2258228	FILTER, PLUG Z960M, LATCH		6.15	
		HPX GATOR			
01 2630 430 2 001	2258228	FILTER, PLUG Z960M, LATCH		6.14	
		HPX GATOR			
	64820 PLAINS EQUIPMENT GROUP		125.02		
01 2630 430 2 001	2266816	PARTS FOR Z960 MOWER		25.01	
01 2630 430 2 002	2266816	PARTS FOR Z960 MOWER		25.01	
01 2630 430 1 003	2266816	PARTS FOR Z960 MOWER		25.00	
01 2630 430 1 004	2266816	PARTS FOR Z960 MOWER		25.00	
01 2630 430 1 006	2266816	PARTS FOR Z960 MOWER		25.00	
	64820 PLAINS EQUIPMENT GROUP		59.91		
01 2630 430 1 003	2268799	MOWER BLADES		11.99	
01 2630 430 1 004	2268799	MOWER BLADES		11.98	
01 2630 430 1 006	2268799	MOWER BLADES		11.98	
01 2630 430 2 001	2268799	MOWER BLADES		11.98	
01 2630 430 2 002	2268799	MOWER BLADES		11.98	
	64820 PLAINS EQUIPMENT GROUP		217.57		
01 2630 430 1 003	2271175	PARTS FOR 1550 MOWER		43.51	
01 2630 430 1 004	2271175	PARTS FOR 1550 MOWER		43.51	
01 2630 430 1 006	2271175	PARTS FOR 1550 MOWER		43.51	
01 2630 430 2 001	2271175	PARTS FOR 1550 MOWER		43.52	
01 2630 430 2 002	2271175	PARTS FOR 1550 MOWER		43.52	
	64820 PLAINS EQUIPMENT GROUP		263.68		
01 2630 430 1 003	2272181	PARTS FOR 1550 MOWER		52.74	
01 2630 430 1 004	2272181	PARTS FOR 1550 MOWER		52.74	
01 2630 430 1 006	2272181	PARTS FOR 1550 MOWER		52.74	
01 2630 430 2 001	2272181	PARTS FOR 1550 MOWER		52.73	

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
01 2630 430 2 002	2272181	PARTS FOR 1550 MOWER		52.73
	64821 PRESTO X COMPANY		47.00	
01 2620 430 1 003	4340515	PEST CONTROL SVS 9/19/19		47.00
	64821 PRESTO X COMPANY		50.00	
01 2620 430 1 006	4360100	PEST CONTROL SVS 9/23/19		50.00
	64821 PRESTO X COMPANY		47.00	
01 2620 430 1 004	4360101	PEST CONTROL SVS 9/23/19		47.00
	64821 PRESTO X COMPANY		50.00	
01 2620 430 2 002	4360102	PEST CONTROL SVS 9/23/19		50.00
	64821 PRESTO X COMPANY		50.00	
01 2620 430 2 001	4360103	PEST CONTROL SVS 9/23/19		50.00
	64822 QP HARDWARE INC		67.08	
01 2610 610 1 003	309/1	SUPPLIES		67.08
	64822 QP HARDWARE INC		8.59	
01 2620 740 1 003	438/1	SUPPLIES		8.59
	64823 RAGAN LOFTON		217.15	
01 1200 332 2 002	REIMB	MILEAGE 8/26/19-9/20/19		217.15
1221	10/8/19			
	64824 RAMADA INN		228.00	
01 2213 330 1 004	4221	HOTEL REZEK		228.00
	64825 REALLY GOOD STUFF INC		125.43	
01 1200 610 1 006	7093208	Growth Mindset 12-in-1 Poster Set		19.99
1221				
01 1200 610 1 006	7093208	Carpet Mark-It Set 24		19.99
1221				
01 1200 610 1 006	7093208	Colored Overlays - Set of 10 Assorted Co		24.99
1221				
01 1200 610 1 006	7093208	Multiply & Divide Posters		6.49
1221				
01 1200 610 1 006	7093208	Long Division Erase Board		53.97
1221				
	64826 REAMS		142.84	
01 2630 430 2 002	S1463123.001	SUPPLIES		71.42
01 2630 430 2 001	S1463123.001	SUPPLIES		71.42
	64826 REAMS		164.63	
01 2630 430 2 001	S1465817.001	SUPPLIES		164.63
	64826 REAMS		2.14	
01 2630 430 2 001	S1468305.001	SUPPLIES		2.14
	64827 RECYCLING ENTERPRISES OF NE, INC.		365.00	
01 2620 430 1 004	19A4511	RECY SVS OCT 19		65.00
01 2620 430 1 006	19A4511	RECY SVS OCT 19		65.00
01 2620 430 2 002	19A4511	RECY SVS OCT 19		65.00
01 2620 430 2 001	19A4511	RECY SVS OCT 19		85.00
01 2620 430 1 003	19A4511	RECY SVS OCT 19		85.00
	64828 RUSS'S MARKET EXPRESS		7.78	

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
01 1100 610 2 001 1172	2494	Various supplies		7.78
64828	RUSS'S MARKET EXPRESS		11.00	
01 2320 610 0 000	2513	SUPPLIES		11.00
			Vendor Total:	18.78
64829	SCDC SOUTH CAROLINA BRAILLE PROCUCTION CENTER		439.14	
01 2181 640 1 003	2000462400	MATH EXPRESSIONS, HOMEWORK AND REMEMBERI		207.48
01 2181 640 1 003	2000462400	MATH EXPRESSIONS, HOMEWORK AND REMEMBERI		231.66
			Vendor Total:	439.14
64830	SCHOLASTIC INC		571.16	
01 1100 640 2 002 1111	20030529	Refugee Books		524.00
01 1100 640 2 002 1111	20030529	Shipping		47.16
			Vendor Total:	571.16
64831	SCHOLASTIC MAGAZINES		329.67	
01 1100 610 2 002 1108	M6745710 1	Scholastic Scope Periodical for Classroom		299.70
01 1100 610 2 002 1108	M6745710 1	Shipping & Handling		29.97
			104.39	
01 1100 640 2 002 1107	M6753759 7	12 issues Science World Magazine		94.90
01 1100 640 2 002 1107	M6753759 7	Shipping&Handling		9.49
			Vendor Total:	434.06
64832	SCHOOL DATEBOOKS INC		474.88	
01 1100 610 2 001 1111	S19-0157527	Student planners		474.88
			Vendor Total:	474.88
64833	SCHOOL DISTRICT #145-IMPREST		130.00	
01 2212 320 0 000	NACIA 9/20/19	CURRICULUM DIRECTORS FALL RETREAT		130.00
			166.75	
01 3400 610 2 001	UNK 8/29/19	STUDENT LUCHES		166.75
			Vendor Total:	296.75
64834	SCHOOL SPECIALTY, INC.		460.53	
01 1100 610 2 002 1190	208122984165	sharpies fine black set 12		103.56
01 1100 610 2 002 1190	208122984165	Dry erase fine set 48 black		46.78
01 1100 610 2 002 1190	208122984165	Crayola sidewalk chalk set 48		10.90
01 1100 610 2 002 1190	208122984165	cray-pas oil pastels set 25		19.08
01 1100 610 2 002 1190	208122984165	X-ACTO retractablade		9.55
01 1100 610 2 002 1190	208122984165	Elmers Glue Sticks Set of 60		22.47
01 1100 610 2 002 1190	208122984165	Masking tape .5x60 yds		6.24
01 1100 610 2 002 1190	208122984165	Masking tape 2" x 60 yds		8.44
01 1100 610 2 002 1190	208122984165	Magnetic cabinet clip set 20		13.58

Check #	Vendor Name	Amount	
Account Number	Invoice	Description	Amount
01 1100 610 2 002 1190	208122984165	Staples	2.18
01 1100 610 2 002 1190	208122984165	Paint pump for gallons	6.20
01 1100 610 2 002 1190	208122984165	Crayola Watercolor Set	82.56
01 1100 610 2 002 1190	208122984165	Plastic paint tray set 12	9.22
01 1100 610 2 002 1190	208122984165	royal brush combo takalon series	76.37
01 1100 610 2 002 1190	208122984165	White drawing paper 12x18 90#	34.31
01 1100 610 2 002 1190	208122984165	Transfer Paper	9.09
	64834 SCHOOL SPECIALTY, INC.		271.67
01 1100 610 2 002 1108	208122984259	Red ballpoint pen 12 pk	2.59
01 1100 610 2 002 1108	208122984259	Black ballpoint pen 12 pk	2.59
01 1100 610 2 002 1108	208122984259	Classics layered dry erasers	11.76
01 1100 610 2 002 1108	208122984259	rayovac AAA Batteries 30pk	103.96
01 1100 610 2 002 1108	208122984259	Pink Paper	5.16
01 1100 610 2 002 1108	208122984259	Red paper	5.16
01 1100 610 2 002 1108	208122984259	Lilac paper	6.68
01 1100 610 2 002 1108	208122984259	Blue paper	5.16
01 1100 610 2 002 1108	208122984259	Rubbeer Cement 4 pk 4 oz	13.90
01 1100 610 2 002 1108	208122984259	#2 pencil pack of 48	16.76
01 1100 610 2 002 1108	208122984259	Rubber Cement	29.43
01 1100 610 2 002 1108	208122984259	Blue Ballpoint pen 12 pk	2.59
01 1100 610 2 002 1108	208122984259	Expo Markers Intense	46.74
01 1100 610 2 002 1108	208122984259	Black sharpies	8.63
01 1100 610 2 002 1108	208122984259	turquoise paper	5.16
01 1100 610 2 002 1108	208122984259	Green paper	5.40
	64834 SCHOOL SPECIALTY, INC.		124.34
01 1200 610 2 002 1221	208122984274	Side-Apply Cor Tape 1/5"x32.8	9.09
01 1200 610 2 002 1221	208122984274	SuperTab 3 in 1 folders	12.46
01 1200 610 2 002 1221	208122984274	Bright color 200 1" 70 1/2"	7.27
01 1200 610 2 002 1221	208122984274	3x3 Pastel Pop-up Notes	6.04
01 1200 610 2 002 1221	208122984274	Pilot FriXion Gel Pen 0.7mm Fine	15.85
01 1200 610 2 002 1221	208122984274	Marker Expo Dry Erase 4 cl Bullet	10.90
01 1200 610 2 002 1221	208122984274	Glue Stick .74oz white pk of 12	3.89

BOARD REPORT FOR PERIOD ENDING OCTOBER 7, 2019

<u>Check #</u>	<u>Vendor Name</u>	<u>Amount</u>	
<u>Account Number</u>	<u>Invoice</u>	<u>Description</u>	
		<u>Amount</u>	
01 1200 610 2 002 1221	208122984274	Marker Sharpie Black Ultra Fine	12.14
01 1200 610 2 002 1221	208122984274	White, Ruled 3x5	4.62
01 1200 610 2 002 1221	208122984274	Small Binder Clips 3/4"W	2.31
01 1200 610 2 002 1221	208122984274	Large 2"W	4.74
01 1200 610 2 002 1221	208122984274	Marker Crayola Fine Set of 8	3.86
01 1200 610 2 002 1221	208122984274	Tagboard White 9x12 125lb	4.40
01 1200 610 2 002 1221	208122984274	Tagboard White 18x24 125lb	8.79
01 1200 610 2 002 1221	208122984274	Calculator Scientific Ti-30xa	17.98
	64834 SCHOOL SPECIALTY, INC.		241.85
01 1100 610 2 002 1106	208122984298	XACTO Helix 1900 pencil sharpener	45.74
01 1100 610 2 002 1106	208122984298	Value Scissors 7" Bent	10.50
01 1100 610 2 002 1106	208122984298	3x3 post it notes 5 pk	9.09
01 1100 610 2 002 1106	208122984298	9x10 wk Record bk poly cover	3.89
01 1100 610 2 002 1106	208122984298	Lesson Plan bk sub 9.25 x 12.25	3.24
01 1100 610 2 002 1106	208122984298	TI-108/BK/D Solar Calculator	33.48
01 1100 610 2 002 1106	208122984298	dry erase marker expo bue pk12	15.58
01 1100 610 2 002 1106	208122984298	dry erase marker expo grn pk 12	15.58
01 1100 610 2 002 1106	208122984298	Glue Stick elmers .21 oz clr	5.28
01 1100 610 2 002 1106	208122984298	Highlighter brite liner set 5	2.84
01 1100 610 2 002 1106	208122984298	Pencil #2 pk 96 school smt	11.69
01 1100 610 2 002 1106	208122984298	Marker blk fine sharpie	8.52
01 1100 610 2 002 1106	208122984298	blue const paper 9x12 pk 50	2.58
01 1100 610 2 002 1106	208122984298	Blk const paper 9x12 pk 50	2.58
01 1100 610 2 002 1106	208122984298	White const paper 9x12 pk 100	4.56
01 1100 610 2 002 1106	208122984298	Correction fluid wite-out 20ml	2.58
01 1100 610 2 002 1106	208122984298	Dry Erase Maker expo asst 8	23.00
01 1100 610 2 002 1106	208122984298	dry erase marker expo Red	15.58
01 1100 610 2 002 1106	208122984298	violet const paper 9x12 pk 100	1.10
01 1100 610 2 002 1106	208122984298	Skyblue const paper 9x12 pk 100	1.10
01 1100 610 2 002 1106	208122984298	Red const paper 9x12 pk 100	1.38
01 1100 610 2 002 1106	208122984298	Pink const paper 9x12 pk 100	1.10

Check #	Vendor Name	Amount	
Account Number	Invoice	Description	Amount
01 1100 610 2 002 1106	208122984298	Orange const paper 9x12 pk100	1.40
01 1100 610 2 002 1106	208122984298	Holiday Grn const paper 9x12 pk 50	1.29
01 1100 610 2 002 1106	208122984298	Crayola Marker Conical 8	6.39
01 1100 610 2 002 1106	208122984298	Crayola Marker Conical 12	4.90
01 1100 610 2 002 1106	208122984298	Blk Ballpt pen med 1.0 mm	1.54
01 1100 610 2 002 1106	208122984298	Paper Clips Smooth 1 1/4 in 100	2.04
01 1100 610 2 002 1106	208122984298	Yellow const paper 9x12 pk 100	1.10
01 1100 610 2 002 1106	208122984298	wht const paper 9x12 pk 100	2.20
	64834 SCHOOL SPECIALTY, INC.		151.54
01 1100 610 2 002 1106	208122984301	Folder 2 pk 8.5 x 11 Yellow 25 pk	2.91
01 1100 610 2 002 1106	208122984301	Pencil sharpeners 24 pk	3.24
01 1100 610 2 002 1106	208122984301	Standard Staples	2.18
01 1100 610 2 002 1106	208122984301	Highland Sticky Notes Brights	8.05
01 1100 610 2 002 1106	208122984301	White out quick dry	2.58
01 1100 610 2 002 1106	208122984301	Rubber Cement 8 oz.	13.44
01 1100 610 2 002 1106	208122984301	Elmrs 0.77 oz purple Gluestick	24.00
01 1100 610 2 002 1106	208122984301	5x8 index cards Ruled	2.59
01 1100 610 2 002 1106	208122984301	5x8 index cards Unruled	2.59
01 1100 610 2 002 1106	208122984301	Oriole Pencils 144 pk	25.04
01 1100 610 2 002 1106	208122984301	Calculator Scientific Ti- 30xa	44.95
01 1100 610 2 002 1106	208122984301	eraser felt SS	2.06
01 1100 610 2 002 1106	208122984301	Expo Board cleaner	2.91
01 1100 610 2 002 1106	208122984301	SS 2 in paperclip	3.84
01 1100 610 2 002 1106	208122984301	SS 1.25 in paperclip	2.04
01 1100 610 2 002 1106	208122984301	Sunworks 12x18 White const	9.12
	64834 SCHOOL SPECIALTY, INC.		122.66
01 1100 610 2 002 1108	208122984302	Rubber Cement	98.10
01 1100 610 2 002 1108	208122984302	Post it Notes	17.61
01 1100 610 2 002 1108	208122984302	Masking Tape	6.95
	64834 SCHOOL SPECIALTY, INC.		347.19
01 1100 610 2 002 1108	208122984303	12 color class pack colored pencils	60.30
01 1100 610 2 002 1108	208122984303	Multicultural Colored Pencils	12.40

Check #	Vendor Name	Amount	
Account Number	Invoice	Description	Amount
01 1100 610 2 002 1108	208122984303	Foam Mounting squares	37.95
01 1100 610 2 002 1108	208122984303	Paper Clips	1.02
01 1100 610 2 002 1108	208122984303	Unruled 5x8 index Cards	17.10
01 1100 610 2 002 1108	208122984303	White cardstock 250 pk	14.10
01 1100 610 2 002 1108	208122984303	Bright Assrt Cardstock	15.40
01 1100 610 2 002 1108	208122984303	2 pk Grid Easel pad post-it	90.98
01 1100 610 2 002 1108	208122984303	Ultra fine assorted sharpies	32.45
01 1100 610 2 002 1108	208122984303	Tape Refills 16pk	30.74
01 1100 610 2 002 1108	208122984303	2 in masking tape	34.75
	64834 SCHOOL SPECIALTY, INC.		105.85
01 1100 610 2 002 1108	208122984304	Tape	31.14
01 1100 610 2 002 1108	208122984304	Card Stock	15.40
01 1100 610 2 002 1108	208122984304	White Cardstock	6.49
01 1100 610 2 002 1108	208122984304	Watercolor paper	14.16
01 1100 610 2 002 1108	208122984304	Metallic Pencil	5.32
01 1100 610 2 002 1108	208122984304	Multiculture Pencil	3.69
01 1100 610 2 002 1108	208122984304	Jumbo Craft Stick	5.57
01 1100 610 2 002 1108	208122984304	Golf Pencil	8.31
01 1100 610 2 002 1108	208122984304	Sharpie Ultra fine	12.14
01 1100 610 2 002 1108	208122984304	Staple Remover	3.63
	64834 SCHOOL SPECIALTY, INC.		232.01
01 1100 610 2 002 1106	208122984305	Darice Embroidery Floss 100ct	31.38
01 1100 610 2 002 1106	208122984305	Sakura Oil Pastels 16 set	10.05
01 1100 610 2 002 1106	208122984305	Round Pencil Sharpener	4.50
01 1100 610 2 002 1106	208122984305	Gel Retractable Pens Ink Joy	9.61
01 1100 610 2 002 1106	208122984305	Cloud Paper	7.47
01 1100 610 2 002 1106	208122984305	Water Color Dot paper	7.47
01 1100 610 2 002 1106	208122984305	Aleene's Tacky Glue	15.55
01 1100 610 2 002 1106	208122984305	desktop Dispenser with Tape	12.15
01 1100 610 2 002 1106	208122984305	Safe-t compass	1.12
01 1100 610 2 002 1106	208122984305	Clip Magnet Men Red	2.85
01 1100 610 2 002 1106	208122984305	Paint Watercolor 8 color	28.47

Check #	Vendor Name	Amount	
Account Number	Invoice	Description	Amount
01 1100 610 2 002 1106	208122984305	Marker Black Fine sharpie	7.10
01 1100 610 2 002 1106	208122984305	Hand Punch Paper 1 hole	2.80
01 1100 610 2 002 1106	208122984305	Assorted Magnets	4.22
01 1100 610 2 002 1106	208122984305	Crayola 12 pk Markers	24.50
01 1100 610 2 002 1106	208122984305	Binder 2" Black	5.73
01 1100 610 2 002 1106	208122984305	Paperclips 1 1/4 Smooth	0.24
01 1100 610 2 002 1106	208122984305	Construct Paper White 9x12	11.00
01 1100 610 2 002 1106	208122984305	Construct Paper White 12x18	22.80
01 1100 610 2 002 1106	208122984305	Marker Dry Erase Asst set 8	23.00
	64834 SCHOOL SPECIALTY, INC.		146.46
01 1100 610 2 002 1190	208122984306	Astrobrights 65lb paper assrt	10.00
01 1100 610 2 002 1190	208122984306	Origami pack 6x6	9.61
01 1100 610 2 002 1190	208122984306	Shipping Tape Scotch	18.45
01 1100 610 2 002 1190	208122984306	Post-it 4x6 lined sticky notes	11.37
01 1100 610 2 002 1190	208122984306	Page Markers	2.59
01 1100 610 2 002 1190	208122984306	dial clear Stacking bins	8.70
01 1100 610 2 002 1190	208122984306	6 week class record book	5.13
01 1100 610 2 002 1190	208122984306	Scotch Thermal Laminating pouch	17.35
01 1100 610 2 002 1190	208122984306	Sharpie King size set 12	18.39
01 1100 610 2 002 1190	208122984306	Expo Dry Erase set 4 primary	11.92
01 1100 610 2 002 1190	208122984306	Expo dry erase set 4 fashion	11.92
01 1100 610 2 002 1190	208122984306	expo nontoxic Towlets	8.51
01 1100 610 2 002 1190	208122984306	Expo eraser refill pads	2.59
01 1100 610 2 002 1190	208122984306	circle template	9.93
	64834 SCHOOL SPECIALTY, INC.		165.19
01 1100 610 2 002 1106	208122984308	See Attached AEPA Order Form	165.19
	64834 SCHOOL SPECIALTY, INC.		206.29
01 1100 610 2 002 1106	208122984309	Uni-ball pens (blue)	10.85
01 1100 610 2 002 1106	208122984309	School Spc. Tape Dispenser	10.08
01 1100 610 2 002 1106	208122984309	Avery File Folder Labels	4.80
01 1100 610 2 002 1106	208122984309	Tape Dispenser & 10 Rolls Tape	23.39
01 1100 610 2 002 1106	208122984309	Self-Stick notes pastel 3x3	16.35

Check #	Vendor Name	Amount	
Account Number	Invoice	Description	Amount
01 1100 610 2 002 1106	208122984309	Red Ballpoint pens 12 pk	4.62
01 1100 610 2 002 1106	208122984309	Ticonderoga Pencils (Sharpened)	10.59
01 1100 610 2 002 1106	208122984309	Bostitch Sharpener	77.15
01 1100 610 2 002 1106	208122984309	Avery 2 x 4' Labels	32.04
01 1100 610 2 002 1106	208122984309	Black Sharpies - fine	8.52
01 1100 610 2 002 1106	208122984309	Music paper	5.06
01 1100 610 2 002 1106	208122984309	School Smrt yellow 3x3 notes	2.84
	64834 SCHOOL SPECIALTY, INC.		249.69
01 1100 733 2 002 1190	208122984310	ruler plastic clear set of 10	4.15
01 1100 733 2 002 1190	208122984310	Paint tempera sax black gallon	11.60
01 1100 733 2 002 1190	208122984310	Paint tempera sax Blue gallon	11.60
01 1100 733 2 002 1190	208122984310	Paint tempera sax Green gallon	11.60
01 1100 733 2 002 1190	208122984310	Pencil Ticonderoga set of 96	23.36
01 1100 733 2 002 1190	208122984310	Sharpie set 12 ultra fine black	48.56
01 1100 733 2 002 1190	208122984310	Paper Clips SS pk 100	6.12
01 1100 733 2 002 1190	208122984310	Const.paper white 12x18	4.56
01 1100 733 2 002 1190	208122984310	const paper Orange 12x18	4.80
01 1100 733 2 002 1190	208122984310	Const Paper Br Blue 12x18	9.84
01 1100 733 2 002 1190	208122984310	Cnst paper Black 12x18	9.84
01 1100 733 2 002 1190	208122984310	Safe-T Compass	3.36
01 1100 610 2 002 1190	208122984310	Staedtler duo markers	10.65
01 1100 733 2 002 1190	208122984310	12x18 white Drawing paper #50	40.56
01 1100 733 2 002 1190	208122984310	Crayola Colored pencil set 24	40.30
01 1100 733 2 002 1190	208122984310	Tagboard white 18x24	8.79
	64834 SCHOOL SPECIALTY, INC.		229.83
01 1100 610 2 002 1108	208122984313	Stress Balls	17.50
01 1100 610 2 002 1108	208122984313	Heavyweight Construction paper	14.54
01 1100 610 2 002 1108	208122984313	Pencil cap Erasers, pk 100	3.22
01 1100 610 2 002 1108	208122984313	Storage Basket 14x10x5.5	21.30
01 1100 610 2 002 1108	208122984313	Black perm markers	8.70
01 1100 610 2 002 1108	208122984313	Expo Markers Assrted 16	43.28
01 1100 610 2 002 1108	208122984313	Pencil Ticonderoga #2 pck 96	23.36

Check #	Vendor Name	Amount	
Account Number	Invoice	Description	Amount
01 1100 610 2 002 1108	208122984313	Marker sharpie black ultra fine	18.21
01 1100 610 2 002 1108	208122984313	3/4 inch tape, pack of 12	10.72
01 1100 610 2 002 1108	208122984313	Mavalus Tape White	4.35
01 1100 610 2 002 1108	208122984313	Mavalus Tape Blue	4.35
01 1100 610 2 002 1108	208122984313	Page Protectors, pk or 50	16.50
01 1100 610 2 002 1108	208122984313	Red med ballpoint pens	2.04
01 1100 610 2 002 1108	208122984313	Colored Pencils	26.81
01 1100 610 2 002 1108	208122984313	Expo Dry Eraser	6.20
01 1100 610 2 002 1108	208122984313	Index Cards 3x5 ruled, pk 100	8.75
	64834 SCHOOL SPECIALTY, INC.		190.03
01 1100 610 2 002 1111	208122984323	Doolittle Calendar Refill 2019	13.05
01 1100 610 2 002 1111	208122984323	5x8 Legal pads pk12	4.54
01 1100 610 2 002 1111	208122984323	Paper Clips Nonskid Standard	4.40
01 1100 610 2 002 1111	208122984323	Sharpies Fine Blk pk12	8.63
01 1100 610 2 002 1111	208122984323	Name Badges - Blue	2.14
01 1100 610 2 002 1111	208122984323	Name Badges - Red	2.14
01 1100 610 2 002 1111	208122984323	11z17 Copy Paper (Ream)	16.63
01 1100 610 2 002 1111	208122984323	8 1/2 x 14 Copy Paper(Ream)	9.81
01 1100 610 2 002 1111	208122984323	Doolittle Weekly Planner 2019-20	16.37
01 1100 610 2 002 1111	208122984323	3x5 Yellow Tardy Pass Pk 10	74.00
01 1100 610 2 002 1111	208122984323	Sort Kwik 1 oz.	2.85
01 1100 610 2 002 1111	208122984323	Scotch Tape 12 pk	24.76
01 1100 610 2 002 1111	208122984323	swingline Staples	1.62
01 1100 610 2 002 1111	208122984323	#33 Rubber Band	9.09
	64834 SCHOOL SPECIALTY, INC.		266.30
01 1100 610 2 002 1190	208122984330	Dressmaker pins	14.42
01 1100 610 2 002 1190	208122984330	Cadboard Looms	7.19
01 1100 610 2 002 1190	208122984330	Blunt stringing needles	3.96
01 1100 610 2 002 1190	208122984330	small pink erasers Set 80	6.34
01 1100 610 2 002 1190	208122984330	Scissors fiskars Straight 8"	22.36
01 1100 610 2 002 1190	208122984330	Sharpie set of 24	38.98
01 1100 610 2 002 1190	208122984330	Super Stacker pencil box	8.56

Check #	Vendor Name	Amount	
Account Number	Invoice	Description	Amount
01 1100 610 2 002 1190	208122984330	Soft Grip pattern stampers	7.55
01 1100 610 2 002 1190	208122984330	Xiem pro cutting wire	10.38
01 1100 610 2 002 1190	208122984330	Polyester sponges	17.60
01 1100 610 2 002 1190	208122984330	syntetic oval sponges	20.97
01 1100 610 2 002 1190	208122984330	Jack richeson Needle tool	24.12
01 1100 610 2 002 1190	208122984330	Black velvet india ink	23.52
01 1100 610 2 002 1190	208122984330	Alvin aluminum T Square	16.37
01 1100 610 2 002 1190	208122984330	Westcott 18" beveled ruler	20.64
01 1100 610 2 002 1190	208122984330	Iris Storage Boxes	23.34
	64834 SCHOOL SPECIALTY, INC.		111.47
01 1100 610 2 002 1169	208122984333	Mapped Tonic Metal Pencil sharpener pk 1	21.64
01 1100 733 2 002 1168	208122984333	Schl Smart Ultra Fineliner Pen Assrtd pk	5.45
01 1100 733 2 002 1168	208122984333	Oxford Neon Ruled Index Cards	10.64
01 1100 733 2 002 1168	208122984333	Schl Smart Scratch Pad Paper	3.83
01 1100 733 2 002 1168	208122984333	Assrtd Marquee Magnetic Decorattives-Blk	14.28
01 1100 733 2 002 1168	208122984333	Magnetic Labels plaid 10 color assorted	6.75
01 1100 733 2 002 1168	208122984333	Schl Smart Magnetic Dry Eraser	2.28
01 1100 733 2 002 1168	208122984333	12" Hardwood ruler -3 hole punch -12 pac	4.21
01 1100 733 2 002 1168	208122984333	Pencils colored School smart Set of 250	26.81
01 1100 733 2 002 1168	208122984333	Expo Low Odor chisel Tip Dry Erase Marke	15.58
	64834 SCHOOL SPECIALTY, INC.		148.35
01 1100 610 2 002 1107	208122984346	Pencils	23.36
01 1100 610 2 002 1107	208122984346	sharpener	3.83
01 1100 610 2 002 1107	208122984346	Red Pens	16.89
01 1100 610 2 002 1107	208122984346	Markers	17.35
01 1100 610 2 002 1107	208122984346	Markers	17.35
01 1100 610 2 002 1107	208122984346	Correction Pens	8.64
01 1100 610 2 002 1107	208122984346	Legal Pads	9.35
01 1100 610 2 002 1107	208122984346	Sidewalk Chalk	2.98
01 1100 610 2 002 1107	208122984346	Colored Pencils	30.15
01 1100 610 2 002 1107	208122984346	3" by 5" Index Cards	4.20
01 1100 610 2 002 1107	208122984346	5" by 8" Index Cards	14.25

Check #	Vendor Name	Amount	
Account Number	Invoice	Description	Amount
64834	SCHOOL SPECIALTY, INC.	154.86	
01 1100 610 2 002 1106	208122984476	cap erasers100 pk	1.61
01 1100 610 2 002 1106	208122984476	Crayola 12 pk Assort.	39.20
01 1100 610 2 002 1106	208122984476	Scotch Lamination Pouches 100 pk	17.35
01 1100 610 2 002 1106	208122984476	Crayola 10 pk Assrt Fineline	32.80
01 1100 610 2 002 1106	208122984476	Crayola 12 pk colored pencils	26.72
01 1100 610 2 002 1106	208122984476	Paper Comp 8.5 x 11 Ream	19.68
01 1100 610 2 002 1106	208122984476	Scissors 8 in bent	17.50
64834	SCHOOL SPECIALTY, INC.	107.20	
01 1200 610 2 002 1221	208122984482	Sch smart Graph paper 1/4"rule	2.44
01 1200 610 2 002 1221	208122984482	Sharpie Fine color Burst perm Markers	15.84
01 1200 610 2 002 1221	208122984482	Shrpie Perm Marker Chisel Tip	12.98
01 1200 610 2 002 1221	208122984482	Sharpie Fine Perm Markers Fine tip	38.98
01 1200 610 2 002 1221	208122984482	Business source Sheet Protectors	6.95
01 1200 610 2 002 1221	208122984482	Paper Mate Flair Acid Free Red	21.38
01 1200 610 2 002 1221	208122984482	Black & White Stripe Border	2.53
01 1200 610 2 002 1221	208122984482	Straight Border, Lime Polka Dot	3.05
01 1200 610 2 002 1221	208122984482	Straight Border, Orange Polka Dot	3.05
64834	SCHOOL SPECIALTY, INC.	3.62	
01 1200 610 2 002 1221	208123040663	MediumBinder Clips 5/8"	3.62
64834	SCHOOL SPECIALTY, INC.	109.07	
01 1200 610 1 006 1221	208123051069	Avery File Labels	2.40
01 1200 610 1 006 1221	208123051069	#2 Pencils in Color	16.89
01 1200 610 1 006 1221	208123051069	Page Markers #200	2.59
01 1200 610 1 006 1221	208123051069	Magnet Assortment #30	3.83
01 1200 610 1 006 1221	208123051069	Binder Clips Medium #12	2.28
01 1200 610 1 006 1221	208123051069	Colored Hanging File Folders #25	10.39
01 1200 610 1 006 1221	208123051069	Hanging Folders Legal #25	12.99
01 1200 610 1 006 1221	208123051069	Smead Poly Envelopes #5	4.87
01 1200 610 1 006 1221	208123051069	Mechanical 0.7 Assorted #24	6.95
01 1200 610 1 006 1221	208123051069	Cap Eraser Assorted #100	3.22
01 1200 610 1 006 1221	208123051069	BIC Wite-Out Tape #4	8.25
01 1200 610 1 006	208123051069	Pentel RVP Violet #12	12.99

Check #	Vendor Name	Amount	
Account Number	Invoice	Description	Amount
1221			
01 1200 610 1 006	208123051069	Expo Chisel Assorted Intense #12	15.58
1221			
01 1200 610 1 006	208123051069	Scotch Pro Scissors 8"	5.84
1221			
	64834 SCHOOL SPECIALTY, INC.		160.53
01 2410 610 1 006	208123051084	Tri-Mags Magnetic Blocks Set	28.59
01 2410 610 1 006	208123051084	Double Nine Wooden Dominoes	4.54
01 2410 610 1 006	208123051084	Rayovac Resealable Batteries - AA	9.09
01 2410 610 1 006	208123051084	Basic Round Ring Binders - 1/2" - Maroon	10.36
01 2410 610 1 006	208123051084	C-Line Rainbow Document Sorter	25.20
01 2410 610 1 006	208123051084	Kraft Clasps Envelopes 9 x 12"	11.69
01 2410 610 1 006	208123051084	Kraft Clasps Envelopes 12 x 15-1/2"	21.44
01 2410 610 1 006	208123051084	School Smart Inter-Department Envelopes	18.84
01 2410 610 1 006	208123051084	Iris Storage Stacking Bins	6.42
01 2410 610 1 006	208123051084	Dial Clear Stacking Bins	8.70
01 2410 610 1 006	208123051084	Pattern Block Cards	15.66
	64834 SCHOOL SPECIALTY, INC.		226.83
01 1100 610 1 006	208123051191	Rubber Bands	1.62
1103			
01 1100 610 1 006	208123051191	Scotch Tape (16 Pk)	30.74
1103			
01 1100 610 1 006	208123051191	3 Hole Punch	9.03
1103			
01 1100 610 1 006	208123051191	Expo Assorted Intense B	29.80
1103			
01 1100 610 1 006	208123051191	Dark Green Pipe Cleaners	13.58
1103			
01 1100 610 1 006	208123051191	Assorted Flairs (Set of 48)	55.89
1103			
01 1100 610 1 006	208123051191	Capetown 3x3 Post Its	36.26
1103			
01 1100 610 1 006	208123051191	Capetown 1.5x2 Post Its	7.73
1103			
01 1100 610 1 006	208123051191	Greenwave 2x2 Post Its	9.16
1103			
01 1100 610 1 006	208123051191	Post It Tabs	17.91
1103			
01 1100 610 1 006	208123051191	Magnetic Strips 1x10	2.13
1103			
01 1100 610 1 006	208123051191	Magnetic Tape	12.98
1103			
	64834 SCHOOL SPECIALTY, INC.		102.68
01 1200 610 1 006	208123051198	Per Attached White Packet	102.68
1221			
	64834 SCHOOL SPECIALTY, INC.		168.15
01 2410 610 1 006	208123051200	Per Attached White Packet	168.15
	64834 SCHOOL SPECIALTY, INC.		368.78
01 1100 610 1 006	208123051323	Paper Mate Black Flairs	28.20
1105			
01 1100 610 1 006	208123051323	Paper Mate Green Flairs	28.20
1105			
01 1100 610 1 006	208123051323	Paper Mate Red Flairs	14.10

Check #	Vendor Name	Amount	
Account Number	Invoice	Description	Amount
1105			
01 1100 610 1 006	208123051323	You're A Star Name Tags	3.05
1105			
01 1100 610 1 006	208123051323	Dots on Black Name Plates	4.35
1105			
01 1100 610 1 006	208123051323	3M Masking Tape 1" x 60 Yards	21.42
1105			
01 1100 610 1 006	208123051323	School Events Wall Calendar	7.79
1105			
01 1100 610 1 006	208123051323	Astro-Brite Bright Assortment	54.55
1105			
01 1100 610 1 006	208123051323	Oxford Green Folders	67.27
1105			
01 1100 610 1 006	208123051323	Oxford Black Folders	67.27
1105			
01 1100 610 1 006	208123051323	Paper Mate Purple Flairs	28.20
1105			
01 1100 610 1 006	208123051323	3x3 Post It Notes Cape Town	18.52
1105			
01 1100 610 1 006	208123051323	1-1/2x 2 Post It Notes Cape Town	7.73
1105			
01 1100 610 1 006	208123051323	3x3 Post It Notes Jaipur	18.13
1105			
	64834 SCHOOL SPECIALTY, INC.		409.88
01 1100 610 1 006	208123051358	Per Attached White Packet	409.88
1103			
	64834 SCHOOL SPECIALTY, INC.		113.78
01 1200 610 1 006	208123051399	0.5mm Pilot Frixon Set of 8	15.85
1212			
01 1200 610 1 006	208123051399	Character Choices Poster Set	14.29
1212			
01 1200 610 1 006	208123051399	192 Marker Combo Pack	32.49
1212			
01 1200 610 1 006	208123051399	480 Assorted Colored Pencils	51.15
1212			
	64834 SCHOOL SPECIALTY, INC.		226.82
01 1100 610 1 006	20812313686	Per Attached White Packet	226.82
1105			
	64834 SCHOOL SPECIALTY, INC.		55.22
01 2130 610 1 006	208123313683	Chalk Markers Assorted Colors	6.43
01 2130 610 1 006	208123313683	Chalk Markers Fluorescent - Chisel Tip	12.99
01 2130 610 1 006	208123313683	Chalk Markers Fluorescent - Fine Tip	6.43
01 2130 610 1 006	208123313683	Elmers Chalk Markers Assorted	6.43
01 2130 610 1 006	208123313683	Chalk Markers Bright Colors - Fine Tip	12.99
01 2130 610 1 006	208123313683	S/H	9.95
	64834 SCHOOL SPECIALTY, INC.		228.55
01 1100 610 1 004	308103407534	Storex Large Interlocking book bin set o	64.99
1102			
01 1100 610 1 004	308103407534	Best-Rite Flannel/Magnetic Lang. Board	163.56
1102			
	64834 SCHOOL SPECIALTY, INC.		110.89
01 1100 610 1 006	308103415779	Dots on Black Name Tags	4.35
1105			
01 1100 610 1 006	308103415779	StoreEX Book Bins	23.38
1105			

Check #	Vendor Name	Amount	
Account Number	Invoice	Description	Amount
01 1100 610 1 006 1105	308103415779	Metallic Sharpie	5.18
01 1100 610 1 006 1105	308103415779	Pkg 30 Dry Erase	77.98
	64834 SCHOOL SPECIALTY, INC.		277.51
01 2161 610 1 006	308103417702	SAND KINETIC 5 KG BOX	36.39
01 2161 610 1 006	308103417702	TOP PLASTIC GONGE	82.54
01 2161 610 1 004	308103417702	TOP PLASTIC GONGE	82.54
01 2161 610 1 006	308103417702	PILLOWS VIBRATING PILLOWS BLUE SET OF 3	76.04
	64834 SCHOOL SPECIALTY, INC.		145.79
01 1100 610 2 002 1106	308103419241	Fine/Ultra Fine Black sharpie	20.73
01 1100 610 2 002 1106	308103419241	Hand pencil sharpener -24pk	1.62
01 1100 610 2 002 1106	308103419241	Construction paper white 9x12	16.50
01 1100 610 2 002 1106	308103419241	Construction paper white 12x18	34.20
01 1100 610 2 002 1106	308103419241	BIC Brite Liner Highlighter 24pk	19.62
01 1100 610 2 002 1106	308103419241	Pencil Grip Shammy Eraser- 12	17.15
01 1100 610 2 002 1106	308103419241	Mavalus Removable Poster Tape	13.05
01 1100 610 2 002 1106	308103419241	2" Binder Clips 12pk	9.93
01 1100 610 2 002 1106	308103419241	Standard Legal Pads-white 12	12.99
	64834 SCHOOL SPECIALTY, INC.		123.79
01 1100 610 2 002 1190	308103419243	Prismacolor black colored Pencil	13.20
01 1100 610 2 002 1190	308103419243	Prismacolor violet colored Pencil	6.60
01 1100 610 2 002 1190	308103419243	Sharpie brush pens	22.61
01 1100 610 2 002 1190	308103419243	Aleene's fast grab glue	3.10
01 1100 733 2 002 1190	308103419243	Black padded stool w/backrest	78.28
	64834 SCHOOL SPECIALTY, INC.		269.73
01 1100 610 2 002 1107	308103419245	Binder 2 inch	32.47
01 1100 610 2 002 1107	308103419245	Golf Pencils (144 pack)	7.79
01 1100 733 2 002 1107	308103419245	Pencil sharpener	30.07
01 1100 610 2 002 1107	308103419245	sheet Protectors (100 pk)	136.20
01 1100 610 2 002 1107	308103419245	Elmers Glue Stick 30 pk	11.68
01 1100 610 2 002 1107	308103419245	clipboards	18.54
01 1100 610 2 002 1107	308103419245	Expo Markers- blue	15.58
01 1100 610 2 002 1107	308103419245	5x8 legal pads	4.54
01 1100 610 2 002 1107	308103419245	Phone Stand Desk Organizer	11.11
01 1100 610 2 002 1107	308103419245	Scissors	1.75

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
64834	SCHOOL SPECIALTY, INC.		80.18	
01 1200 610 1 006 1221	308103419767	School Smart Felt Pens #8		3.88
01 1200 610 1 006 1221	308103419767	Index Cards 3x5		0.70
01 1200 610 1 006 1221	308103419767	Post-It Notes 1-1/2 x 2" #12		7.73
01 1200 610 1 006 1221	308103419767	Post-It Notes 3x5 #5		8.31
01 1200 610 1 006 1221	308103419767	2019-20 Academic Calendar		6.04
01 1200 610 1 006 1221	308103419767	File Folders #100		15.59
01 1200 610 1 006 1221	308103419767	Avery Tab Dividers #8		5.13
01 1200 610 1 006 1221	308103419767	2 Poly Pocket Folders #25		10.72
01 1200 610 1 006 1221	308103419767	Envelopes 2/Clasp 9x12 #100		11.69
01 1200 610 1 006 1221	308103419767	Kraft Envelopes 6x9 #100		10.39
64835	SCHOOL SPECIALTY, INC.		150.13	
01 1100 610 2 002 1190	308103435003	Giant Stems		8.94
01 1100 610 2 002 1190	308103435003	Super Stems		4.65
01 1100 610 2 002 1190	308103435003	Cellulose Sponges		21.72
01 1100 610 2 002 1190	308103435003	Set 24 Colored Pencils		49.60
01 1100 610 2 002 1190	308103435003	Paper Punch		1.12
01 1100 610 2 002 1190	308103435003	Westcott Paper Trimmer		34.70
01 1100 610 2 002 1190	308103435003	Crayola Marker Set of 1		29.40
		Vendor Total:		7,365.24
64836	SHERRY HARPER		180.96	
01 1200 332 2 002 1221	REIMB 10/8/19	MILEAGE 9/3/19-9/19/19		180.96
		Vendor Total:		180.96
64837	SID DILLON		24.36	
01 2712 430 0 000	56840CVR	PARTS		24.36
64837	SID DILLON		(14.01)	
01 2712 430 0 000	56863CVR	RETURN		(14.01)
		Vendor Total:		10.35
64838	SMALL ENGINE SPECIALISTS INC		111.26	
01 2630 430 2 001	318502	TRIMMER SUPPLIES		22.25
01 2630 430 2 002	318502	TRIMMER SUPPLIES		22.25
01 2630 430 1 003	318502	TRIMMER SUPPLIES		22.26
01 2630 430 1 004	318502	TRIMMER SUPPLIES		22.25
01 2630 430 1 006	318502	TRIMMER SUPPLIES		22.25
64838	SMALL ENGINE SPECIALISTS INC		70.33	
01 2630 430 1 006	319160	TRIMMER SUPPLIES		14.07
01 2630 430 2 001	319160	TRIMMER SUPPLIES		14.06
01 2630 430 2 002	319160	TRIMMER SUPPLIES		14.06
01 2630 430 1 003	319160	TRIMMER SUPPLIES		14.07
01 2630 430 1 004	319160	TRIMMER SUPPLIES		14.07

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
64838	SMALL ENGINE SPECIALISTS INC		30.00	
01 2630 430 1 004	319164	TRIMMER REPAIR		6.00
01 2630 430 1 006	319164	TRIMMER REPAIR		6.00
01 2630 430 2 001	319164	TRIMMER REPAIR		6.00
01 2630 430 2 002	319164	TRIMMER REPAIR		6.00
01 2630 430 1 003	319164	TRIMMER REPAIR		6.00
64838	SMALL ENGINE SPECIALISTS INC		41.88	
01 2630 430 1 003	319992	EDGER BLADES		8.37
01 2630 430 1 004	319992	EDGER BLADES		8.37
01 2630 430 1 006	319992	EDGER BLADES		8.38
01 2630 430 2 001	319992	EDGER BLADES		8.38
01 2630 430 2 002	319992	EDGER BLADES		8.38
		Vendor Total:		253.47
64839	STEPHANIE JONES		133.98	
01 2161 333 1 003	8/15/19-9/20/19	MILEAGE 8/15/19-9/20/18		133.98
		Vendor Total:		133.98
64840	SUNBELT RENTALS		800.47	
01 2620 430 2 001	91974114-0001	ELECTRIC SCISSOR RENTAL		800.47
		Vendor Total:		800.47
64841	SWANK MOVIE LICENSING USA		499.00	
01 1100 610 1 006	2709565	Movie Licensing 2019-20		499.00
1111				
		Vendor Total:		499.00
64842	TIFFANY WEEKLY		33.99	
01 2213 333 1 004	9/12/19	MILEAGE 9/12/19 VERBAL BEHAVIOR TRAINING		33.99
		Vendor Total:		33.99
64843	TRACTOR SUPPLY COMPANY		14.39	
01 2620 740 1 006	100075999	SUPPLIES		14.39
64843	TRACTOR SUPPLY COMPANY		33.98	
01 2620 740 0 000	100076015	SUPPLIES		33.98
64843	TRACTOR SUPPLY COMPANY		83.98	
01 2620 740 2 002	100076349	SUPPLIES		83.98
64843	TRACTOR SUPPLY COMPANY		9.98	
01 2620 740 2 002	100076792	SUPPLIES		9.98
64843	TRACTOR SUPPLY COMPANY		9.99	
01 2620 739 0 000	100076793	TOOLS		9.99
64843	TRACTOR SUPPLY COMPANY		1.34	
01 2620 740 1 006	100076885	SUPPLIES		1.34
64843	TRACTOR SUPPLY COMPANY		0.46	
01 2620 740 0 000	100077164	SUPPLIES		0.46
64843	TRACTOR SUPPLY COMPANY		119.98	
01 2630 430 2 001	100077973	SUPPLIES		119.98
64843	TRACTOR SUPPLY COMPANY		34.99	
01 2630 430 1 006	100078532	SUPPLIES		34.99
64843	TRACTOR SUPPLY COMPANY		3.29	
01 2630 430 1 006	100078548	SUPPLIES		3.29
64843	TRACTOR SUPPLY COMPANY		11.99	
01 2620 739 0 000	100078666	TOOLS		11.99
64843	TRACTOR SUPPLY COMPANY		11.99	

Check #	Vendor Name	Amount		Amount
Account Number	Invoice	Description		Amount
01 2630 430 1 003	200031567	SUPPLIES		2.39
01 2630 430 1 004	200031567	SUPPLIES		2.40
01 2630 430 1 006	200031567	SUPPLIES		2.40
01 2630 430 2 001	200031567	SUPPLIES		2.40
01 2630 430 2 002	200031567	SUPPLIES		2.40
64843	TRACTOR SUPPLY COMPANY		5.98	
01 2620 740 2 002	200031900	SUPPLIES		5.98
				Vendor Total:
				342.34
64844	TRANE COMPANY		7,966.00	
01 2620 430 1 003	310215654	CONTRACT 9/1/19-9/30/19		1,593.20
01 2620 430 1 004	310215654	CONTRACT 9/1/19-9/30/19		1,593.20
01 2620 430 1 006	310215654	CONTRACT 9/1/19-9/30/19		1,593.20
01 2620 430 2 001	310215654	CONTRACT 9/1/19-9/30/19		1,593.20
01 2620 430 2 002	310215654	CONTRACT 9/1/19-9/30/19		1,593.20
64844	TRANE COMPANY		145.50	
01 2620 430 1 006	310224556	UNIT REPAIRS		145.50
64844	TRANE COMPANY		3,815.54	
01 2620 430 1 004	310255171	UNIT REPAIRS		3,815.54
64844	TRANE COMPANY		263.50	
01 2620 430 1 003	310255234	UNIT REPAIRS		263.50
64844	TRANE COMPANY		263.50	
01 2620 430 1 004	310266400	UNIT REPAIRS		263.50
64844	TRANE COMPANY		918.91	
01 2620 430 1 006	310269234	UNIT REPAIRS		918.91
64844	TRANE COMPANY		441.75	
01 2620 430 1 004	310271943	UNIT REPAIRS		441.75
				Vendor Total:
				13,814.70
64845	UNITE PRIVATE NETWORKS LLC		455.98	
01 1100 735 2 001	SI-19-009184	ETHERNET 9/1/19-9/30/19		277.00
1111				
01 1100 735 1 003	SI-19-009184	ETHERNET 9/1/19-9/30/19		178.98
1111				
				Vendor Total:
				455.98
64846	USA HOICH IRRIGATION, INC.		1,208.00	
01 2630 430 2 001	16624	SPRINKLER REPAIRS		1,208.00
64846	USA HOICH IRRIGATION, INC.		1,334.00	
01 2630 430 2 001	16847	SPRINKLER REPAIRS		1,334.00
				Vendor Total:
				2,542.00
64709	USPS TMS #246043		1,500.00	
01 2510 531 0 000	TMS#246043-	POSTAGE OCT 19		1,500.00
	0078			
				Vendor Total:
				1,500.00
64847	VERNIER SOFTWARE & TECHNOLOGY		121.17	
01 1100 610 2 001	5348895	pH sensor - BNC portion		69.00
1172				
01 1100 610 2 001	5348895	pH sensor storage solution		36.00
1172				
01 1100 610 2 001	5348895	S/H		16.17
1172				
				Vendor Total:
				121.17
64848	VILLAGE OF EAGLE		182.13	
01 2610 410 1 003	0990011385-	SVS 8/13/19-9/10/19		182.13
	0919			

<u>Check #</u>	<u>Vendor Name</u>		<u>Amount</u>		<u>Amount</u>	
<u>Account Number</u>	<u>Invoice</u>	<u>Description</u>				
					Vendor Total:	182.13
64849 WAHOO-WAVERLY-ASHLAND NEWSPAPERS			133.71			
01 2310 540 0 000	I0000067709- 0815	ADV		133.71		
					Vendor Total:	133.71
64850 WATERLINK INC			324.83			
01 2620 430 1 003	25826	WATER TREATMENT SVS		81.20		
01 2620 430 1 004	25826	WATER TREATMENT SVS		81.21		
01 2620 430 2 001	25826	WATER TREATMENT SVS		81.21		
01 2620 430 2 002	25826	WATER TREATMENT SVS		81.21		
64850 WATERLINK INC			2,897.88			
01 2620 740 2 001	25861	PROPYLENE GLYCOL		2,897.88		
					Vendor Total:	3,222.71
64851 WAVERLY PLUMBING & WELL CO			187.03			
01 2620 430 1 003	2019-627	REPAIRED AUTO WASH FOUNTAIN		187.03		
64851 WAVERLY PLUMBING & WELL CO			2,206.83			
01 2620 430 1 006	2019-630	BOILER ROOM CIRCULATING PUMP		2,206.83		
64851 WAVERLY PLUMBING & WELL CO			423.20			
01 2620 430 1 006	2019-674	REPAIRED BACKFLOW		423.20		
					Vendor Total:	2,817.06
64852 WILLIAM V MACGILL AND COMPANY			372.81			
01 2130 610 1 004	IN0689531	Med Gloves		6.75		
01 2130 610 1 004	IN0689531	Thermoscan Probe Covers		105.00		
01 2130 610 1 004	IN0689531	Disposable Specula		6.20		
01 2130 610 1 004	IN0689531	Cool Jel		6.48		
01 2130 610 1 004	IN0689531	3 x 5 Cold Packs		6.90		
01 2130 610 1 004	IN0689531	Spot Oval		6.25		
01 2130 610 1 004	IN0689531	Patch 2 x 3		7.99		
01 2130 610 1 004	IN0689531	3/4 x 3		32.00		
01 2130 610 1 004	IN0689531	2 x 5		6.96		
01 2130 610 1 004	IN0689531	2 x 5		3.48		
01 2130 610 1 004	IN0689531	3 x 5		4.56		
01 2130 610 1 004	IN0689531	Cherry Lozenge		13.74		
01 2130 610 1 004	IN0689531	Sugar Free Lozenge		2.40		
01 2130 610 1 004	IN0689531	Vaseline		1.98		
01 2130 610 1 004	IN0689531	Paper Cups		15.96		
01 2130 610 1 004	IN0689531	Flushable Wipes		11.76		
01 2130 610 1 004	IN0689531	Medium Gloves		19.94		
01 2130 610 1 004	IN0689531	Ear Ease		13.75		
01 2130 610 1 004	IN0689531	Visine		5.95		
01 2130 610 1 004	IN0689531	Treasure Chests		9.94		
01 2130 610 1 004	IN0689531	Antacid		18.90		
01 2130 610 1 004	IN0689531	X-Strength		2.49		
01 2130 610 1 004	IN0689531	Ibuprofen		12.48		
01 2130 610 1 004	IN0689531	Bacitracin		3.40		
01 2130 610 1 004	IN0689531	Antifungal		3.57		
01 2130 610 1 004	IN0689531	Alcohol		2.30		
01 2130 610 1 004	IN0689531	Hydrocortisone		3.49		
01 2130 610 1 004	IN0689531	Sting Relief		13.99		
01 2130 610 1 004	IN0689531	4 1/2 x 7		24.20		
64852 WILLIAM V MACGILL AND COMPANY			124.50			
01 2130 610 2 002	IN0691211	Aquaphor 1.75 oz tube		22.96		

Check #	Vendor Name	Amount		Amount
Account	Number	Invoice	Description	Amount
01 2130 610 2 002	IN0691211	IN0691211	Acetamiphen Junior Tabs	27.04
01 2130 610 2 002	IN0691211	IN0691211	Ibuprofen Junior Tabs	50.00
01 2130 610 2 002	IN0691211	IN0691211	Reusable Ice Packs	8.40
01 2130 610 2 002	IN0691211	IN0691211	1 oz. Souffle Paper Cups 250	4.20
01 2130 610 2 002	IN0691211	IN0691211	1 oz. Graduated Cups Med. 100/Tube	3.30
01 2130 610 2 002	IN0691211	IN0691211	Flossers 50/Bag	8.60
Vendor Total:				497.31
64853 WINDSTREAM				640.55
01 2510 530 0 000	09181971-0919	09181971-0919	SVS 9/13/19-10/12/19	640.55
64853 WINDSTREAM				115.11
01 2510 530 0 000	091879297-0919	091879297-0919	SVS 8/25/19-9/24/19	115.11
Vendor Total:				755.66
64854 WOLFE HARDWARE				11.80
01 2630 430 1 003	253335	253335	SUPPLIES	2.36
01 2630 430 1 004	253335	253335	SUPPLIES	2.36
01 2630 430 1 006	253335	253335	SUPPLIES	2.36
01 2630 430 2 001	253335	253335	SUPPLIES	2.36
01 2630 430 2 002	253335	253335	SUPPLIES	2.36
64854 WOLFE HARDWARE				1.96
01 2630 430 1 003	253843	253843	SUPPLIES	0.40
01 2630 430 1 004	253843	253843	SUPPLIES	0.39
01 2630 430 1 006	253843	253843	SUPPLIES	0.39
01 2630 430 2 001	253843	253843	SUPPLIES	0.39
01 2630 430 2 002	253843	253843	SUPPLIES	0.39
64854 WOLFE HARDWARE				3.87
01 2630 430 2 001	254826	254826	SUPPLIES	3.87
64854 WOLFE HARDWARE				13.93
01 2630 430 1 003	255028	255028	SUPPLIES	2.79
01 2630 430 1 004	255028	255028	SUPPLIES	2.79
01 2630 430 1 006	255028	255028	SUPPLIES	2.79
01 2630 430 2 001	255028	255028	SUPPLIES	2.78
01 2630 430 2 002	255028	255028	SUPPLIES	2.78
Vendor Total:				31.56
64855 WPS				122.10
01 2161 610 1 003	WPS-284539	WPS-284539	SPM/SPM-P PRINT QUICK TIPS	111.00
01 2161 610 1 003	WPS-284539	WPS-284539	S/H	11.10
Vendor Total:				122.10
Fund Total:				517,733.64
Checking Account Total:				517,733.64

SCC - SENCAP: 11,613.00
Payroll: 1,297,034.06
Total: 1,826,380.70

***Special Building Fund, Bond Fund, Qualified Capital Purpose Undertaking
Fund, Bond Debt Service, and Depreciation Fund Claims for
October 7, 2019***

Special Building Fund

Athey Painting, Incorporated (\$250.00) – Payment is for labor and materials to repair and repaint one wall in the Curriculum Director’s new office at the Central Office Building.

Bestco Services (\$12,655.00) – Payment is for labor and materials to restripe the parking lots at Eagle Elementary School, Hamlow Elementary School, Waverly Intermediate School, Waverly Middle School, and Waverly High School.

Eakes Office solutions (\$16,479.44) – Payment is for new or replacement furniture, including installation, for the Curriculum Director’s Office and Reception Area in the Central Office.

USA Hoich Irrigation (\$13,275.00) – Payment is for labor and materials to rewire the fifteen lawn sprinkler zones surrounding the Waverly High School building.

Bond Series 2015 / 2016 Construction Proceeds

Commonwealth Communications (\$10,000.00) – Payment Application #2 is for labor and materials to convert the Waverly Middle School intercom and card access system to the districtwide intercom and card access system.

Qualified Capital Purpose Undertaking

No claims this month.

Bond Debt Service

No claims this month.

Depreciation Fund

Coach Masters (\$66,500.00) – Payment is for a 2017 used Blue Bird Vision 54 passenger bus with a wheel chair lift. The previous Thomas bus with a lift was taken out of service because the frame was rusting badly and the rust was not visible without removing bus panels.

1 Cody Gilliland

- a. papers turned in 3/27/19
- b. If passes all classes this semester, needs 10 credits (college prep & creative writing)
- c. Plans to participate in graduation ceremony

2. Alexandria Rash

- a. Papers turned in 8/30
- b. Needs 10 elective credit
- c. Plans to participate in graduation ceremony

3. Michelle Beckstead

- a. Papers turned in 8/30
- b. Needs 30 credits, to include Theatre, Creative Writing, Psychology, & 3 Electives
- c. Plans to participate in graduation ceremony

4. Ella Gerlach

- a. papers turned in on 8/14/19 (needs letter yet)
- b. Needs 10 elective credits
- c. Plans to participate in graduation ceremony

Waverly High School

My son/daughter Alexandria Rash is
(Student Name)

considering a mid-term graduation. I am fully aware of this and support the consideration. I realize this excludes him/her from participation in all second semester school activities other than Prom and Graduation.

Kruptal Rash _____ 8-15-19 _____
Parent/Guardian Signature Date

Alexandria Rash _____ 8/14/19 _____
Student Signature Date

~~~~~  
\*\*\*\*\*For Office Use Only\*\*\*\*\*

Requested Received \_\_\_\_\_

\_\_\_\_\_ has been  
(Student Name)  
recommended for mid-term graduation.

[Signature] \_\_\_\_\_ 8-31-19 \_\_\_\_\_  
Counselor Signature Date

\_\_\_\_\_  
Principal Signature Date

# MIDTERM GRADUATION POLICIES AND PROCEDURES

- 1) By the 1st Monday in September of the student's senior year, he/she must submit a letter to the high school principal requesting midterm graduation, listing reasons for the request and providing any appropriate supporting documentation.
- 2) Once the letter is delivered to the principal, the student will then be given a Statement of Agreement for Mid-Term Graduation packet. This packet must be returned to the Counseling Office by the 3rd Monday in September. Parent/guardian permission is required.
- 3) The School Board will approve or deny the Mid-term Graduation request at their regular October meeting.
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- 6) A midterm graduate's diploma will be dated with the last school day of the 1st semester of that student's senior year. A diploma will be given to the student at that time if requested. If he/she plans to participate in the graduation ceremony, then he/she will not receive the diploma until that ceremony.
- 7) The student shall meet all academic subject requirements as currently outlined in the Student Handbook and School Board Policies in regard to subjects and total credits required for an academic diploma.
- 8) The student must meet all obligations and stipulations of such an arrangement, or he or she will be asked to return to full time high school attendance. Failure to do so in that situation would jeopardize the student's goal of receiving a diploma.

Kruptal Rash  
Parent/Guardian Signature

Alexandra Rash  
Student Signature

8-15-19

Date

8/14/19

Date

# Commencement and Diploma Information

Student Name: Alexandria Rash

I am planning on participating in the Commencement Exercises in May:

Yes     No     Unknown    (Circle One)

A cap and gown is required to participate in the Commencement Exercises. School Traditions will be available for you to order a cap and gown. School Traditions can be contacted at 800-733-7988.

Please PRINT on the line below how you would like your name on your diploma. Please remember this is a legal document.

Alexandria Rash

Email address where information can be emailed regarding important upcoming dates and other information: lexakaylee21@gmail.com

Dear District 145 School board,

I am respectfully applying to graduate early at the end of first semester. Since the start of freshman year I knew I wanted to graduate early. I planned my schedule through senior year to ensure I would have occupational release. In the second grade I decided I want to pursue being a dental hygienist. I fell in love with this career and to this day it remains the same. My top choice to pursue the career of being a dental hygienist is Iowa Western Community College. This school is a bit more expensive than my second choice; I think the Iowa Westerns program suits me better and my needs. The only drawback to the school is the cost. I will be paying for college on my own and will likely take out a student loan, my goal is not to be in extreme debt. I would like little to none if possible. I work two jobs and I have for a couple years. If the board grants my request to graduate early, I intend to work full time to save for college. I also intend to take college courses at SCC in Lincoln, one of them in spring and one of them in summer. That way classes can be transferred to Iowa Western.

I am a goal driven person; I always have been. Granting my request will help me accomplish this goal so I can step forward to the rest of my goals I have set for myself.

Sincerely,

Alexandria Rash

# Commencement and Diploma Information

Student Name: Cody Gilliland

I am planning on participating in the Commencement Exercises in May:

Yes     No     Unknown    (Circle One)

A cap and gown is required to participate in the Commencement Exercises. School Traditions will be available for you to order a cap and gown. School Traditions can be contacted at 800-733-7988.

Please PRINT on the line below how you would like your name on your diploma. Please remember this is a legal document.

Cody Alan Gilliland

Email address where information can be emailed regarding important upcoming dates and other information: cody.gilliland02@gmail.com

# Waverly High School

My son/daughter Cody Gilliland is  
(Student Name)

considering a mid-term graduation. I am fully aware of this and support the consideration. I realize this excludes him/her from participation in all second semester school activities other than Prom and Graduation.

Brenda S. O. O.  
Parent/Guardian Signature

3-11-19  
Date

Cody Gilliland  
Student Signature

3-11-19  
Date

~~~~~  
*****For Office Use Only*****

Requested Received _____

_____ has been
(Student Name)
recommended for mid-term graduation.

[Signature]
Counselor Signature

8-31-19
Date

Principal Signature

Date

MIDTERM GRADUATION POLICIES AND PROCEDURES

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Brenda Gilliland
Parent/Guardian Signature

3-11-19
Date

Cody Gilliland
Student Signature

3-11-19
Date

Dr. Myers,

I would like to graduate early for two main reasons; so I can safely get a full time job, and I can furthermore work on my portfolio for a software engineering job.

Letting me graduate early gives me just that much more time to put towards a job, going from part-time to full-time. Any adult should know that a part-time job doesn't pay enough to live off of; and I know that my mother would greatly appreciate it if I could pay for more of my own things.

It'll also give me some more time and freedom to work on my own personal projects, like that portfolio. In order to get any job in the realm of making software you have to have a good portfolio. With the amount of time that I have to put in for classes, in the school and out, freeing up that little bit of time would allow me to put just a little bit more into that portfolio every day.

Sincerely,

Cody Gilliland

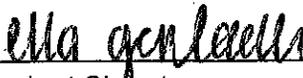
MIDTERM GRADUATION POLICIES AND PROCEDURES

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Parent/Guardian Signature

08/13/2019
Date



Student Signature

08/13/2019
Date

Commencement and Diploma Information

Student Name: Isabella Gerlach

I am planning on participating in the Commencement Exercises in May:

Yes No Unknown (Circle One)

A cap and gown is required to participate in the Commencement Exercises. School Traditions will be available for you to order a cap and gown. School Traditions can be contacted at 800-733-7988.

Please PRINT on the line below how you would like your name on your diploma. Please remember this is a legal document.

Isabella Gerlach

Email address where information can be emailed regarding important upcoming dates and other information: ellagerlach02@gmail.com

Waverly High School

My son/daughter Isabella Genlach is
(Student Name)

considering a mid-term graduation. I am fully aware of this and support the consideration. I realize this excludes him/her from participation in all second semester school activities other than Prom and Graduation.

Jana L Sh
Parent/Guardian Signature

08/13/2019
Date

ella genlach
Student Signature

08/13/2019
Date

~~~~~  
\*\*\*\*\*For Office Use Only\*\*\*\*\*

Requested Received \_\_\_\_\_

\_\_\_\_\_ has been  
(Student Name)  
recommended for mid-term graduation.

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date



---

**Isabella Gerlach**

13060 Lizzie Ln.  
Lincoln, NE 68527  
(402) 326-2488  
ellagerlach02@gmail.com

8 August 2019

**Dr. Megan Myers**

Principal, Waverly High School  
13401 Amberly Rd.  
Waverly, NE 68462

Dear Dr. Myers,

As you know, I have requested to graduate in December 2019 rather than in May 2020, as is traditional. I am writing to ask for your approval of this request to ensure a successful life after this upcoming semester. The reasons I would like to graduate early is explained in this letter.

First, I will be undergoing minor knee surgery in November on my left knee and will likely miss up to a week of school. Furthermore, after experiencing an unsuccessful operation on my right knee, a more extensive procedure called an Osteotomy may be required in January. This decision will be made following the recovery of my left knee surgery. The Osteotomy surgery would result in a 4-6 week absence from school.

After recovering from these operations, the American Quarter Horse Association's (AQHA) show season will begin at the end of March. Many of these college exposure horse shows will cause my absent from school due to four-day, or longer horse shows taking place two to three times a month. In previous years, I have been at risk of losing school credits due to the horse shows I attended. To have the opportunity to be offered an Equestrian scholarship, I will need to attend more shows this upcoming season.

A majority of the reasons for this letter involves my absence from school, but another reason is that I am very passionate about a career showing and training horses after high school. Graduating in December will allow me to focus on correcting my legs, and continue showing on the AQHA show circuit once healed.

---

These shows, along with my passion for riding, allow me to have the exposure I need to supplement my college expenses through equestrian scholarships. Participating in AQHA also will enable me to receive scholarships from AQHA as well as increasing the equity in my horse through our success, awards, and other decorations. This increased equity will provide more financial assistance for college through the sale of my horse.

Sincerely,

A handwritten signature in black ink, appearing to read "Isabella Gerlach". The script is cursive and fluid, with the first name "Isabella" written in a larger, more prominent hand than the last name "Gerlach".

**Isabella Gerlach**

# Waverly High School

My son/daughter Michelle Beckstead is  
(Student Name)

considering a mid-term graduation. I am fully aware of this and support the consideration. I realize this excludes him/her from participation in all second semester school activities other than Prom and Graduation.

 8-21-19  
Parent/Guardian Signature Date

Michelle Beckstead 8-21-19  
Student Signature Date

~~~~~  
*****For Office Use Only*****

Requested Received _____

_____ has been
(Student Name)
recommended for mid-term graduation.

 8-31-19
Counselor Signature Date

Principal Signature Date

Commencement and Diploma Information

Student Name: Michelle Beckstead

I am planning on participating in the Commencement Exercises in May:

Yes No Unknown (Circle One)

A cap and gown is required to participate in the Commencement Exercises. School Traditions will be available for you to order a cap and gown. School Traditions can be contacted at 800-733-7988.

Please PRINT on the line below how you would like your name on your diploma. Please remember this is a legal document.

Michelle Beckstead

Email address where information can be emailed regarding important upcoming dates and other information: Michelle.beckstead20@gmail.com

District 145 School Board

Greetings!

I am pleased to submit to you this letter of request for mid-term graduation. Ever since I was a young child I knew I wanted to help people in any way I could and that is a passion I will continue to follow. Something that has always sparked an interest is to become a paramedic, I've always had a fascination about how they are the first people to help and try their very best to get people the proper help they need. Fortunately I have already had the opportunity to start my dream and have been taking steps to make sure my future is secured. December 6, 2019 will mark my fourth year of proudly being an Eagle Fire and Rescue member. I have had so many unique experiences and firsthand learning opportunities from being on the department. Having that small taste of being able to significantly help people has really pushed my drive to succeed and be the person I want to be. In December I will be starting EMT classes through the fire department, as well as working full time. As these plans are in place while I will still be living at home, this will give me the opportunity to start saving up for my own place and making sure I will be able to pay for college classes starting next fall. I plan to take my general education classes at SCC because it is closer to home and would work better for me financially and for my schedule. Graduating early would help me to get a jump start on the dreams I wish to pursue.

Sincerely,
Michelle Beckstead

MIDTERM GRADUATION POLICIES AND PROCEDURES

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Parent/Guardian Signature

8-21-19

Date



Student Signature

8-21-19

Date

Rylee Crosgrove
605 S 1st St
Eagle, NE, 68347

To Whom It May Concern,

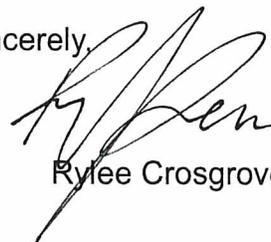
Hello, my name is Rylee Crosgrove and I am a senior here at Waverly. I am writing to you on behalf of early graduation. I would take this opportunity to work more at my current job of a year and six months. I have a guaranteed manager position once I turn eighteen, on January 3rd. With a managerial position comes more money, more hours, and more power.

I started at Hot Topic on February 3rd, 2018 and since then I've only grown as a person. In the beginning, I was very shy and introverted but I am pleased to say I am not that same girl. As time has gone on I have opened up and become more extroverted. It's easier to talk to people, that's something I wasn't able to do beforehand, Hot Topic taught me that. This store is more than a job to me, it's a second family, an experience I never knew I needed. That's something I truly believe that kids my age can't say, as they are jumping from job to job because they don't feel comfortable in their work environment. This is a place I enjoy going to, in fact, I enjoy being there so much that I even spend some of my free time there as well just to see the people I am proud to call family.

As for my tardiness in writing this letter and making the decision that I want to graduate early, it was because of my friends. My friends wanted me to stay with them second semester and to attend college with them at Wayne State in the fall. I have decided what is right for my future and what I want to do. I want to go to Joesph's School of Cosmetology in Lincoln versus a college that is two hours away from where my family would be. I don't want to leave my Hot Topic family either. I want to become a manager, that is a decision that I made a long time ago. I want to stay here with my family and watch my little brothers grow into the young men they strive to be. And lastly, I want to become a cosmetologist.

I understand that my letter and decision are past the deadline but I am asking you to please consider my request to graduate early. I would then be able to become a manager, earn money for tuition and attend Joesph's School of Cosmetology. I would like to thank you for taking the time out of your day to read my letter, to read what I have to say, I appreciate it.

Sincerely,



Rylee Crosgrove

Hannah Babcook
Store Manager Hot Topic
6100 O Street, Suite 200
Lincoln, NE, 68505

Dr. Meyers
Principal
Waverly High School

Dear Dr. Meyers:

Rylee is a very intelligent and hard-working individual whom I firmly believe should be allowed to graduate early. I would be able to give her the opportunity to move up into a management position, giving her valuable work experience and the ability to better herself as a person while building a solid resumé. In my employment experience with Rylee, I have seen her thrive in the work environment and she has had one of the best work ethics of young adults her age. I believe that giving her more hours and pay as part of our management staff would only benefit her. Rylee has only grown more extroverted since working here, and I have watched her come out of her shell.

Hot Topic has become not only a safe haven, but over time, a family for Rylee. Having the opportunity to teach Rylee and work with her has been a great experience, and I look forward to continuing to push her to do better. Among the management team here, there is a collective unspoken agreement to encourage her to excel and challenge her shortcomings. I strongly believe that Rylee is sharp and independent enough to succeed where she applies herself, and already has the tools she needs to do so.

Thank you for your time and consideration; I hope your decision is made with Rylee's best interest in mind. As her store manager, I write to you from a place much the same.

- Sincerely,

A handwritten signature in black ink, appearing to read 'Hannah Babcook', with a stylized, cursive script.

Hannah Babcook

**HOT TOPIC, INC #83
210 GATEWAY MALL
LINCOLN, NE 68505**

Waverly High School

My son/daughter Rylee Crossgrove is
(Student Name)

considering a mid-term graduation. I am fully aware of this and support the consideration. I realize this excludes him/her from participation in all second semester school activities other than Prom and Graduation.

<u>Hanson</u> Parent/Guardian Signature	<u>10-2-19</u> Date
<u>RFC</u> Student Signature	<u>10-2-19</u> Date

~~~~~  
\*\*\*\*\*For Office Use Only\*\*\*\*\*

Requested Received \_\_\_\_\_

\_\_\_\_\_ has been  
(Student Name)  
recommended for mid-term graduation.

|                                           |                        |
|-------------------------------------------|------------------------|
| <u>Jason Best</u><br>Counselor Signature  | <u>10-3-19</u><br>Date |
| <u>Megan Myers</u><br>Principal Signature | <u>10-3-19</u><br>Date |

# Commencement and Diploma Information

Student Name: Rylee Crosgrove

I am planning on participating in the Commencement Exercises in May:

Yes     No     Unknown    (Circle One)

A cap and gown is required to participate in the Commencement Exercises. School Traditions will be available for you to order a cap and gown. School Traditions can be contacted at 800-733-7988.

Please PRINT on the line below how you would like your name on your diploma. Please remember this is a legal document.

Rylee Rayn Ann Crosgrove

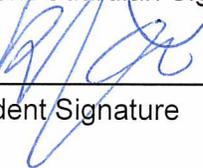
Email address where information can be emailed regarding important upcoming dates and other information: RyleeRaynAnn@gmail.com

# MIDTERM GRADUATION POLICIES AND PROCEDURES

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\_\_\_\_\_  
Parent/Guardian Signature

10-3-19  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Student Signature

10-3-19  
\_\_\_\_\_  
Date

September 18, 2019

Mr. Andy Grosshans  
School Board President  
District #145  
14621 Heywood  
Waverly, NE 68462

Mr. Grosshans,

The Waverly Education Association representing faculty members of District #145 respectfully requests that the Board of Education representing School District #145 recognize the WEA as the sole and exclusive negotiating agent for the 2021 - 2022 school year. The WEA requests this recognition at this time in order to expedite the negotiations process for the 2021 - 2022 school year.

The Board of Education and the WEA currently are under a two-year negotiated agreement and the process for the 2020 - 2021 school year must begin by November 1, 2019. The WEA would like to thank you for your time and recognition of the association as the sole and exclusive negotiating agent for the 2021 - 2022 school year.

Michael Cobelens  
WEA President

| Name                  | From        | To         |
|-----------------------|-------------|------------|
| Karly Barada          | 5 BA+36     | 6 MA+9     |
| Lisa Beeson           | 11 MA       | 11 MA+9    |
| Antonia Bloch         | 7 BA+27     | 8 BA+36/MA |
| Brent Bogner          | 11 MA+18    | 12 MA+27   |
| Brad Bowker           | 1 BA+27     | 2 BA+36/MA |
| Terese Brown          | 10 MA       | 11 MA+9    |
| Scott Burns           | 13 MA+27    | 13 MA+36   |
| Caitlin Callahan      | 4 BA+27     | 5 MA+9     |
| John Cockerill        | 11 MA+18    | 12 MA+36   |
| Trent Goldsmith       | 11 MA+18    | 11 MA+27   |
| Mallory Gregory       | 10 MA+18    | 11 MA+36   |
| Nicholas Herrington   | 7 MA        | 8 MA+9     |
| Brittany Hying        | 8 MA        | 9 MA+9     |
| Madison Jones         | 2 BA+9      | 3 BA+18    |
| Christine Kenning     | 12 MA+27    | 13 MA+36   |
| Christina Kreikemeier | 4 BA+27     | 5 MA+9     |
| Nicole McIntire       | 11 BA+36/MA | 11 MA+9    |
| Kellie Milleson       | 11 MA+27    | 12 MA+36   |
| Cara Piper            | 11 MA+9     | 11 MA+18   |
| Sara Renken           | 11 MA+9     | 11 MA+18   |
| Staci Ronhovde        | 5 BA+18     | 6 BA+36/MA |
| Tricia Sabin          | 6 BA+9      | 7 BA+18    |
| Sydney Schroeder      | 2 BA+9      | 3 BA+27    |
| Sara Schuster         | 12 MA+27    | 13 MA+36   |
| Katelynn Steffen      | 4 BA+9      | 5 BA+27    |
| Emily Standage        | 3 BA + 18   | 4 BA + 27  |
| Leah Wilcox           | 11 MA+18    | 12 MA+27   |
| Jennifer Wilke        | 11 MA       | 11 MA + 9  |
| Michael Ziola         | 4 BA+27     | 5 BA+36/MA |

**NOTICE OF SPECIAL HEARING TO SET FINAL TAX REQUEST  
Waverly Public Schools, School District #55-0145 in Lancaster County, Nebraska**

Public Notice is hereby given in compliance with the provisions of State Statute Section 77-1601.02, that the governing body of Waverly Public Schools, School District #55-0145, in Lancaster County, Nebraska will meet on the 7th day of October, 2019 at 7:00 P.M. at Eagle Elementary School, Eagle, Nebraska for the purpose of hearing support, opposition, criticism, suggestions, or observations of taxpayers relating to setting the final tax request at a different amount than the prior year tax request.

**2018 - 2019      2019 - 2020**

| Fund               | 2018 - 2019<br>Property Valuations | 2019 - 2020<br>Property Valuations | Change |
|--------------------|------------------------------------|------------------------------------|--------|
| General            | 1,808,988,071                      | 1,844,361,718                      | 1,9554 |
| Special Building   | 1,808,988,071                      | 1,844,361,718                      | 1,9554 |
| Bond 2016 C        | 2,903,499,027                      | 3,104,119,905                      | 6,9096 |
| Bond 2016 A (K-8)  | 2,481,715,339                      | 2,648,495,392                      | 6,7204 |
| Bond 2016 B (9-12) | 2,485,421,299                      | 2,651,963,597                      | 6,7008 |
| Bond 2016 D        | 1,875,338,185                      | 1,964,319,243                      | 4,7448 |
| Bond 2015          | 1,875,338,185                      | 1,964,319,243                      | 4,7448 |
| QCPU 2010          | 1,912,497,998                      | 2,003,997,771                      | 4,7843 |
| QCPU 2012          | 1,901,678,985                      | 1,991,982,743                      | 4,7486 |
| QCPU 2013          | 1,893,641,085                      | 1,984,093,143                      | 4,7766 |

| Fund               | 2018 - 2019<br>Property Valuations | 2019 - 2020<br>Property Valuations | Change |
|--------------------|------------------------------------|------------------------------------|--------|
| General            | 1,808,988,071                      | 1,844,361,718                      | 1,9554 |
| Special Building   | 1,808,988,071                      | 1,844,361,718                      | 1,9554 |
| Bond 2016 C        | 2,903,499,027                      | 3,104,119,905                      | 6,9096 |
| Bond 2016 A (K-8)  | 2,481,715,339                      | 2,648,495,392                      | 6,7204 |
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| Bond 2015          | 1,875,338,185                      | 1,964,319,243                      | 4,7448 |
| QCPU 2010          | 1,912,497,998                      | 2,003,997,771                      | 4,7843 |
| QCPU 2012          | 1,901,678,985                      | 1,991,982,743                      | 4,7486 |
| QCPU 2013          | 1,893,641,085                      | 1,984,093,143                      | 4,7766 |

**2018 - 19 Budget Information**

| Fund              | 2018 - 2019<br>Operating Budget | 2018 - 2019<br>Property Tax Request | 2018<br>Tax Rate |
|-------------------|---------------------------------|-------------------------------------|------------------|
| General           | \$ 24,144,648.00                | \$ 18,200,603.00                    | \$ 1.006121      |
| Special Building  | \$ 2,708,349.59                 | \$ 757,576.00                       | \$ 0.041878      |
| Bond '16 C        | \$ 726,634.00                   | \$ 363,836.00                       | \$ 0.012531      |
| Bond '16 A (K-8)  | \$ 2,163,135.00                 | \$ 920,682.00                       | \$ 0.037099      |
| Bond '16 B (9-12) | \$ 415,148.00                   | \$ 213,609.00                       | \$ 0.008594      |
| Bond '16 D        | \$ 762,618.00                   | \$ 413,725.00                       | \$ 0.022061      |
| Bond '15          | \$ 1,634,343.00                 | \$ 627,978.00                       | \$ 0.033486      |
| QCPUF '10 (K-12)  | \$ 110,055.00                   | \$ 58,556.00                        | \$ 0.003062      |
| QCPUF '12 (K-12)  | \$ 329,646.00                   | \$ 169,116.00                       | \$ 0.008893      |
| QCPUF '13 (K-12)  | \$ 779,008.00                   | \$ 383,162.00                       | \$ 0.020234      |
| Total             | \$ 33,773,584.59                | \$ 22,108,843.00                    | \$ 1.193959      |

**2019 - 20 Budget Information**

| Fund              | 2018 - 2019<br>Operating Budget | 2018 - 2019<br>Property Tax Request | 2018<br>Tax Rate | Property Tax Rate<br>(2018 - 2019 Request<br>Divided By<br>2019 Valuation) | 2019 - 2020<br>Operating Budget | 2019 - 2020<br>Proposed Property<br>Request | Proposed<br>2019<br>Tax Rate | Change<br>in Tax<br>Rate | Change in<br>Operating<br>Budget |
|-------------------|---------------------------------|-------------------------------------|------------------|----------------------------------------------------------------------------|---------------------------------|---------------------------------------------|------------------------------|--------------------------|----------------------------------|
| General           | \$ 24,144,648.00                | \$ 18,200,603.00                    | \$ 1.006121      | \$ 0.986824                                                                | \$ 25,038,388.00                | \$ 17,871,127                               | \$ 0.968960                  | (3.69)                   | 3.70                             |
| Special Building  | \$ 2,708,349.59                 | \$ 757,576.00                       | \$ 0.041878      | \$ 0.041075                                                                | \$ 2,684,248.83                 | \$ 1,111,111                                | \$ 0.060244                  | 43.86                    | (0.89)                           |
| Bond '16 C        | \$ 726,634.00                   | \$ 363,836.00                       | \$ 0.012531      | \$ 0.011721                                                                | \$ 721,998.00                   | \$ 365,455                                  | \$ 0.011773                  | (6.05)                   | (0.64)                           |
| Bond '16 A (K-8)  | \$ 2,163,135.00                 | \$ 920,682.00                       | \$ 0.037099      | \$ 0.034762                                                                | \$ 2,271,464.00                 | \$ 912,348                                  | \$ 0.034448                  | (7.15)                   | 5.01                             |
| Bond '16 B (9-12) | \$ 415,148.00                   | \$ 213,609.00                       | \$ 0.008594      | \$ 0.008055                                                                | \$ 412,419.00                   | \$ 211,737                                  | \$ 0.007984                  | (7.10)                   | (0.66)                           |
| Bond '16 D        | \$ 762,618.00                   | \$ 413,725.00                       | \$ 0.022061      | \$ 0.021082                                                                | \$ 763,093.00                   | \$ 415,695                                  | \$ 0.021162                  | (4.07)                   | 0.06                             |
| Bond '15          | \$ 1,634,343.00                 | \$ 627,978.00                       | \$ 0.033486      | \$ 0.031969                                                                | \$ 1,607,009.00                 | \$ 627,579                                  | \$ 0.031949                  | (4.59)                   | (1.67)                           |
| QCPUF '10 (K-12)  | \$ 110,055.00                   | \$ 58,556.00                        | \$ 0.003062      | \$ 0.002922                                                                | \$ 113,025.00                   | \$ 57,111                                   | \$ 0.002850                  | (6.99)                   | 2.70                             |
| QCPUF '12 (K-12)  | \$ 329,646.00                   | \$ 169,116.00                       | \$ 0.008893      | \$ 0.008490                                                                | \$ 326,235.00                   | \$ 166,690                                  | \$ 0.008368                  | (5.90)                   | (1.03)                           |
| QCPUF '13 (K-12)  | \$ 779,008.00                   | \$ 383,162.00                       | \$ 0.020234      | \$ 0.019312                                                                | \$ 809,842.00                   | \$ 383,160                                  | \$ 0.019312                  | (4.56)                   | 3.96                             |
| Total             | \$ 33,773,584.59                | \$ 22,108,843.00                    | \$ 1.193959      | \$ 1.166192                                                                | \$ 34,747,721.83                | \$ 22,122,013                               | \$ 1.167050                  | (2.25)                   | 2.88                             |

## PROPERTY TAX RESOLUTION TEMPLATE

Enter dates & your district specific information where identified

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**2019 - 2020 TAX REQUEST RESOLUTION  
FOR  
Lancaster County SCHOOL DISTRICT 55-0145**

WHEREAS, public notice was given at least five days in advance of a Special Public Hearing called for the purpose of discussing and approving or modifying the District's Tax Requests for the 2019 - 2020 school fiscal year for the General Fund, Bond Fund, Special Building Fund, and Qualified Capital Purpose Undertaking Fund of Lancaster County School District 55-0145; and,

WHEREAS, such Special Public Hearing was held before the Board of Education (hereinafter "the Board") of Lancaster County School District 55-0145 (hereinafter "the District") at the time, date, and place announced in the notice published in a newspaper of general circulation, a copy of which notice and proof of publication of which is attached hereto as Exhibit A, all as required by law; and,

WHEREAS, the Board provided an opportunity to receive comment, information and evidence from persons in attendance at such Special Hearing; and,

WHEREAS, the total assessed value of the property differs from last year's total assessed value by 1.96%; 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 \$1.166192 per \$100 of assessed value; the Lancaster County School District 55-0145 proposes to adopt a property tax requests that will cause its tax rate to be \$1.167050 per \$100 of assessed value.

WHEREAS, based on the proposed property tax request and changes in other revenue, the total operating budget of Lancaster County School district 55-0145 will exceed last year's by 3.70 percent.

WHEREAS, the Board, after having reviewed the District's Tax Requests for each said fund, and after public consideration of the matter, has determined that the Final Tax Requests as listed below are necessary in order to carry out the functions of the District, as determined by the Board for the 2019 - 2020 school fiscal year.

NOW BE IT THEREFORE RESOLVED that (1) the Tax Request for the General Fund should be, and hereby is set at \$17,871,127; (2) the Tax Request for the Bond Fund 2016 C should be, and hereby is set at \$365,455; (3) the Tax Request for the Bond Fund 2016 A (K-8) should be, and hereby is set at \$912,348; (4) the Tax Request for the Bond Fund 2016 B (9-12) should be, and hereby is set at \$211,737; (5) the Tax Request for the Bond Fund 2015 should be, and hereby is set at \$627,579; (6) the Tax Request for the Bond Fund 2016 D should be, and hereby is set at \$415,695; (7) the Tax Request for the Special Building Fund should be, and hereby is set at \$1,111,111 and (8) the Tax Request for the Qualified Capital Purpose Undertaking Fund 2010 should be, and hereby is set at \$57,111; (9) the Tax Request for the Qualified Capital Purpose Undertaking Fund 2012 should be, and hereby is set at \$166,690; and (10) the Tax Request for the Qualified Capital Purpose Undertaking Fund 2013 should be, and hereby is set at \$383,160.

It is so moved by (Name of Board Member) and seconded by (Name of Board Member) this 7th day of October, 2016.

Roll Call vote as follows:

|                |     |    |
|----------------|-----|----|
| Scott Claycomb | YES | NO |
| Andy Grosshans | YES | NO |
| Robin Kappler  | YES | NO |
| Chad Kendall   | YES | NO |
| Cheryl Landon  | YES | NO |
| Jessica Zuniga | YES | NO |

## PROPERTY TAX RESOLUTION TEMPLATE

Enter dates & your district specific information where identified

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The undersigned herewith certifies, as Secretary of the Board of Education of Lancaster County School District 55-0145, that the above Resolution was duly adopted by a majority of said Board at a duly constituted public meeting of said Board.

\_\_\_\_\_, Secretary

**Superintendent of Schools**

The superintendent shall be responsible, either directly or via delegated authority, for the general operation and administration of the school district. The board is responsible for employing, working with, and evaluating the performance of the superintendent.

The superintendent shall be properly certified in accord with the legal requirements established by the Nebraska State Board of Education. In addition, the superintendent shall have such other educational and experiential training and skills as deemed appropriate by the board.

Before the board approves a proposed contract for superintendent services, or any proposed amendment to an existing contract, the board shall publish a copy of the contract or amendment, and a reasonable estimate and description of all current and future costs to the district if the proposed contract or amendment were to be approved, at least three days before the board meeting at which it will be considered. This publication shall also specify the date, time, and place of this public meeting. Electronic publication on the web site of the district shall satisfy this publication requirement if it is prominently displayed and allows public access to the entire proposed contract or amendment.

After the board approves the contract or contract amendments the board shall publish a copy of the contract, and a reasonable estimate and description of all current and future costs to the district that will be incurred as a result of the contract, within two days after the board meeting at which it was approved. Electronic publication on the web site must be prominently displayed as described above.

After approval of the contract or contract amendments, the board shall file a copy of the contract or amendments with the State Department of Education on or before August 1.

The superintendent shall be employed for not less than twelve months or more than 36 months, with the annual term of employment running from July 1 to June 30. In accord with state statute, the superintendent is regarded as a probationary employee and cannot accrue tenure in the school district. The responsibilities of the superintendent include, but are not limited to, the following:

**A. EDUCATIONAL LEADERSHIP**

1. Administers all activities of the school district according to policy as developed by the board and in doing so assumes responsibility for everything that occurs in the school district. Recommends a course of action to the board in all matters affecting the operation and welfare of the school district.
2. Oversees the establishment of the School Improvement Plan and/or educational goals of the school district both annually and over a long-range period. (Including, but not limited to: areas of curriculum and instruction, school configuration, school plant requirements and fiscal requirements.)
3. Conducts a continuous evaluation of the development and needs of the school district, utilizing input from the staff, students, and community as appropriate.
4. Provides the board with performance summative evaluations of all members of the administrative council according to board policy.

5. Upon approval by the board, and in line with policy, attends state, regional, and national conferences pertaining to the superintendent's duties.
6. Promotes an educational philosophy that emphasizes students.
7. Administers the total educational program and provides leadership in the development, improvement, implementation, evaluation and results of the school district's K-12 curriculum. Maintains a general knowledge of educational trends through professional development.
8. Supervises directly and/or through delegation, the recruitment, selection, assignment, evaluation, and professional growth opportunities for all personnel. Interprets and clarifies all personnel policies to staff and resolves personnel grievances or complaints in accordance with board policy.
9. Leads the administrative council in providing guidance, counsel, and motivation for school district administrators through individual supervision and regularly scheduled administrative council meetings.
10. Supervises the school district's compliance and reporting requirements with all State Department of Education rules, accreditation standards, state and federal statutes.
11. Represents the school district in its dealings with other school systems, conferences, legislative matters, legal matters, institutions, agencies, community organizations and the public.
12. Maintains effective relationships with legislative representatives, department of education personnel, and educational service unit administrators.

**B. PERSONNEL RELATIONS**

1. Recommends the number and type of positions needed for the effective operation of the schools.
2. Supervises the appointment, assigns, and defines the duties of all personnel, subject to the approval of the board.
3. Strives to create open and honest relations among all personnel in the school district and communicates the board's vision.
4. Deals with personnel matters in a forthright, objective, and professional manner.

**C. PUBLIC RELATIONS**

1. Assumes the responsibility of maintaining good human relationships among students, teachers, administrators, board members, parents, and the general public. The superintendent shall serve as a unifying force within the school district, striving at every opportunity to reconcile divergent viewpoints in order to do what is best for students and for public education.
2. Provides leadership in the development and execution of a sound school-community relations program that effectively communicates the needs and successes of the school district.

3. Establishes and maintains a sound working relationship with the news media, utilizing any public service opportunities for the betterment of education within the school community.
4. Maintains accessibility and visibility in the community, while serving as a spokesperson for the school district with the community and news media.
5. Is knowledgeable of and sensitive to the community's demographics.

**D. WORKING RELATIONSHIP WITH THE BOARD OF EDUCATION**

1. Keeps the board informed on the programs and conditions of the school and keeps the president of the board informed of pertinent issues.
2. Attends and participates in all meetings of the board except when the superintendent's own position, salary, or tenure may be under consideration or as excused by the board.
3. Develops in cooperation with the president of the board an agenda for each board meeting and sees that all board meetings and actions are legally conducted and communicated to the public.
4. Develops the necessary rules and regulations to effectively carry out board policy. Develops the necessary rules and regulations for administrative duties not specifically covered in board policy; advises the board of the particular circumstances prompting such action.
5. Interprets, clarifies, assembles data, and provides professional guidance and assistance to the board.
6. Advises the board on the development and review of policies and administrative rules and regulations, which will enhance the school district's operation and maintain the school district's compliance with all state and federal mandates.

**E. FINANCIAL MANAGEMENT**

1. Provides overall leadership and guidance to the business manager in fiscal planning, development, interpretation and management of the budget.
2. Coordinates with the board in developing the annual budget and recommends it to the board for budget approval.
3. Administer the budget in accordance with state and federal regulations.
4. Supervises negotiations with recognized bargaining units and assists in related settlements.

**F. MANAGEMENT OF FACILITIES, GROUNDS AND EQUIPMENT**

1. Serves as custodian of all property, real or personal, owned, leased or borrowed by the school district; and lends exchanges, transmits or receives such property only in accordance with approval of the board.
2. Participates in the preparation of all plans and specifications including a District Master Plan for the purpose of modification and/or construction of facilities

**G. PERSONAL QUALITIES**

1. Maintains high standards of ethics, honesty and integrity in all personal and professional matters.
2. Demonstrates the ability to work well with individuals and groups.
3. Is cordial, patient, personable, and sensitive to human needs.
4. Possesses and maintains the health and energy necessary to meet the responsibility of his position.
5. Expresses ideas in a logical, forthright, and professional manner.
6. Maintains professional development by reading, course work, conference attendance, participation on professional committees, visiting other districts, and meeting other superintendents.

Policy Adopted: 8/4/2014

SCHOOL DISTRICT 145  
WAVERLY, NEBRASKA

**Superintendent Evaluation Procedures**

The board will conduct an ongoing evaluation of the superintendent's skills, abilities, and competence. The superintendent shall be formally evaluated not less than twice during the first contract year, and once during each contract year beginning with the second contract year of employment unless the board deems additional evaluations appropriate. The goal of the superintendent's formal evaluation is to ensure the educational program for the students is carried out, promote growth in effective administrative leadership, clarify the superintendent's role, clarify the immediate priorities of the board, and develop a working relationship between the board and the superintendent. The superintendent shall receive a copy of the evaluation and shall have the right to submit a response to the evaluation; said response shall be placed in the superintendent's personnel file.

The superintendent's performance will be rated by each board member on the Superintendent Evaluation Form (Policy 2121). Judgments will be rendered on the extent to which the superintendent has achieved performance criteria based upon the job description, the achievement of Board Identified Superintendent Attributes, the progression on his/her annual goals, and the meeting of the district's School Improvement Plan and goals. Prior to the superintendent's evaluation, an opportunity will be presented to discuss progress on his/her annuals goals and the district's School Improvement Plan.

Evaluation forms and the superintendent's self-assessment on the evaluation form and goal attainment will be provided to board members sufficiently in advance of the December board meeting to allow the board president to compile the separate evaluations from individual board members. At the regular December board meeting, in closed session, the evaluation results will be shared with the superintendent and open discussion invited on any disparate viewpoints.

This policy supports and does not preclude the ongoing, informal evaluation of the superintendent's skills, abilities and competence.

Legal Reference: Neb. Statute 79-828

Policy Adopted: 5/3/2010

SCHOOL DISTRICT 145  
WAVERLY, NEBRASKA

**Superintendent Evaluation Form****I. EVALUATION PLAN**

The following process is recommended for the evaluation of the Superintendent of School District #145 – Waverly.

1. Prior to the evaluation, an opportunity will be presented to discuss progress on his/her annuals goals and the school district's School Improvement Plan.
2. The superintendent and individual board members will complete a Performance Evaluation form on the superintendent.
3. The board president will review and compile all individual superintendent evaluations.
4. The board president will meet with board members in closed session to review the compiled ratings. Such discussion may include the identification of strengths, and areas for improvement. The board will prepare an overall summary.
5. The board president will meet with board members and the superintendent in closed session to review the compiled ratings, overall summary, and any identified areas of improvement.
6. The board will consider contract renewal and take official board action in an open session.
7. Determination of salary and contract terms (as appropriate).

**Superintendent Evaluation Form**

*As you complete this evaluation, keep in mind how the superintendent has demonstrated the following attributes in each performance category.*

Board Identified Superintendent Attributes:

**Attribute #1 - Student:** Student-centered advocate with a vision dedicated to implementing programs and activities designed to advance student achievement. A proponent of quality education with a realization that meeting all student needs must be a district-wide priority.

**Attribute #2 - Budget:** Must think strategically, and possess the innate ability to identify alternative funding and resources. Impart proven skills and a comprehensive understanding of school finance, budget planning, and management. Leadership, vision, and experience to sustain a site-based management leadership structure.

**Attribute #3 - Communications:** Communicates with credibility, confidence, and authority. A good listener, who demonstrates excellent interpersonal relationship skills with students, staff, board of education and community members. A leader who projects a positive position and approach to school district business and their role as superintendent.

**Attribute #4 - Curriculum/Instruction:** An outstanding instructional leader who provides vision encompassing all students' learning and achievement. A life-long learner who sustains an understanding of current academic trends in curriculum and instruction, and who will strive to keep School District #145 on the cutting edge of curriculum and instruction to ensure a definitive impact of the vision of the school district defined through the School Improvement Plan.

**Attribute #5 - Leadership:** A leader who fosters a positive team relationship with and among board members, administrators, staff, and community. He/she must possess the skills necessary to lead by example, modeling excellence in long-range planning, honoring the district mission and vision while accentuating the skills and characteristics of the administrative council. The ability to anticipate emerging educational opportunities for a growing school and community, while demonstrating innovative strategies and action as a leader.

**Attribute #6 - Legislative:** Ability to offer stabilizing interactive skills when lobbying on behalf of the school district. Politically astute with the insight to work effectively in a constantly changing political environment. Demonstrate knowledge and the ability to articulate how proposed legislation will affect both the needs and interests of the school district.

**Superintendent Evaluation Form**

*Provide a rating and provide comments describing your overall impression of how the superintendent has met each of the identified performance categories.*

**EDUCATIONAL LEADERSHIP:** Administers all activities of the school district according to policy; evaluates and develops the needs of the school district; provides leadership in the school district’s K-12 curriculum development; leads the administrative council; provides leadership in solving problems; supports and assists in carrying out continuous programs of evaluation of the various aspects of the total school operations; is informed on all matters of education.

- Met
- Not Met

**COMMENTS:**

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**PERSONNEL RELATIONS:** Maintains an effective communication system with all staff; demonstrates openness and consideration of others; develops sound personnel practices; deals with personnel matters in a forthright, objective, and professional manner.

- Met
- Not Met

**COMMENTS:**

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**Superintendent Evaluation Form**

**PUBLIC RELATIONS:** Assumes the responsibility of maintaining good human relationships among students, teachers, administrators, board members, parents, and the general public; seeks input from all groups; works with news media effectively

- Met
- Not Met

**COMMENTS:**

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**RELATIONSHIP WITH THE BOARD OF EDUCATION:** Keeps the board informed; develops the necessary rules and regulations to effectively carry out board policy; participates in resolving differences in opinions; offers professional guidance; provides ample information to enable board members to make decisions.

- Met
- Not Met

**COMMENTS:**

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**Superintendent Evaluation Form**

**FINANCIAL MANAGEMENT:** Is able to develop budget plans and implement budget decisions; is familiar with state and federal funding; evaluates financial needs and makes recommendations; ensures funds are spent wisely; supervises negotiations with staff

- Met
- Not Met

**COMMENTS:**

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**MANAGEMENT OF FACILITIES, GROUNDS AND EQUIPMENT:** Serves as custodian of all property, real or personal, owned, leased or borrowed by the school district; participates in the preparation of all plans and specifications for the purpose of maintenance, modification and/or construction of facilities.

- Met
- Not Met

**COMMENTS:**

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**Superintendent Evaluation Form**

**PERSONAL QUALITIES:** Possesses and maintains the health and energy necessary to meet the responsibility of the position; maintains high standards of ethics and integrity; works well with others; is suitably attired and well-groomed; writes and speaks clearly and effectively; is poised during crisis; engages in professional development

- Met
- Not Met

**COMMENTS:**

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**GOAL ATTAINMENT:** Success in making progress toward and/or reaching any specific goals as may be established by the board and/or superintendent. *(List Superintendent Goals)*

- 1.
- 2.
- 3.

- Met
- Not Met

**COMMENTS:**

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Superintendent Evaluation Form

**SUPERINTENDENT IMPROVEMENT ACTION PLAN**

**Superintendent:**

**Date:**

- 1. Area of Improvement:  
 Expectation:  
 Method for Accomplishment:  
 Scheduled Completion Date:
  
- 2. Area of Improvement:  
 Expectation:  
 Method of Accomplishment:  
 Scheduled Completion Date:
  
- 3. Area of Improvement:  
 Expectation:  
 Method of Accomplishment:  
 Scheduled Completion Date:
  
- 4. Area of Improvement:  
 Expectation:  
 Method of Accomplishment:  
 Scheduled Completion Date:

Improvement Action Plan and progress will be reviewed on or before *(date)*, and will include input from the superintendent and board of education.

Superintendent:

\_\_\_\_\_  
(Signature)

Board President

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

Policy Adopted: 5/3/2010

SCHOOL DISTRICT 145  
WAVERLY, NEBRASKA

**SCHOOL DISTRICT 145 - WAVERLY  
HEALTH AND WELFARE  
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**XI  
SUMMARY**

**SCHOOL DISTRICT 145 - WAVERLY  
HEALTH AND WELFARE**

**INTRODUCTION**

We have amended the "Flexible Benefits Plan" that we previously established for you and other eligible employees. Under this Plan, you will be able to choose among certain benefits that we make available. The benefits that you may choose are outlined in this Summary Plan Description. We will also tell you about other important information concerning the amended Plan, such as the rules you must satisfy before you can join and the laws that protect your rights.

One of the most important features of our Plan is that the benefits being offered are generally ones that you are already paying for, but normally with money that has first been subject to income and Social Security taxes. Under our Plan, these same expenses will be paid for with a portion of your pay before Federal income or Social Security taxes are withheld. This means that you will pay less tax and have more money to spend and save.

Read this Summary Plan Description carefully so that you understand the provisions of our amended Plan and the benefits you will receive. This SPD describes the Plan's benefits and obligations as contained in the legal Plan document, which governs the operation of the Plan. The Plan document is written in much more technical and precise language. If the non-technical language in this SPD and the technical, legal language of the Plan document conflict, the Plan document always governs. Also, if there is a conflict between an insurance contract and either the Plan document or this Summary Plan Description, the insurance contract will control. If you wish to receive a copy of the legal Plan document, please contact the Administrator.

This SPD describes the current provisions of the Plan which are designed to comply with applicable legal requirements. The Plan is subject to federal laws, such as the Internal Revenue Code and other federal and state laws which may affect your rights. The provisions of the Plan are subject to revision due to a change in laws or due to pronouncements by the Internal Revenue Service (IRS) or other federal agencies. We may also amend or terminate this Plan. If the provisions of the Plan that are described in this SPD change, we will notify you.

We have attempted to answer most of the questions you may have regarding your benefits in the Plan. If this SPD does not answer all of your questions, please contact the Administrator (or other plan representative). The name and address of the Administrator can be found in the Article of this SPD entitled "General Information About the Plan."

**I  
ELIGIBILITY**

**1. When can I become a participant in the Plan?**

Before you become a Plan member (referred to in this Summary Plan Description as a "Participant"), there are certain rules which you must satisfy. First, you must meet the eligibility requirements and be an active employee. After that, the next step is to actually join the Plan on the "entry date" that we have established for all employees. The "entry date" is defined in Question 3 below. You will also be required to complete certain application forms before you can enroll in the Health Flexible Spending Account or Dependent Care Flexible Spending Account.

**2. What are the eligibility requirements for our Plan?**

You will be eligible to join the Plan as of your date of hire with us. Of course, if you were already a participant before this amendment, you will remain a participant.

**3. When is my entry date?**

You can join the Plan on the day you meet the eligibility requirements.

**4. What must I do to enroll in the Plan?**

Before you can join the Plan, you must complete an application to participate in the Plan. The application includes your personal choices for each of the benefits which are being offered under the Plan. You must also authorize us to set some of your earnings aside in order to pay for the benefits you have elected.

However, if you are already covered under any of the insured benefits, you will automatically participate in this Plan to the extent of your premiums unless you elect not to participate in this Plan.

**II  
OPERATION**

**1. How does this Plan operate?**

Before the start of each Plan Year, you will be able to elect to have some of your upcoming pay contributed to the Plan. These amounts will be used to pay for the benefits you have chosen. The portion of your pay that is paid to the Plan is not subject to Federal income or Social Security taxes. In other words, this allows you to use tax-free dollars to pay for certain kinds of benefits and expenses which you normally pay for with out-of-pocket, taxable dollars. However, if you receive a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return. (See the Article entitled "General Information About Our Plan" for the definition of "Plan Year.")

### III CONTRIBUTIONS

#### 1. How much of my pay may the Employer redirect?

Each year, we will automatically contribute on your behalf enough of your compensation to pay for the insurance coverage provided unless you elect not to receive any or all of such coverage. You may also elect to have us contribute on your behalf enough of your compensation to pay for any other benefits that you elect under the Plan. These amounts will be deducted from your pay over the course of the year.

#### 2. What happens to contributions made to the Plan?

Before each Plan Year begins, you will select the benefits you want and how much of the contributions should go toward each benefit. It is very important that you make these choices carefully based on what you expect to spend on each covered benefit or expense during the Plan Year. Later, they will be used to pay for the expenses as they arise during the Plan Year.

#### 3. When must I decide which accounts I want to use?

You are required by Federal law to decide before the Plan Year begins, during the election period (defined below). You must decide two things. First, which benefits you want and, second, how much should go toward each benefit.

If you are already covered by any of the insured benefits offered by this Plan, you will automatically become a Participant to the extent of the premiums for such insurance unless you elect, during the election period (defined below), not to participate in the Plan.

#### 4. When is the election period for our Plan?

You will make your initial election on or before your entry date. (You should review Section I on Eligibility to better understand the eligibility requirements and entry date.) Then, for each following Plan Year, the election period is established by the Administrator and applied uniformly to all Participants. It will normally be a period of time prior to the beginning of each Plan Year. The Administrator will inform you each year about the election period. (See the Article entitled "General Information About Our Plan" for the definition of Plan Year.)

#### 5. May I change my elections during the Plan Year?

Generally, you cannot change the elections you have made after the beginning of the Plan Year. However, there are certain limited situations when you can change your elections. You are permitted to change elections if you have a "change in status" and you make an election change that is consistent with the change in status. Currently, Federal law considers the following events to be a change in status:

- Marriage, divorce, death of a spouse, legal separation or annulment;
- Change in the number of dependents, including birth, adoption, placement for adoption, or death of a dependent;
- Any of the following events for you, your spouse or dependent: termination or commencement of employment, a strike or lockout, commencement or return from an unpaid leave of absence, a change in worksite, or any other change in employment status that affects eligibility for benefits;
- One of your dependents satisfies or ceases to satisfy the requirements for coverage due to change in age, student status, or any similar circumstance; and
- A change in the place of residence of you, your spouse or dependent that would lead to a change in status, such as moving out of a coverage area for insurance.

In addition, if you are participating in the Dependent Care Flexible Spending Account, then there is a change in status if your dependent no longer meets the qualifications to be eligible for dependent care.

There are detailed rules on when a change in election is deemed to be consistent with a change in status. In addition, there are laws that give you rights to change health coverage for you, your spouse, or your dependents. If you change coverage due to rights you have under the law, then you can make a corresponding change in your elections under the Plan. If any of these conditions apply to you, you should contact the Administrator.

If the cost of a benefit provided under the Plan increases or decreases during a Plan Year, then we will automatically increase or decrease, as the case may be, your salary redirection election. If the cost increases significantly, you will be permitted to either make corresponding changes in your payments or revoke your election and obtain coverage under another benefit package option with similar coverage, or revoke your election entirely.

If the coverage under a Benefit is significantly curtailed or ceases during a Plan Year, then you may revoke your elections and elect to receive on a prospective basis coverage under another plan with similar coverage. In addition, if we add a new coverage option or eliminate an existing option, you may elect the newly-added option (or elect another option if an option has been eliminated) and make corresponding election changes to other options providing similar coverage. If you are not a Participant, you may elect to join the Plan. There are also certain situations when you may be able to change your elections on account of a change under the plan of your spouse's, former spouse's or dependent's employer.

These rules on change due to cost or coverage do not apply to the Health Flexible Spending Account, and you may not change your election to the Health Flexible Spending Account if you make a change due to cost or coverage for insurance.

You may not change your election under the Dependent Care Flexible Spending Account if the cost change is imposed by a dependent care provider who is your relative.

You may revoke your coverage under the employer's group health plan outside of our open enrollment period, if your employment status changes from working at least 30 hours per week to less than 30 hours. This is regardless of whether the reduction in hours has resulted in loss of eligibility. You must show intent to enroll in another health plan.

You may also revoke your coverage under our Employer sponsored group health plan if you are eligible to obtain coverage through the health exchanges.

#### **6. May I make new elections in future Plan Years?**

Yes, you may. For each new Plan Year, you may change the elections that you previously made. You may also choose not to participate in the Plan for the upcoming Plan Year. If you do not make new elections during the election period before a new Plan Year begins, we will assume you want your elections for insured benefits only to remain the same and you will not be considered a Participant for the non-insured benefit options under the Plan for the upcoming Plan Year.

### **IV BENEFITS**

#### **1. Health Flexible Spending Account**

The Health Flexible Spending Account enables you to pay for expenses allowed under Sections 105 and 213(d) of the Internal Revenue Code which are not covered by our insured medical plan and save taxes at the same time. The Health Flexible Spending Account allows you to be reimbursed by the Employer for expenses incurred by you and your dependents.

However, if you participate in a HSA, you can only be reimbursed by the Employer for out-of-pocket dental or vision expenses incurred by you and your dependents.

If you are a HSA participant, drug costs, including insulin, may be reimbursed if they are considered for dental or vision expenses.

You may be reimbursed for "over the counter" drugs only if those drugs are prescribed for you. You may not, however, be reimbursed for the cost of other health care coverage maintained outside of the Plan, or for long-term care expenses. A list of covered expenses is available from the Administrator.

The most that you can contribute to your Health Flexible Spending Account each Plan Year is \$2700. The minimum amount that you may contribute to the Health Flexible Spending Account each Plan Year is \$10.

In order to be reimbursed for a health care expense, you must submit to the Administrator an itemized bill from the service provider. Amounts reimbursed from the Plan may not be claimed as a deduction on your personal income tax return. Reimbursement from the fund shall be paid at least once a month. Expenses under this Plan are treated as being "incurred" when you are provided with the care that gives rise to the expenses, not when you are formally billed or charged, or you pay for the medical care.

You may be reimbursed for expenses for any child until the end of the calendar year in which the child reaches age 26. A child is a natural child, stepchild, foster child, adopted child, or a child placed with you for adoption. If a child gains or regains eligibility due to these new rules, that qualifies as a change in status to change coverage.

Newborns' and Mothers' Health Protection Act: Group health plans generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In

any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

**Women's Health and Cancer Rights Act:** This plan, as required by the Women's Health and Cancer Rights Act of 1998, will reimburse up to plan limits for benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). Contact your Plan Administrator for more information.

## **2. Dependent Care Flexible Spending Account**

The Dependent Care Flexible Spending Account enables you to pay for out-of-pocket, work-related dependent day-care cost with pre-tax dollars. If you are married, you can use the account if you and your spouse both work or, in some situations, if your spouse goes to school full-time. Single employees can also use the account.

An eligible dependent is someone for whom you can claim expenses on Federal Income Tax Form 2441 "Credit for Child and Dependent Care Expenses." Children must be under age 13. Other dependents must be physically or mentally unable to care for themselves. Dependent Care arrangements which qualify include:

- (a) A Dependent (Day) Care Center, provided that if care is provided by the facility for more than six individuals, the facility complies with applicable state and local laws;
- (b) An Educational Institution for pre-school children. For older children, only expenses for non-school care are eligible; and
- (c) An "Individual" who provides care inside or outside your home: The "Individual" may not be a child of yours under age 19 or anyone you claim as a dependent for Federal tax purposes.

You should make sure that the dependent care expenses you are currently paying for qualify under our Plan.

The law places limits on the amount of money that can be paid to you in a calendar year from your Dependent Care Flexible Spending Account. Each Plan Year, the minimum amount you may contribute to the Dependent Care Flexible Spending Account is \$10. Generally, your reimbursements may not exceed the lesser of: (a) \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns); (b) your taxable compensation; (c) your spouse's actual or deemed earned income (a spouse who is a full time student or incapable of caring for himself/herself has a monthly earned income of \$250 for one dependent or \$500 for two or more dependents).

Also, in order to have the reimbursements made to you from this account be excludable from your income, you must provide a statement from the service provider including the name, address, and in most cases, the taxpayer identification number of the service provider on your tax form for the year, as well as the amount of such expense as proof that the expense has been incurred. In addition, Federal tax laws permit a tax credit for certain dependent care expenses you may be paying for even if you are not a Participant in this Plan. You may save more money if you take advantage of this tax credit rather than using the Dependent Care Flexible Spending Account under our Plan. Ask your tax adviser which is better for you.

## **3. Premium Expense Account**

A Premium Expense Account allows you to use tax-free dollars to pay for certain premium expenses under various insurance programs that we offer you. These premium expenses include:

- Health care premiums under our insured group medical plan.
- Dental insurance premiums.

Under our Plan, we will establish sub-accounts for you for each different type of insurance coverage that is available. Also, certain limits on the amount of coverage may apply.

The Administrator may terminate or modify Plan benefits at any time, subject to the provisions of any insurance contracts providing benefits described above. We will not be liable to you if an insurance company fails to provide any of the benefits described above. Also, your insurance will end when you leave employment, are no longer eligible under the terms of any insurance policies, or when insurance terminates.

Any benefits to be provided by insurance will be provided only after (1) you have provided the Administrator the necessary information to apply for insurance, and (2) the insurance is in effect for you.

If you cover your children up to age 26 under your insurance, you can pay for that coverage through the Plan.

## **V BENEFIT PAYMENTS**

**1. When will I receive payments from my accounts?**

During the course of the Plan Year, you may submit requests for reimbursement of expenses you have incurred. Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. The Administrator will provide you with acceptable forms for submitting these requests for reimbursement. If the request qualifies as a benefit or expense that the Plan has agreed to pay, you will receive a reimbursement payment soon thereafter. Remember, these reimbursements which are made from the Plan are generally not subject to federal income tax or withholding. Nor are they subject to Social Security taxes. Requests for payment of insured benefits should be made directly to the insurer. You will only be reimbursed from the Dependent Care Flexible Spending Account to the extent that there are sufficient funds in the Account to cover your request.

**2. What happens if I don't spend all Plan contributions during the Plan Year?**

Any monies left at the end of the Plan Year will be forfeited. Obviously, qualifying expenses that you incur late in the Plan Year for which you seek reimbursement after the end of such Plan Year will be paid first before any amount is forfeited. For the Health Flexible Spending Account, you must submit claims no later than 90 days after the end of the Plan Year. For the Dependent Care Flexible Spending Account, you must submit claims no later than 90 days after the end of the Plan Year. Because it is possible that you might forfeit amounts in the Plan if you do not fully use the contributions that have been made, it is important that you decide how much to place in each account carefully and conservatively. Remember, you must decide which benefits you want to contribute to and how much to place in each account before the Plan Year begins. You want to be as certain as you can that the amount you decide to place in each account will be used up entirely.

**3. Family and Medical Leave Act (FMLA)**

If you take leave under the Family and Medical Leave Act, you may revoke or change your existing elections for health insurance and the Health Flexible Spending Account. If your coverage in these benefits terminates, due to your revocation of the benefit while on leave or due to your non-payment of contributions, you will be permitted to reinstate coverage for the remaining part of the Plan Year upon your return. For the Health Flexible Spending Account, you may continue your coverage or you may revoke your coverage and resume it when you return. You can resume your coverage at its original level and make payments for the time that you are on leave. For example, if you elect \$1,200 for the year and are out on leave for 3 months, then return and elect to resume your coverage at that level, your remaining payments will be increased to cover the difference - from \$100 per month to \$150 per month. Alternatively your maximum amount will be reduced proportionately for the time that you were gone. For example, if you elect \$1,200 for the year and are out on leave for 3 months, your amount will be reduced to \$900. The expenses you incur during the time you are not in the Health Flexible Spending Account are not reimbursable.

If you continue your coverage during your unpaid leave, you may pre-pay for the coverage, you may pay for your coverage on an after-tax basis while you are on leave, or you and your Employer may arrange a schedule for you to "catch up" your payments when you return.

**4. Uniformed Services Employment and Reemployment Rights Act (USERRA)**

If you are going into or returning from military service, you may have special rights to health care coverage under your Health Flexible Spending Account under the Uniformed Services Employment and Reemployment Rights Act of 1994. These rights can include extended health care coverage. If you may be affected by this law, ask your Administrator for further details.

**5. What happens if I terminate employment?**

If you terminate employment during the Plan Year, your right to benefits will be determined in the following manner:

(a) You will remain covered by insurance, but only for the period for which premiums have been paid prior to your termination of employment.

(b) You will still be able to request reimbursement for qualifying dependent care expenses incurred during the remainder of the Plan Year from the balance remaining in your dependent care account at the time of termination of employment. However, no further salary redirection contributions will be made on your behalf after you terminate. You must submit claims within 90 days after the end of the Plan Year in which termination occurs.

(c) For health benefit coverage and Health Flexible Spending Account coverage on termination of employment, please see the Article entitled "Continuation Coverage Rights Under COBRA." Upon your termination of employment, your participation in the Health Flexible Spending Account will cease, and no further salary redirection contributions will be contributed on your behalf. However, you will be able to submit claims for health care expenses that were incurred before the end of the period for which payments to the Health Flexible Spending Account have already been made. Your further participation will be governed by "Continuation Coverage Rights Under COBRA."

**6. Will my Social Security benefits be affected?**

Your Social Security benefits may be slightly reduced because when you receive tax-free benefits under our Plan, it reduces the amount of contributions that you make to the Federal Social Security system as well as our contribution to Social Security on your behalf.

**VI**  
**HIGHLY COMPENSATED AND KEY EMPLOYEES**

**1. Do limitations apply to highly compensated employees?**

Under the Internal Revenue Code, highly compensated employees and key employees generally are Participants who are officers, shareholders or highly paid. You will be notified by the Administrator each Plan Year whether you are a highly compensated employee or a key employee.

If you are within these categories, the amount of contributions and benefits for you may be limited so that the Plan as a whole does not unfairly favor those who are highly paid, their spouses or their dependents. Federal tax laws state that a plan will be considered to unfairly favor the key employees if they as a group receive more than 25% of all of the nontaxable benefits provided for under our Plan.

Plan experience will dictate whether contribution limitations on highly compensated employees or key employees will apply. You will be notified of these limitations if you are affected.

**VII**  
**PLAN ACCOUNTING**

**1. Periodic Statements**

The Administrator will provide you with a statement of your account periodically during the Plan Year that shows your account balance. It is important to read these statements carefully so you understand the balance remaining to pay for a benefit. Remember, you want to spend all the money you have designated for a particular benefit by the end of the Plan Year.

**VIII**  
**GENERAL INFORMATION ABOUT OUR PLAN**

This Section contains certain general information which you may need to know about the Plan.

**1. General Plan Information**

School District 145 - Waverly Health and Welfare is the name of the Plan.

Your Employer has assigned Plan Number 501 to your Plan.

The provisions of your amended Plan become effective on September 1, 2019. Your Plan was originally effective on September 1, 2003.

Your Plan's records are maintained on a twelve-month period of time. This is known as the Plan Year. The Plan Year begins on September 1 and ends on August 31.

**2. Employer Information**

Your Employer's name, address, and identification number are:

School District 145 - Waverly  
P.O. Box 426  
14511 Heywood  
Waverly, Nebraska 68462  
47-6004041

**3. Plan Administrator Information**

The name, address and business telephone number of your Plan's Administrator are:

School District 145 - Waverly  
P.O. Box 426  
14511 Heywood  
Waverly, Nebraska 68462  
402-786-2321

The Administrator keeps the records for the Plan and is responsible for the administration of the Plan. The Administrator will also answer any questions you may have about our Plan. You may contact the Administrator for any further information about the Plan.

#### 4. Service of Legal Process

The name and address of the Plan's agent for service of legal process are:

School District 145 -- Waverly  
P.O. Box 426  
14511 Heywood  
Waverly, Nebraska 68462

#### 5. Type of Administration

The type of Administration is Employer Administration.

#### 6. Claims Submission

Claims for expenses should be submitted to:

PayFlex Systems USA, Inc.  
PO Box 981158  
El Paso, TX 79998-1158

### IX ADDITIONAL PLAN INFORMATION

#### 1. Claims Process

You should submit all reimbursement claims during the Plan Year. For the Health Flexible Spending Account, you must submit claims no later than 90 days after the end of the Plan Year. For the Dependent Care Flexible Spending Account, you must submit claims no later than 90 days after the end of the Plan Year. Any claims submitted after that time will not be considered.

Claims that are insured will be handled in accordance with procedures contained in the insurance policies. All other general requests should be directed to the Administrator of our Plan. If a dependent care or medical expense claim under the Plan is denied in whole or in part, you or your beneficiary will receive written notification. The notification will include the reasons for the denial, with reference to the specific provisions of the Plan on which the denial was based, a description of any additional information needed to process the claim and an explanation of the claims review procedure. Within 60 days after denial, you or your beneficiary may submit a written request for reconsideration of the denial to the Administrator.

Any such request should be accompanied by documents or records in support of your appeal. You or your beneficiary may review pertinent documents and submit issues and comments in writing. The Administrator will review the claim and provide, within 60 days, a written response to the appeal. (This period may be extended an additional 60 days under certain circumstances.) In this response, the Administrator will explain the reason for the decision, with specific reference to the provisions of the Plan on which the decision is based. The Administrator has the exclusive right to interpret the appropriate plan provisions. Decisions of the Administrator are conclusive and binding.

### X CONTINUATION COVERAGE RIGHTS UNDER COBRA

Under federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), certain employees and their families covered under health benefits under this Plan will be entitled to the opportunity to elect a temporary extension of health coverage (called "COBRA continuation coverage") where coverage under the Plan would otherwise end. This notice is intended to inform Plan Participants and beneficiaries, in summary fashion, of their rights and obligations under the continuation coverage provisions of COBRA, as amended and reflected in final and proposed regulations published by the Department of the Treasury. This notice is intended to reflect the law and does not grant or take away any rights under the law.

The Plan Administrator or its designee is responsible for administering COBRA continuation coverage. Complete instructions on COBRA, as well as election forms and other information, will be provided by the Plan Administrator or its designee to Plan Participants who become Qualified Beneficiaries under COBRA. While the Plan itself is not a group health plan, it does provide health benefits. Whenever "Plan" is used in this section, it means any of the health benefits under this Plan including the Health Flexible Spending Account.

#### 1. What is COBRA continuation coverage?

COBRA continuation coverage is the temporary extension of group health plan coverage that must be offered to certain Plan Participants and their eligible family members (called "Qualified Beneficiaries") at group rates. The right to COBRA continuation coverage is triggered by the occurrence of a life event that results in the loss of coverage under the terms of the Plan (the "Qualifying Event"). The coverage must be identical to the coverage that the Qualified Beneficiary had immediately before the Qualifying Event, or if the coverage

has been changed, the coverage must be identical to the coverage provided to similarly situated active employees who have not experienced a Qualifying Event (in other words, similarly situated non-COBRA beneficiaries).

There may be other options available when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

## **2. Who can become a Qualified Beneficiary?**

In general, a Qualified Beneficiary can be:

(a) Any individual who, on the day before a Qualifying Event, is covered under a Plan by virtue of being on that day either a covered Employee, the Spouse of a covered Employee, or a Dependent child of a covered Employee. If, however, an individual who otherwise qualifies as a Qualified Beneficiary is denied or not offered coverage under the Plan under circumstances in which the denial or failure to offer constitutes a violation of applicable law, then the individual will be considered to have had the coverage and will be considered a Qualified Beneficiary if that individual experiences a Qualifying Event.

(b) Any child who is born to or placed for adoption with a covered Employee during a period of COBRA continuation coverage, and any individual who is covered by the Plan as an alternate recipient under a qualified medical support order. If, however, an individual who otherwise qualifies as a Qualified Beneficiary is denied or not offered coverage under the Plan under circumstances in which the denial or failure to offer constitutes a violation of applicable law, then the individual will be considered to have had the coverage and will be considered a Qualified Beneficiary if that individual experiences a Qualifying Event.

The term "covered Employee" includes any individual who is provided coverage under the Plan due to his or her performance of services for the employer sponsoring the Plan. However, this provision does not establish eligibility of these individuals. Eligibility for Plan coverage shall be determined in accordance with Plan Eligibility provisions.

An individual is not a Qualified Beneficiary if the individual's status as a covered Employee is attributable to a period in which the individual was a nonresident alien who received from the individual's Employer no earned income that constituted income from sources within the United States. If, on account of the preceding reason, an individual is not a Qualified Beneficiary, then a Spouse or Dependent child of the individual will also not be considered a Qualified Beneficiary by virtue of the relationship to the individual. A domestic partner is not a Qualified Beneficiary.

Each Qualified Beneficiary (including a child who is born to or placed for adoption with a covered Employee during a period of COBRA continuation coverage) must be offered the opportunity to make an independent election to receive COBRA continuation coverage.

## **3. What is a Qualifying Event?**

A Qualifying Event is any of the following if the Plan provided that the Plan participant would lose coverage (i.e., cease to be covered under the same terms and conditions as in effect immediately before the Qualifying Event) in the absence of COBRA continuation coverage:

(a) The death of a covered Employee.

(b) The termination (other than by reason of the Employee's gross misconduct), or reduction of hours, of a covered Employee's employment.

(c) The divorce or legal separation of a covered Employee from the Employee's Spouse. If the Employee reduces or eliminates the Employee's Spouse's Plan coverage in anticipation of a divorce or legal separation, and a divorce or legal separation later occurs, then the divorce or legal separation may be considered a Qualifying Event even though the Spouse's coverage was reduced or eliminated before the divorce or legal separation.

(d) A covered Employee's enrollment in any part of the Medicare program.

(e) A Dependent child's ceasing to satisfy the Plan's requirements for a Dependent child (for example, attainment of the maximum age for dependency under the Plan).

If the Qualifying Event causes the covered Employee, or the covered Spouse or a Dependent child of the covered Employee, to cease to be covered under the Plan under the same terms and conditions as in effect immediately before the Qualifying Event, the persons losing such coverage become Qualified Beneficiaries under COBRA if all the other conditions of COBRA are also met. For example, any increase in contribution that must be paid by a covered Employee, or the Spouse, or a Dependent child of the covered Employee, for coverage under the Plan that results from the occurrence of one of the events listed above is a loss of coverage.

The taking of leave under the Family and Medical Leave Act of 1993, as amended ("FMLA") does not constitute a Qualifying Event. A Qualifying Event will occur, however, if an Employee does not return to employment at the end of the FMLA leave and all other

COBRA continuation coverage conditions are present. If a Qualifying Event occurs, it occurs on the last day of FMLA leave and the applicable maximum coverage period is measured from this date (unless coverage is lost at a later date and the Plan provides for the extension of the required periods, in which case the maximum coverage date is measured from the date when the coverage is lost.) Note that the covered Employee and family members will be entitled to COBRA continuation coverage even if they failed to pay the employee portion of premiums for coverage under the Plan during the FMLA leave.

#### 4. What factors should be considered when determining to elect COBRA continuation coverage?

When considering options for health coverage, Qualified Beneficiaries should consider:

- **Premiums:** This plan can charge up to 102% of total plan premiums for COBRA coverage. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive. Qualified Beneficiaries have special enrollment rights under federal law (HIPAA). They have the right to request special enrollment in another group health plan for which they are otherwise eligible (such as a plan sponsored by a spouse's employer) within 30 days after Plan coverage ends due to one of the Qualifying Events listed above.
- **Provider Networks:** If a Qualified Beneficiary is currently getting care or treatment for a condition, a change in health coverage may affect access to a particular health care provider. You may want to check to see if your current health care providers participate in a network in considering options for health coverage.
- **Drug Formularies:** For Qualified Beneficiaries taking medication, a change in health coverage may affect costs for medication – and in some cases, the medication may not be covered by another plan. Qualified beneficiaries should check to see if current medications are listed in drug formularies for other health coverage.
- **Severance payments:** If COBRA rights arise because the Employee has lost his job and there is a severance package available from the employer, the former employer may have offered to pay some or all of the Employee's COBRA payments for a period of time. This can affect the timing of coverage available in the Marketplace. In this scenario, the Employee may want to contact the Department of Labor at 1-866-444-3272 to discuss options.
- **Medicare Eligibility:** You should be aware of how COBRA coverage coordinates with Medicare eligibility. If you are eligible for Medicare at the time of the Qualifying Event, or if you will become eligible soon after the Qualifying Event, you should know that you have 8 months to enroll in Medicare after your employment –related health coverage ends. Electing COBRA coverage does not extend this 8-month period. For more information, see [medicare.gov/sign-up-change-plan](http://medicare.gov/sign-up-change-plan).
- **Service Areas:** If benefits under the Plan are limited to specific service or coverage areas, benefits may not be available to a Qualified Beneficiary who moves out of the area.
- **Other Cost-Sharing:** In addition to premiums or contributions for health coverage, the Plan requires participants to pay copayments, deductibles, coinsurance, or other amounts as benefits are used. Qualified beneficiaries should check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

**Are there other coverage options besides COBRA Continuation Coverage?** Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for Qualified Beneficiaries through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

#### 5. What is the procedure for obtaining COBRA continuation coverage?

The Plan has conditioned the availability of COBRA continuation coverage upon the timely election of such coverage. An election is timely if it is made during the election period.

#### 6. What is the election period and how long must it last?

The election period is the time period within which the Qualified Beneficiary must elect COBRA continuation coverage under the Plan. The election period must begin no later than the date the Qualified Beneficiary would lose coverage on account of the Qualifying Event and ends 60 days after the later of the date the Qualified Beneficiary would lose coverage on account of the Qualifying Event or the date notice is provided to the Qualified Beneficiary of her or his right to elect COBRA continuation coverage. If coverage is not elected within the 60 day period, all rights to elect COBRA continuation coverage are forfeited.

Note: If a covered Employee who has been terminated or experienced a reduction of hours qualifies for a trade readjustment allowance or alternative trade adjustment assistance under a federal law called the Trade Act of 2002, as extended by the Trade Preferences Extension Act of 2015, and the employee and his or her covered dependents have not elected COBRA coverage within the normal election period, a second opportunity to elect COBRA coverage will be made available for themselves and certain family members, but only within a limited period of 60 days or less and only during the six months immediately after their group health plan coverage ended. Any person who qualifies or thinks that he or she and/or his or her family members may qualify for assistance under this special provision should contact the

Plan Administrator or its designee for further information about the special second election period. If continuation coverage is elected under this extension, it will not become effective prior to the beginning of this special second election period.

**7. Is a covered Employee or Qualified Beneficiary responsible for informing the Plan Administrator of the occurrence of a Qualifying Event?**

The Plan will offer COBRA continuation coverage to Qualified Beneficiaries only after the Plan Administrator or its designee has been timely notified that a Qualifying Event has occurred. The Employer (if the Employer is not the Plan Administrator) will notify the Plan Administrator or its designee of the Qualifying Event within 30 days following the date coverage ends when the Qualifying Event is:

- (a) the end of employment or reduction of hours of employment,
- (b) death of the employee,
- (c) commencement of a proceeding in bankruptcy with respect to the Employer, or
- (d) entitlement of the employee to any part of Medicare.

**IMPORTANT:**

**For the other Qualifying Events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you or someone on your behalf must notify the Plan Administrator or its designee in writing within 60 days after the Qualifying Event occurs, using the procedures specified below. If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator or its designee during the 60-day notice period, any spouse or dependent child who loses coverage will not be offered the option to elect continuation coverage. You must send this notice to the Plan Administrator or its designee.**

**NOTICE PROCEDURES:**

Any notice that you provide must be *in writing*. Oral notice, including notice by telephone, is not acceptable. You must mail, fax or hand-deliver your notice to the person, department or firm listed below, at the following address:

School District 145 - Waverly  
P.O. Box 426  
14511 Heywood  
Waverly, Nebraska 68462

If mailed, your notice must be postmarked no later than the last day of the required notice period. Any notice you provide must state:

- the **name of the plan or plans** under which you lost or are losing coverage,
- the **name and address of the employee** covered under the plan,
- the **name(s) and address(es) of the Qualified Beneficiary(ies)**, and
- the **Qualifying Event** and the **date** it happened.

If the Qualifying Event is a **divorce or legal separation**, your notice must include a **copy of the divorce decree or the legal separation agreement**.

Be aware that there are other notice requirements in other contexts, for example, in order to qualify for a disability extension.

Once the Plan Administrator or its designee receives *timely notice* that a Qualifying Event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each Qualified Beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage for their spouses, and parents may elect COBRA continuation coverage on behalf of their children. For each Qualified Beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin on the date that plan coverage would otherwise have been lost. If you or your spouse or dependent children do not elect continuation coverage within the 60-day election period described above, the right to elect continuation coverage will be lost.

**8. Is a waiver before the end of the election period effective to end a Qualified Beneficiary's election rights?**

If, during the election period, a Qualified Beneficiary waives COBRA continuation coverage, the waiver can be revoked at any time before the end of the election period. Revocation of the waiver is an election of COBRA continuation coverage. However, if a waiver is later revoked, coverage need not be provided retroactively (that is, from the date of the loss of coverage until the waiver is revoked). Waivers and revocations of waivers are considered made on the date they are sent to the Plan Administrator or its designee, as applicable.

**9. Is COBRA coverage available if a Qualified Beneficiary has other group health plan coverage or Medicare?**

Qualified Beneficiaries who are entitled to elect COBRA continuation coverage may do so even if they are covered under another group health plan or are entitled to Medicare benefits on or before the date on which COBRA is elected. However, a Qualified Beneficiary's COBRA coverage will terminate automatically if, after electing COBRA, he or she becomes entitled to Medicare or becomes covered under other group health plan coverage.

**10. When may a Qualified Beneficiary's COBRA continuation coverage be terminated?**

During the election period, a Qualified Beneficiary may waive COBRA continuation coverage. Except for an interruption of coverage in connection with a waiver, COBRA continuation coverage that has been elected for a Qualified Beneficiary must extend for at least the period beginning on the date of the Qualifying Event and ending not before the earliest of the following dates:

- (a) The last day of the applicable maximum coverage period.
- (b) The first day for which Timely Payment is not made to the Plan with respect to the Qualified Beneficiary.
- (c) The date upon which the Employer ceases to provide any group health plan (including a successor plan) to any employee.
- (d) The date, after the date of the election, that the Qualified Beneficiary first becomes entitled to Medicare (either part A or part B, whichever occurs earlier).
- (e) In the case of a Qualified Beneficiary entitled to a disability extension, the later of:
  - (1) (i) 29 months after the date of the Qualifying Event, or (ii) the first day of the month that is more than 30 days after the date of a final determination under Title II or XVI of the Social Security Act that the disabled Qualified Beneficiary whose disability resulted in the Qualified Beneficiary's entitlement to the disability extension is no longer disabled, whichever is earlier; or
  - (2) the end of the maximum coverage period that applies to the Qualified Beneficiary without regard to the disability extension.

The Plan can terminate for cause the coverage of a Qualified Beneficiary on the same basis that the Plan terminates for cause the coverage of similarly situated non-COBRA beneficiaries, for example, for the submission of a fraudulent claim.

In the case of an individual who is not a Qualified Beneficiary and who is receiving coverage under the Plan solely because of the individual's relationship to a Qualified Beneficiary, if the Plan's obligation to make COBRA continuation coverage available to the Qualified Beneficiary ceases, the Plan is not obligated to make coverage available to the individual who is not a Qualified Beneficiary.

**11. What are the maximum coverage periods for COBRA continuation coverage?**

The maximum coverage periods are based on the type of the Qualifying Event and the status of the Qualified Beneficiary, as shown below.

- (a) In the case of a Qualifying Event that is a termination of employment or reduction of hours of employment, the maximum coverage period ends 18 months after the Qualifying Event if there is not a disability extension and 29 months after the Qualifying Event if there is a disability extension.
- (b) In the case of a covered Employee's enrollment in the Medicare program before experiencing a Qualifying Event that is a termination of employment or reduction of hours of employment, the maximum coverage period for Qualified Beneficiaries ends on the later of:
  - (1) 36 months after the date the covered Employee becomes enrolled in the Medicare program. This extension does not apply to the covered Employee; or
  - (2) 18 months (or 29 months, if there is a disability extension) after the date of the covered Employee's termination of employment or reduction of hours of employment.
- (c) In the case of a Qualified Beneficiary who is a child born to or placed for adoption with a covered Employee during a period of COBRA continuation coverage, the maximum coverage period is the maximum coverage period applicable to the Qualifying Event giving rise to the period of COBRA continuation coverage during which the child was born or placed for adoption.
- (d) In the case of any other Qualifying Event than that described above, the maximum coverage period ends 36 months after the Qualifying Event.

**12. Under what circumstances can the maximum coverage period be expanded?**

If a Qualifying Event that gives rise to an 18-month or 29-month maximum coverage period is followed, within that 18- or 29-month period, by a second Qualifying Event that gives rise to a 36-months maximum coverage period, the original period is expanded to 36

months, but only for individuals who are Qualified Beneficiaries at the time of and with respect to both Qualifying Events. In no circumstance can the COBRA maximum coverage period be expanded to more than 36 months after the date of the first Qualifying Event. The Plan Administrator must be notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to the Plan Administrator or its designee in accordance with the procedures above.

**13. How does a Qualified Beneficiary become entitled to a disability extension?**

A disability extension will be granted if an individual (whether or not the covered Employee) who is a Qualified Beneficiary in connection with the Qualifying Event that is a termination or reduction of hours of a covered Employee's employment, is determined under Title II or XVI of the Social Security Act to have been disabled at any time during the first 60 days of COBRA continuation coverage. To qualify for the disability extension, the Qualified Beneficiary must also provide the Plan Administrator with notice of the disability determination on a date that is both within 60 days after the date of the determination and before the end of the original 18-month maximum coverage. This notice must be sent to the Plan Administrator or its designee in accordance with the procedures above.

**14. Does the Plan require payment for COBRA continuation coverage?**

For any period of COBRA continuation coverage under the Plan, Qualified Beneficiaries who elect COBRA continuation coverage may be required to pay up to 102% of the applicable premium and up to 150% of the applicable premium for any expanded period of COBRA continuation coverage covering a disabled Qualified Beneficiary due to a disability extension. Your Plan Administrator will inform you of the cost. The Plan will terminate a Qualified Beneficiary's COBRA continuation coverage as of the first day of any period for which timely payment is not made.

**15. Must the Plan allow payment for COBRA continuation coverage to be made in monthly installments?**

Yes. The Plan is also permitted to allow for payment at other intervals.

**16. What is Timely Payment for COBRA continuation coverage?**

Timely Payment means a payment made no later than 30 days after the first day of the coverage period. Payment that is made to the Plan by a later date is also considered Timely Payment if either under the terms of the Plan, covered Employees or Qualified Beneficiaries are allowed until that later date to pay for their coverage for the period or under the terms of an arrangement between the Employer and the entity that provides Plan benefits on the Employer's behalf, the Employer is allowed until that later date to pay for coverage of similarly situated non-COBRA beneficiaries for the period.

Notwithstanding the above paragraph, the Plan does not require payment for any period of COBRA continuation coverage for a Qualified Beneficiary earlier than 45 days after the date on which the election of COBRA continuation coverage is made for that Qualified Beneficiary. Payment is considered made on the date on which it is postmarked to the Plan.

If Timely Payment is made to the Plan in an amount that is not significantly less than the amount the Plan requires to be paid for a period of coverage, then the amount paid will be deemed to satisfy the Plan's requirement for the amount to be paid, unless the Plan notifies the Qualified Beneficiary of the amount of the deficiency and grants a reasonable period of time for payment of the deficiency to be made. A "reasonable period of time" is 30 days after the notice is provided. A shortfall in a Timely Payment is not significant if it is no greater than the lesser of \$50 or 10% of the required amount.

**17. Must a Qualified Beneficiary be given the right to enroll in a conversion health plan at the end of the maximum coverage period for COBRA continuation coverage?**

If a Qualified Beneficiary's COBRA continuation coverage under a group health plan ends as a result of the expiration of the applicable maximum coverage period, the Plan will, during the 180-day period that ends on that expiration date, provide the Qualified Beneficiary with the option of enrolling under a conversion health plan if such an option is otherwise generally available to similarly situated non-COBRA beneficiaries under the Plan. If such a conversion option is not otherwise generally available, it need not be made available to Qualified Beneficiaries.

**18. How is my participation in the Health Flexible Spending Account affected?**

You can elect to continue your participation in the Health Flexible Spending Account for the remainder of the Plan Year, subject to the following conditions. You may only continue to participate in the Health Flexible Spending Account if you have elected to contribute more money than you have taken out in claims. For example, if you elected to contribute an annual amount of \$500 and, at the time you terminate employment, you have contributed \$300 but only claimed \$150, you may elect to continue coverage under the Health Flexible Spending Account. If you elect to continue coverage, then you would be able to continue to receive your health reimbursements up to the \$500. However, you must continue to pay for the coverage, just as the money has been taken out of your paycheck, but on an after-tax basis. The Plan can also charge you an extra amount (as explained above for other health benefits) to provide this benefit.

**IF YOU HAVE QUESTIONS**

If you have questions about your COBRA continuation coverage, you should contact the Plan Administrator or its designee. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and

other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

### **KEEP YOUR PLAN ADMINISTRATOR INFORMED OF ADDRESS CHANGES**

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator or its designee.

### **XI SUMMARY**

The money you earn is important to you and your family. You need it to pay your bills, enjoy recreational activities and save for the future. Our flexible benefits plan will help you keep more of the money you earn by lowering the amount of taxes you pay. The Plan is the result of our continuing efforts to find ways to help you get the most for your earnings.

If you have any questions, please contact the Administrator.

**SCHOOL DISTRICT 145 - WAVERLY  
HEALTH AND WELFARE**

**AND ALL SUPPORTING FORMS HAVE BEEN PRODUCED FOR  
PAYFLEX SYSTEMS USA, INC.**

**SCHOOL DISTRICT 145 - WAVERLY  
HEALTH AND WELFARE**

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**SCHOOL DISTRICT 145 - WAVERLY  
HEALTH AND WELFARE**

**INTRODUCTION**

The Employer has amended this Plan effective September 1, 2019, to recognize the contribution made to the Employer by its Employees. Its purpose is to reward them by providing benefits for those Employees who shall qualify hereunder and their Dependents and beneficiaries. The concept of this Plan is to allow Employees to choose among different types of benefits based on their own particular goals, desires and needs. This Plan is a restatement of a Plan which was originally effective on September 1, 2003. The Plan shall be known as School District 145 - Waverly Health and Welfare (the "Plan").

The intention of the Employer is that the Plan qualify as a "Cafeteria Plan" within the meaning of Section 125 of the Internal Revenue Code of 1986, as amended, and that the benefits which an Employee elects to receive under the Plan be excludable from the Employee's income under Section 125(a) and other applicable sections of the Internal Revenue Code of 1986, as amended.

**ARTICLE I  
DEFINITIONS**

1.1 **"Administrator"** means the Employer unless another person or entity has been designated by the Employer pursuant to Section 9.1 to administer the Plan on behalf of the Employer. If the Employer is the Administrator, the Employer may appoint any person, including, but not limited to, the Employees of the Employer, to perform the duties of the Administrator. Any person so appointed shall signify acceptance by filing written acceptance with the Employer. Upon the resignation or removal of any individual performing the duties of the Administrator, the Employer may designate a successor.

1.2 **"Affiliated Employer"** means the Employer and any corporation which is a member of a controlled group of corporations (as defined in Code Section 414(b)) which includes the Employer; any trade or business (whether or not incorporated) which is under common control (as defined in Code Section 414(c)) with the Employer; any organization (whether or not incorporated) which is a member of an affiliated service group (as defined in Code Section 414(m)) which includes the Employer; and any other entity required to be aggregated with the Employer pursuant to Treasury regulations under Code Section 414(o).

1.3 **"Benefit" or "Benefit Options"** means any of the optional benefit choices available to a Participant as outlined in Section 4.1.

1.4 **"Cafeteria Plan Benefit Dollars"** means the amount available to Participants to purchase Benefit Options as provided under Section 4.1. Each dollar contributed to this Plan shall be converted into one Cafeteria Plan Benefit Dollar.

1.5 **"Code"** means the Internal Revenue Code of 1986, as amended or replaced from time to time.

1.6 **"Compensation"** means the amounts received by the Participant from the Employer during a Plan Year.

1.7 **"Dependent"** means any individual who qualifies as a dependent under an Insurance Contract for purposes of coverage under that Contract only or under Code Section 152 (as modified by Code Section 105(b)).

**"Dependent"** shall include any Child of a Participant who is covered under an Insurance Contract, as defined in the Contract, or under the Health Flexible Spending Account or as allowed by reason of the Affordable Care Act.

For purposes of the Health Flexible Spending Account, a Participant's "Child" includes his/her natural child, stepchild, foster child, adopted child, or a child placed with the Participant for adoption. A Participant's Child will be an eligible Dependent until reaching the limiting age of 26, without regard to student status, marital status, financial dependency or residency status with the Employee or any other person. When the child reaches the applicable limiting age, coverage will end at the end of the calendar year.

The phrase "placed for adoption" refers to a child whom the Participant intends to adopt, whether or not the adoption has become final, who has not attained the age of 18 as of the date of such placement for adoption. The term "placed" means the assumption and retention by such Employee of a legal obligation for total or partial support of the child in anticipation of adoption of the child. The child must be available for adoption and the legal process must have commenced.

1.8 **"Effective Date"** means September 1, 2003.

1.9 **"Election Period"** means the period immediately preceding the beginning of each Plan Year established by the Administrator, such period to be applied on a uniform and nondiscriminatory basis for all Employees and Participants. However, an Employee's initial Election Period shall be determined pursuant to Section 5.1.

1.10 **"Eligible Employee"** means any Employee who has satisfied the provisions of Section 2.1.

An individual shall not be an "Eligible Employee" if such individual is not reported on the payroll records of the Employer as a common law employee. In particular, it is expressly intended that individuals not treated as common law employees by the

Employer on its payroll records are not "Eligible Employees" and are excluded from Plan participation even if a court or administrative agency determines that such individuals are common law employees and not independent contractors.

1.11 **"Employee"** means any person who is employed by the Employer. The term Employee shall include leased employees within the meaning of Code Section 414(n)(2).

1.12 **"Employer"** means School District 145 - Waverly and any successor which shall maintain this Plan; and any predecessor which has maintained this Plan. In addition, where appropriate, the term Employer shall include any Participating, Affiliated or Adopting Employer.

1.13 **"Insurance Contract"** means any contract issued by an Insurer underwriting a Benefit.

1.14 **"Insurance Premium Payment Plan"** means the plan of benefits contained in Section 4.1 of this Plan, which provides for the payment of Premium Expenses.

1.15 **"Insurer"** means any insurance company that underwrites a Benefit under this Plan.

1.16 **"Key Employee"** means an Employee described in Code Section 416(i)(1) and the Treasury regulations thereunder.

1.17 **"Participant"** means any Eligible Employee who elects to become a Participant pursuant to Section 2.3 and has not for any reason become ineligible to participate further in the Plan.

1.18 **"Plan"** means this instrument, including all amendments thereto.

1.19 **"Plan Year"** means the 12-month period beginning September 1 and ending August 31. The Plan Year shall be the coverage period for the Benefits provided for under this Plan. In the event a Participant commences participation during a Plan Year, then the initial coverage period shall be that portion of the Plan Year commencing on such Participant's date of entry and ending on the last day of such Plan Year.

1.20 **"Premium Expenses" or "Premiums"** mean the Participant's cost for the Benefits described in Section 4.1.

1.21 **"Premium Expense Reimbursement Account"** means the account established for a Participant pursuant to this Plan to which part of his Cafeteria Plan Benefit Dollars may be allocated and from which Premiums of the Participant shall be paid or reimbursed. If more than one type of insured Benefit is elected, sub-accounts shall be established for each type of insured Benefit.

1.22 **"Salary Redirection"** means the contributions made by the Employer on behalf of Participants pursuant to Section 3.1. These contributions shall be converted to Cafeteria Plan Benefit Dollars and allocated to the funds or accounts established under the Plan pursuant to the Participants' elections made under Article V.

1.23 **"Salary Redirection Agreement"** means an agreement between the Participant and the Employer under which the Participant agrees to reduce his Compensation or to forego all or part of the increases in such Compensation and to have such amounts contributed by the Employer to the Plan on the Participant's behalf. The Salary Redirection Agreement shall apply only to Compensation that has not been actually or constructively received by the Participant as of the date of the agreement (after taking this Plan and Code Section 125 into account) and, subsequently does not become currently available to the Participant.

1.24 **"Spouse"** means spouse as determined under Federal law.

## **ARTICLE II PARTICIPATION**

### **2.1 ELIGIBILITY**

Any Eligible Employee shall be eligible to participate hereunder as of his date of employment (or the Effective Date of the Plan, if later). However, any Eligible Employee who was a Participant in the Plan on the effective date of this amendment shall continue to be eligible to participate in the Plan.

### **2.2 EFFECTIVE DATE OF PARTICIPATION**

An Eligible Employee shall become a Participant effective as of the date on which he satisfies the requirements of Section 2.1.

### **2.3 APPLICATION TO PARTICIPATE**

An Employee who is eligible to participate in this Plan shall, during the applicable Election Period, complete an application to participate in a manner set forth by the Administrator. The election shall be irrevocable until the end of the applicable Plan Year unless the Participant is entitled to change his Benefit elections pursuant to Section 5.4 hereof.

An Eligible Employee shall also be required to complete a Salary Redirection Agreement during the Election Period for the Plan Year during which he wishes to participate in this Plan. Any such Salary Redirection Agreement shall be effective for the first pay period beginning on or after the Employee's effective date of participation pursuant to Section 2.2.

Notwithstanding the foregoing, an Employee who is eligible to participate in this Plan and who is covered by the Employer's insured Benefits under this Plan shall automatically become a Participant to the extent of the Premiums for such insurance unless the Employee elects, during the Election Period, not to participate in the Plan.

#### **2.4 TERMINATION OF PARTICIPATION**

A Participant shall no longer participate in this Plan upon the occurrence of any of the following events:

- (a) **Termination of employment.** The Participant's termination of employment, subject to the provisions of Section 2.5;
- (b) **Death.** The Participant's death, subject to the provisions of Section 2.6; or
- (c) **Termination of the plan.** The termination of this Plan, subject to the provisions of Section 10.2.

#### **2.5 TERMINATION OF EMPLOYMENT**

If a Participant's employment with the Employer is terminated for any reason other than death, his participation in the Benefit Options provided under Section 4.1 shall be governed in accordance with the following:

- (a) **Insurance Benefit.** With regard to Benefits which are insured, the Participant's participation in the Plan shall cease, subject to the Participant's right to continue coverage under any Insurance Contract for which premiums have already been paid.
- (b) **Dependent Care FSA.** With regard to the Dependent Care Flexible Spending Account, the Participant's participation in the Plan shall cease and no further Salary Redirection contributions shall be made. However, such Participant may submit claims for employment related Dependent Care Expense reimbursements for claims incurred through the remainder of the Plan Year in which such termination occurs and submitted within 90 days after the end of the Plan Year, based on the level of the Participant's Dependent Care Flexible Spending Account as of the date of termination.
- (c) **COBRA applicability.** With regard to the Health Flexible Spending Account, the Participant may submit claims for expenses that were incurred during the portion of the Plan Year before the end of the period for which payments to the Health Flexible Spending Account have already been made. Thereafter, the health benefits under this Plan including the Health Flexible Spending Account shall be applied and administered consistent with such further rights a Participant and his Dependents may be entitled to pursuant to Code Section 4980B and Section 11.14 of the Plan.

#### **2.6 DEATH**

If a Participant dies, his participation in the Plan shall cease. However, such Participant's spouse or Dependents may submit claims for expenses or benefits for the remainder of the Plan Year or until the Cafeteria Plan Benefit Dollars allocated to each specific benefit are exhausted. In no event may reimbursements be paid to someone who is not a spouse or Dependent. If the Plan is subject to the provisions of Code Section 4980B, then those provisions and related regulations shall apply for purposes of the Health Flexible Spending Account.

### **ARTICLE III CONTRIBUTIONS TO THE PLAN**

#### **3.1 SALARY REDIRECTION**

Benefits under the Plan shall be financed by Salary Redirections sufficient to support Benefits that a Participant has elected hereunder and to pay the Participant's Premium Expenses. The salary administration program of the Employer shall be revised to allow each Participant to agree to reduce his pay during a Plan Year by an amount determined necessary to purchase the elected Benefit Options. The amount of such Salary Redirection shall be specified in the Salary Redirection Agreement and shall be applicable for a Plan Year. Notwithstanding the above, for new Participants, the Salary Redirection Agreement shall only be applicable from the first day of the pay period following the Employee's entry date up to and including the last day of the Plan Year. These contributions shall be converted to Cafeteria Plan Benefit Dollars and allocated to the funds or accounts established under the Plan pursuant to the Participants' elections made under Article IV.

Any Salary Redirection shall be determined prior to the beginning of a Plan Year (subject to initial elections pursuant to Section 5.1) and prior to the end of the Election Period and shall be irrevocable for such Plan Year. However, a Participant may revoke a Benefit election or a Salary Redirection Agreement after the Plan Year has commenced and make a new election with respect to the remainder of the Plan Year, if both the revocation and the new election are on account of and consistent with a change in status and such other permitted

events as determined under Article V of the Plan and consistent with the rules and regulations of the Department of the Treasury. Salary Redirection amounts shall be contributed on a pro rata basis for each pay period during the Plan Year. All individual Salary Redirection Agreements are deemed to be part of this Plan and incorporated by reference hereunder.

### **3.2 APPLICATION OF CONTRIBUTIONS**

As soon as reasonably practical after each payroll period, the Employer shall apply the Salary Redirection to provide the Benefits elected by the affected Participants. Any contribution made or withheld for the Health Flexible Spending Account or Dependent Care Flexible Spending Account shall be credited to such fund or account. Amounts designated for the Participant's Premium Expense Reimbursement Account shall likewise be credited to such account for the purpose of paying Premium Expenses.

### **3.3 PERIODIC CONTRIBUTIONS**

Notwithstanding the requirement provided above and in other Articles of this Plan that Salary Redirections be contributed to the Plan by the Employer on behalf of an Employee on a level and pro rata basis for each payroll period, the Employer and Administrator may implement a procedure in which Salary Redirections are contributed throughout the Plan Year on a periodic basis that is not pro rata for each payroll period. However, with regard to the Health Flexible Spending Account, the payment schedule for the required contributions may not be based on the rate or amount of reimbursements during the Plan Year.

## **ARTICLE IV BENEFITS**

### **4.1 BENEFIT OPTIONS**

Each Participant may elect any one or more of the following optional Benefits:

- (1) Health Flexible Spending Account
- (2) Dependent Care Flexible Spending Account

In addition, each Participant shall have a sufficient portion of his Salary Redirections applied to the following Benefits unless the Participant elects not to receive such Benefits:

- (3) Health Insurance Benefit
- (4) Dental Insurance Benefit

### **4.2 HEALTH FLEXIBLE SPENDING ACCOUNT BENEFIT**

Each Participant may elect to participate in the Health Flexible Spending Account option, in which case Article VI shall apply.

### **4.3 DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT BENEFIT**

Each Participant may elect to participate in the Dependent Care Flexible Spending Account option, in which case Article VII shall apply.

### **4.4 HEALTH INSURANCE BENEFIT**

(a) **Coverage for Participant and Dependents.** Each Participant may elect to be covered under a health Insurance Contract for the Participant, his or her Spouse, and his or her Dependents.

(b) **Employer selects contracts.** The Employer may select suitable health Insurance Contracts for use in providing this health insurance benefit, which policies will provide uniform benefits for all Participants electing this Benefit.

(c) **Contract incorporated by reference.** The rights and conditions with respect to the benefits payable from such health Insurance Contract shall be determined therefrom, and such Insurance Contract shall be incorporated herein by reference.

### **4.5 DENTAL INSURANCE BENEFIT**

(a) **Coverage for Participant and/or Dependents.** Each Participant may elect to be covered under the Employer's dental Insurance Contract. In addition, the Participant may elect either individual or family coverage under such Insurance Contract.

(b) **Employer selects contracts.** The Employer may select suitable dental Insurance Contracts for use in providing this dental insurance benefit, which policies will provide uniform benefits for all Participants electing this Benefit.

(c) **Contract incorporated by reference.** The rights and conditions with respect to the benefits payable from such dental Insurance Contract shall be determined therefrom, and such dental Insurance Contract shall be incorporated herein by reference.

#### 4.6 NONDISCRIMINATION REQUIREMENTS

(a) **Intent to be nondiscriminatory.** It is the intent of this Plan to provide benefits to a classification of employees which the Secretary of the Treasury finds not to be discriminatory in favor of the group in whose favor discrimination may not occur under Code Section 125.

(b) **25% concentration test.** It is the intent of this Plan not to provide qualified benefits as defined under Code Section 125 to Key Employees in amounts that exceed 25% of the aggregate of such Benefits provided for all Eligible Employees under the Plan. For purposes of the preceding sentence, qualified benefits shall not include benefits which (without regard to this paragraph) are includible in gross income.

(c) **Adjustment to avoid test failure.** If the Administrator deems it necessary to avoid discrimination or possible taxation to Key Employees or a group of employees in whose favor discrimination may not occur in violation of Code Section 125, it may, but shall not be required to, reduce contributions or non-taxable Benefits in order to assure compliance with the Code and regulations. Any act taken by the Administrator shall be carried out in a uniform and nondiscriminatory manner. With respect to any affected Participant who has had Benefits reduced pursuant to this Section, the reduction shall be made proportionately among Health Flexible Spending Account Benefits and Dependent Care Flexible Spending Account Benefits, and once all these Benefits are expended, proportionately among insured Benefits. Contributions which are not utilized to provide Benefits to any Participant by virtue of any administrative act under this paragraph shall be forfeited and deposited into the benefit plan surplus.

### ARTICLE V PARTICIPANT ELECTIONS

#### 5.1 INITIAL ELECTIONS

An Employee who meets the eligibility requirements of Section 2.1 on the first day of, or during, a Plan Year may elect to participate in this Plan for all or the remainder of such Plan Year, provided he elects to do so on or before his effective date of participation pursuant to Section 2.2.

Notwithstanding the foregoing, an Employee who is eligible to participate in this Plan and who is covered by the Employer's insured benefits under this Plan shall automatically become a Participant to the extent of the Premiums for such insurance unless the Employee elects, during the Election Period, not to participate in the Plan.

#### 5.2 SUBSEQUENT ANNUAL ELECTIONS

During the Election Period prior to each subsequent Plan Year, each Participant shall be given the opportunity to elect, on an election of benefits form to be provided by the Administrator, which spending account Benefit options he wishes to select. Any such election shall be effective for any Benefit expenses incurred during the Plan Year which follows the end of the Election Period. With regard to subsequent annual elections, the following options shall apply:

(a) A Participant or Employee who failed to initially elect to participate may elect different or new Benefits under the Plan during the Election Period;

(b) A Participant may terminate his participation in the Plan by notifying the Administrator in writing during the Election Period that he does not want to participate in the Plan for the next Plan Year;

(c) An Employee who elects not to participate for the Plan Year following the Election Period will have to wait until the next Election Period before again electing to participate in the Plan, except as provided for in Section 5.4.

#### 5.3 FAILURE TO ELECT

With regard to Benefits available under the Plan for which no Premium Expenses apply, any Participant who fails to complete a new benefit election form pursuant to Section 5.2 by the end of the applicable Election Period shall be deemed to have elected not to participate in the Plan for the upcoming Plan Year. No further Salary Redirections shall therefore be authorized or made for the subsequent Plan Year for such Benefits.

With regard to Benefits available under the Plan for which Premium Expenses apply, any Participant who fails to complete a new benefit election form pursuant to Section 5.2 by the end of the applicable Election Period shall be deemed to have made the same Benefit elections as are then in effect for the current Plan Year. The Participant shall also be deemed to have elected Salary Redirection in an amount necessary to purchase such Benefit options.

## 5.4 CHANGE IN STATUS

(a) **Change in status defined.** Any Participant may change a Benefit election after the Plan Year (to which such election relates) has commenced and make new elections with respect to the remainder of such Plan Year if, under the facts and circumstances, the changes are necessitated by and are consistent with a change in status which is acceptable under rules and regulations adopted by the Department of the Treasury, the provisions of which are incorporated by reference. Notwithstanding anything herein to the contrary, if the rules and regulations conflict, then such rules and regulations shall control.

In general, a change in election is not consistent if the change in status is the Participant's divorce, annulment or legal separation from a Spouse, the death of a Spouse or Dependent, or a Dependent ceasing to satisfy the eligibility requirements for coverage, and the Participant's election under the Plan is to cancel accident or health insurance coverage for any individual other than the one involved in such event. In addition, if the Participant, Spouse or Dependent gains or loses eligibility for coverage, then a Participant's election under the Plan to cease or decrease coverage for that individual under the Plan corresponds with that change in status only if coverage for that individual becomes applicable or is increased under the family member plan.

Regardless of the consistency requirement, if the individual, the individual's Spouse, or Dependent becomes eligible for continuation coverage under the Employer's group health plan as provided in Code Section 4980B or any similar state law, then the individual may elect to increase payments under this Plan in order to pay for the continuation coverage. However, this does not apply for COBRA eligibility due to divorce, annulment or legal separation.

Any new election shall be effective at such time as the Administrator shall prescribe, but not earlier than the first pay period beginning after the election form is completed and returned to the Administrator. For the purposes of this subsection, a change in status shall only include the following events or other events permitted by Treasury regulations:

- (1) **Legal Marital Status:** events that change a Participant's legal marital status, including marriage, divorce, death of a Spouse, legal separation or annulment;
- (2) **Number of Dependents:** Events that change a Participant's number of Dependents, including birth, adoption, placement for adoption, or death of a Dependent;
- (3) **Employment Status:** Any of the following events that change the employment status of the Participant, Spouse, or Dependent: termination or commencement of employment, a strike or lockout, commencement or return from an unpaid leave of absence, or a change in worksite. In addition, if the eligibility conditions of this Plan or other employee benefit plan of the Employer of the Participant, Spouse, or Dependent depend on the employment status of that individual and there is a change in that individual's employment status with the consequence that the individual becomes (or ceases to be) eligible under the plan, then that change constitutes a change in employment under this subsection;
- (4) **Dependent satisfies or ceases to satisfy the eligibility requirements:** An event that causes the Participant's Dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age, student status, or any similar circumstance; and
- (5) **Residency:** A change in the place of residence of the Participant, Spouse or Dependent, that would lead to a change in status (such as a loss of HMO coverage).

For the Dependent Care Flexible Spending Account, a Dependent becoming or ceasing to be a "Qualifying Dependent" as defined under Code Section 21(b) shall also qualify as a change in status.

Notwithstanding anything in this Section to the contrary, the gain of eligibility or change in eligibility of a child, as allowed under Code Sections 105(b) and 106, and guidance thereunder, shall qualify as a change in status.

(b) **Special enrollment rights.** Notwithstanding subsection (a), the Participants may change an election for group health coverage during a Plan Year and make a new election that corresponds with the special enrollment rights provided in Code Section 9801(f), including those authorized under the provisions of the Children's Health Insurance Program Reauthorization Act of 2009 (SCHIP); provided that such Participant meets the sixty (60) day notice requirement imposed by Code Section 9801(f) (or such longer period as may be permitted by the Plan and communicated to Participants). Such change shall take place on a prospective basis, unless otherwise required by Code Section 9801(f) to be retroactive.

(c) **Qualified Medical Support Order.** Notwithstanding subsection (a), in the event of a judgment, decree, or order (including approval of a property settlement) ("order") resulting from a divorce, legal separation, annulment, or change in legal custody which requires accident or health coverage for a Participant's child (including a foster child who is a Dependent of the Participant):

- (1) The Plan may change an election to provide coverage for the child if the order requires coverage under the Participant's plan; or
- (2) The Participant shall be permitted to change an election to cancel coverage for the child if the order requires the former Spouse to provide coverage for such child, under that individual's plan and such coverage is actually provided.

(d) **Medicare or Medicaid.** Notwithstanding subsection (a), a Participant may change elections to cancel accident or health coverage for the Participant or the Participant's Spouse or Dependent if the Participant or the Participant's Spouse or Dependent is enrolled in the accident or health coverage of the Employer and becomes entitled to coverage (i.e., enrolled) under Part A or Part B of the Title XVIII of the Social Security Act (Medicare) or Title XIX of the Social Security Act (Medicaid), other than coverage consisting solely of benefits under Section 1928 of the Social Security Act (the program for distribution of pediatric vaccines). If the Participant or the Participant's Spouse or Dependent who has been entitled to Medicaid or Medicare coverage loses eligibility, that individual may prospectively elect coverage under the Plan if a benefit package option under the Plan provides similar coverage.

(e) **Cost increase or decrease.** If the cost of a Benefit provided under the Plan increases or decreases during a Plan Year, then the Plan shall automatically increase or decrease, as the case may be, the Salary Redirections of all affected Participants for such Benefit. Alternatively, if the cost of a benefit package option increases significantly, the Administrator shall permit the affected Participants to either make corresponding changes in their payments or revoke their elections and, in lieu thereof, receive on a prospective basis coverage under another benefit package option with similar coverage, or drop coverage prospectively if there is no benefit package option with similar coverage.

A cost increase or decrease refers to an increase or decrease in the amount of elective contributions under the Plan, whether resulting from an action taken by the Participants or an action taken by the Employer.

(f) **Loss of coverage.** If the coverage under a Benefit is significantly curtailed or ceases during a Plan Year, affected Participants may revoke their elections of such Benefit and, in lieu thereof, elect to receive on a prospective basis coverage under another plan with similar coverage, or drop coverage prospectively if no similar coverage is offered.

(g) **Addition of a new benefit.** If, during the period of coverage, a new benefit package option or other coverage option is added, an existing benefit package option is significantly improved, or an existing benefit package option or other coverage option is eliminated, then the affected Participants may elect the newly-added option, or elect another option if an option has been eliminated prospectively and make corresponding election changes with respect to other benefit package options providing similar coverage. In addition, those Eligible Employees who are not participating in the Plan may opt to become Participants and elect the new or newly improved benefit package option.

(h) **Loss of coverage under certain other plans.** A Participant may make a prospective election change to add group health coverage for the Participant, the Participant's Spouse or Dependent if such individual loses group health coverage sponsored by a governmental or educational institution, including a state children's health insurance program under the Social Security Act, the Indian Health Service or a health program offered by an Indian tribal government, a state health benefits risk pool, or a foreign government group health plan.

(i) **Change of coverage due to change under certain other plans.** A Participant may make a prospective election change that is on account of and corresponds with a change made under the plan of a Spouse's, former Spouse's or Dependent's employer if (1) the cafeteria plan or other benefits plan of the Spouse's, former Spouse's or Dependent's employer permits its participants to make a change; or (2) the cafeteria plan permits participants to make an election for a period of coverage that is different from the period of coverage under the cafeteria plan of a Spouse's, former Spouse's or Dependent's employer.

(j) **Change in dependent care provider.** A Participant may make a prospective election change that is on account of and corresponds with a change by the Participant in the dependent care provider. The availability of dependent care services from a new childcare provider is similar to a new benefit package option becoming available. A cost change is allowable in the Dependent Care Flexible Spending Account only if the cost change is imposed by a dependent care provider who is not related to the Participant, as defined in Code Section 152(a)(1) through (8).

(k) **Health FSA cannot change due to insurance change.** A Participant shall not be permitted to change an election to the Health Flexible Spending Account as a result of a cost or coverage change under any health insurance benefits.

(l) **Changes due to reduction in hours or enrollment in an Exchange Plan.** A Participant may prospectively revoke coverage under the group health plan (that is not a health Flexible Spending Account) which provides minimum essential coverage (as defined in Code §5000A(f)(1)) provided the following conditions are met:

Conditions for revocation due to reduction in hours of service:

(1) The Participant has been reasonably expected to average at least 30 hours of service per week and there is a change in that Participant's status so that the Participant will reasonably be expected to average less than 30 hours of service per week after the change, even if that reduction does not result in the Participant ceasing to be eligible under the group health plan; and

(2) The revocation of coverage under the group health plan corresponds to the intended enrollment of the Participant, and any related individuals who cease coverage due to the revocation, in another plan that provides minimum essential coverage with the new coverage effective no later than the first day of the second month following the month that includes the date the original coverage is revoked.

The Administrator may rely on the reasonable representation of the Participant who is reasonably expected to have an average of less than 30 hours of service per week for future periods that the Participant and related individuals have enrolled or intend to enroll in another plan that provides minimum essential coverage for new coverage that is effective no later than the first day of the second month following the month that includes the date the original coverage is revoked.

Conditions for revocation due to enrollment in a Qualified Health Plan:

(1) The Participant is eligible for a Special Enrollment Period to enroll in a Qualified Health Plan through a Marketplace (federal or state exchange) pursuant to guidance issued by the Department of Health and Human Services and any other applicable guidance, or the Participant seeks to enroll in a Qualified Health Plan through a Marketplace during the Marketplace's annual open enrollment period; and

(2) The revocation of the election of coverage under the group health plan corresponds to the intended enrollment of the Participant and any related individuals who cease coverage due to the revocation in a Qualified Health Plan through a Marketplace for new coverage that is effective beginning no later than the day immediately following the last day of the original coverage that is revoked.

The Administrator may rely on the reasonable representation of a Participant who has an enrollment opportunity for a Qualified Health Plan through a Marketplace that the Participant and related individuals have enrolled or intend to enroll in a Qualified Health Plan for new coverage that is effective beginning no later than the day immediately following the last day of the original coverage that is revoked.

## ARTICLE VI HEALTH FLEXIBLE SPENDING ACCOUNT

### 6.1 ESTABLISHMENT OF PLAN

This Health Flexible Spending Account is intended to qualify as a medical reimbursement plan under Code Section 105 and shall be interpreted in a manner consistent with such Code Section and the Treasury regulations thereunder. Participants who elect to participate in this Health Flexible Spending Account may submit claims for the reimbursement of Medical Expenses. All amounts reimbursed shall be periodically paid from amounts allocated to the Health Flexible Spending Account. Periodic payments reimbursing Participants from the Health Flexible Spending Account shall in no event occur less frequently than monthly.

### 6.2 DEFINITIONS

For the purposes of this Article and the Cafeteria Plan, the terms below have the following meaning:

(a) **"Health Flexible Spending Account"** means the account established for Participants pursuant to this Plan to which part of their Cafeteria Plan Benefit Dollars may be allocated and from which all allowable Medical Expenses incurred by a Participant, his or her Spouse and his or her Dependents may be reimbursed.

(b) **"Highly Compensated Participant"** means, for the purposes of this Article and determining discrimination under Code Section 105(h), a participant who is:

(1) one of the 5 highest paid officers;

(2) a shareholder who owns (or is considered to own applying the rules of Code Section 318) more than 10 percent in value of the stock of the Employer; or

(3) among the highest paid 25 percent of all Employees (other than exclusions permitted by Code Section 105(h)(3)(B) for those individuals who are not Participants).

(c) **"Medical Expenses"** means any expense for medical care within the meaning of the term "medical care" as defined in Code Section 213(d) and the rulings and Treasury regulations thereunder, and not otherwise used by the Participant as a deduction in determining his tax liability under the Code. "Medical Expenses" can be incurred by the Participant, his or her Spouse and his or her Dependents. "Incurred" means, with regard to Medical Expenses, when the Participant is provided with the medical care that gives rise to the Medical Expense and not when the Participant is formally billed or charged for, or pays for, the medical care.

A Participant who contributes to a Health Savings Account may only be reimbursed for medical expenses that are considered to be for dental or vision expenses.

A Participant may not be reimbursed for the cost of any medicine or drug that is not "prescribed" within the meaning of Code Section 106(f) or is not insulin.

A Participant may not be reimbursed for the cost of other health coverage such as premiums paid under plans maintained by the employer of the Participant's Spouse or individual policies maintained by the Participant or his Spouse or Dependent.

A Participant may not be reimbursed for "qualified long-term care services" as defined in Code Section 7702B(c).

(d) The definitions of Article I are hereby incorporated by reference to the extent necessary to interpret and apply the provisions of this Health Flexible Spending Account.

### 6.3 FORFEITURES

The amount in the Health Flexible Spending Account as of the end of any Plan Year (and after the processing of all claims for such Plan Year pursuant to Section 6.7 hereof) shall be forfeited and credited to the benefit plan surplus. In such event, the Participant shall have no further claim to such amount for any reason, subject to Section 8.2.

### 6.4 LIMITATION ON ALLOCATIONS

(a) Notwithstanding any provision contained in this Health Flexible Spending Account to the contrary, the maximum amount that may be allocated to the Health Flexible Spending Account by a Participant in or on account of any Plan Year is \$2700.

(b) The minimum amount that may be allocated to the Health Flexible Spending Account by a Participant in or on account of any Plan Year is \$10.

(c) **Participation in Other Plans.** All employers that are treated as a single employer under Code Sections 414(b), (c), or (m), relating to controlled groups and affiliated service groups, are treated as a single employer for purposes of the statutory limit. If a Participant participates in multiple cafeteria plans offering health flexible spending accounts maintained by members of a controlled group or affiliated service group, the Participant's total Health Flexible Spending Account contributions under all of the cafeteria plans are limited to the statutory limit (as adjusted). However, a Participant employed by two or more employers that are not members of the same controlled group may elect up to the statutory limit (as adjusted) under each Employer's Health Flexible Spending Account.

### 6.5 NONDISCRIMINATION REQUIREMENTS

(a) **Intent to be nondiscriminatory.** It is the intent of this Health Flexible Spending Account not to discriminate in violation of the Code and the Treasury regulations thereunder.

(b) **Adjustment to avoid test failure.** If the Administrator deems it necessary to avoid discrimination under this Health Flexible Spending Account, it may, but shall not be required to, reject any elections or reduce contributions or Benefits in order to assure compliance with this Section. Any act taken by the Administrator under this Section shall be carried out in a uniform and nondiscriminatory manner. If the Administrator decides to reject any elections or reduce contributions or Benefits, it shall be done in the following manner. First, the Benefits designated for the Health Flexible Spending Account by the member of the group in whose favor discrimination may not occur pursuant to Code Section 105 that elected to contribute the highest amount to the fund for the Plan Year shall be reduced until the nondiscrimination tests set forth in this Section or the Code are satisfied, or until the amount designated for the fund equals the amount designated for the fund by the next member of the group in whose favor discrimination may not occur pursuant to Code Section 105 who has elected the second highest contribution to the Health Flexible Spending Account for the Plan Year. This process shall continue until the nondiscrimination tests set forth in this Section or the Code are satisfied. Contributions which are not utilized to provide Benefits to any Participant by virtue of any administrative act under this paragraph shall be forfeited and credited to the benefit plan surplus.

### 6.6 COORDINATION WITH CAFETERIA PLAN

All Participants under the Cafeteria Plan are eligible to receive Benefits under this Health Flexible Spending Account. The enrollment under the Cafeteria Plan shall constitute enrollment under this Health Flexible Spending Account. In addition, other matters concerning contributions, elections and the like shall be governed by the general provisions of the Cafeteria Plan.

### 6.7 HEALTH FLEXIBLE SPENDING ACCOUNT CLAIMS

(a) **Expenses must be incurred during Plan Year.** All Medical Expenses incurred by a Participant, his or her Spouse and his or her Dependents during the Plan Year shall be reimbursed during the Plan Year subject to Section 2.5, even though the submission of such a claim occurs after his participation hereunder ceases; but provided that the Medical Expenses were incurred during the applicable Plan Year. Medical Expenses are treated as having been incurred when the Participant is provided with the medical care that gives rise to the medical expenses, not when the Participant is formally billed or charged for, or pays for the medical care.

(b) **Reimbursement available throughout Plan Year.** The Administrator shall direct the reimbursement to each eligible Participant for all allowable Medical Expenses, up to a maximum of the amount designated by the Participant for the Health Flexible Spending Account for the Plan Year. Reimbursements shall be made available to the Participant throughout the

year without regard to the level of Cafeteria Plan Benefit Dollars which have been allocated to the fund at any given point in time. Furthermore, a Participant shall be entitled to reimbursements only for amounts in excess of any payments or other reimbursements under any health care plan covering the Participant and/or his Spouse or Dependents.

(c) **Payments.** Reimbursement payments under this Plan shall be made directly to the Participant. However, in the Administrator's discretion, payments may be made directly to the service provider. The application for payment or reimbursement shall be made to the Administrator on an acceptable form within a reasonable time of incurring the debt or paying for the service. The application shall include a written statement from an independent third party stating that the Medical Expense has been incurred and the amount of such expense. Furthermore, the Participant shall provide a written statement that the Medical Expense has not been reimbursed or is not reimbursable under any other health plan coverage and, if reimbursed from the Health Flexible Spending Account, such amount will not be claimed as a tax deduction. The Administrator shall retain a file of all such applications.

(d) **Claims for reimbursement.** Claims for the reimbursement of Medical Expenses incurred in any Plan Year shall be paid as soon after a claim has been filed as is administratively practicable; provided however, that if a Participant fails to submit a claim within 90 days after the end of the Plan Year, those Medical Expense claims shall not be considered for reimbursement by the Administrator.

## ARTICLE VII DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

### 7.1 ESTABLISHMENT OF ACCOUNT

This Dependent Care Flexible Spending Account is intended to qualify as a program under Code Section 129 and shall be interpreted in a manner consistent with such Code Section. Participants who elect to participate in this program may submit claims for the reimbursement of Employment-Related Dependent Care Expenses. All amounts reimbursed shall be paid from amounts allocated to the Participant's Dependent Care Flexible Spending Account.

### 7.2 DEFINITIONS

For the purposes of this Article and the Cafeteria Plan the terms below shall have the following meaning:

(a) **"Dependent Care Flexible Spending Account"** means the account established for a Participant pursuant to this Article to which part of his Cafeteria Plan Benefit Dollars may be allocated and from which Employment-Related Dependent Care Expenses of the Participant may be reimbursed for the care of the Qualifying Dependents of Participants.

(b) **"Earned Income"** means earned income as defined under Code Section 32(c)(2), but excluding such amounts paid or incurred by the Employer for dependent care assistance to the Participant.

(c) **"Employment-Related Dependent Care Expenses"** means the amounts paid for expenses of a Participant for those services which if paid by the Participant would be considered employment related expenses under Code Section 21(b)(2). Generally, they shall include expenses for household services and for the care of a Qualifying Dependent, to the extent that such expenses are incurred to enable the Participant to be gainfully employed for any period for which there are one or more Qualifying Dependents with respect to such Participant. Employment-Related Dependent Care Expenses are treated as having been incurred when the Participant's Qualifying Dependents are provided with the dependent care that gives rise to the Employment-Related Dependent Care Expenses, not when the Participant is formally billed or charged for, or pays for the dependent care. The determination of whether an amount qualifies as an Employment-Related Dependent Care Expense shall be made subject to the following rules:

(1) If such amounts are paid for expenses incurred outside the Participant's household, they shall constitute Employment-Related Dependent Care Expenses only if incurred for a Qualifying Dependent as defined in Section 7.2(d)(1) (or deemed to be, as described in Section 7.2(d)(1) pursuant to Section 7.2(d)(3)), or for a Qualifying Dependent as defined in Section 7.2(d)(2) (or deemed to be, as described in Section 7.2(d)(2) pursuant to Section 7.2(d)(3)) who regularly spends at least 8 hours per day in the Participant's household;

(2) If the expense is incurred outside the Participant's home at a facility that provides care for a fee, payment, or grant for more than 6 individuals who do not regularly reside at the facility, the facility must comply with all applicable state and local laws and regulations, including licensing requirements, if any; and

(3) Employment-Related Dependent Care Expenses of a Participant shall not include amounts paid or incurred to a child of such Participant who is under the age of 19 or to an individual who is a Dependent of such Participant or such Participant's Spouse.

(d) **"Qualifying Dependent"** means, for Dependent Care Flexible Spending Account purposes,

(1) a Participant's Dependent (as defined in Code Section 152(a)(1)) who has not attained age 13;

(2) a Dependent or the Spouse of a Participant who is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as the Participant for more than one-half of such taxable year; or

(3) a child that is deemed to be a Qualifying Dependent described in paragraph (1) or (2) above, whichever is appropriate, pursuant to Code Section 21(e)(5).

(e) The definitions of Article I are hereby incorporated by reference to the extent necessary to interpret and apply the provisions of this Dependent Care Flexible Spending Account.

### **7.3 DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS**

The Administrator shall establish a Dependent Care Flexible Spending Account for each Participant who elects to apply Cafeteria Plan Benefit Dollars to Dependent Care Flexible Spending Account benefits.

### **7.4 INCREASES IN DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS**

A Participant's Dependent Care Flexible Spending Account shall be increased each pay period by the portion of Cafeteria Plan Benefit Dollars that he has elected to apply toward his Dependent Care Flexible Spending Account pursuant to elections made under Article V hereof.

### **7.5 DECREASES IN DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS**

A Participant's Dependent Care Flexible Spending Account shall be reduced by the amount of any Employment-Related Dependent Care Expense reimbursements paid or incurred on behalf of a Participant pursuant to Section 7.12 hereof.

### **7.6 ALLOWABLE DEPENDENT CARE REIMBURSEMENT**

Subject to limitations contained in Section 7.9 of this Program, and to the extent of the amount contained in the Participant's Dependent Care Flexible Spending Account, a Participant who incurs Employment-Related Dependent Care Expenses shall be entitled to receive from the Employer full reimbursement for the entire amount of such expenses incurred during the Plan Year or portion thereof during which he is a Participant.

### **7.7 ANNUAL STATEMENT OF BENEFITS**

On or before January 31st of each calendar year, the Employer shall furnish to each Employee who was a Participant and received benefits under Section 7.6 during the prior calendar year, a statement of all such benefits paid to or on behalf of such Participant during the prior calendar year. This statement is set forth on the Participant's Form W-2.

### **7.8 FORFEITURES**

The amount in a Participant's Dependent Care Flexible Spending Account as of the end of any Plan Year (and after the processing of all claims for such Plan Year pursuant to Section 7.12 hereof) shall be forfeited and credited to the benefit plan surplus. In such event, the Participant shall have no further claim to such amount for any reason.

### **7.9 LIMITATION ON PAYMENTS**

(a) **Plan limits.** Notwithstanding any provision contained in this Dependent Care Flexible Spending Account to the contrary, the following limits apply in addition to the Code limits. The minimum amount that may be allocated to the Dependent Care Flexible Spending Account by a Participant in or on account of any Plan Year is \$10.

(b) **Code limits.** Notwithstanding any provision contained in this Article to the contrary, amounts paid from a Participant's Dependent Care Flexible Spending Account in or on account of any taxable year of the Participant shall not exceed the lesser of the Earned Income limitation described in Code Section 129(b) or \$5,000 (\$2,500 if a separate tax return is filed by a Participant who is married as determined under the rules of paragraphs (3) and (4) of Code Section 21(e)).

### **7.10 NONDISCRIMINATION REQUIREMENTS**

(a) **Intent to be nondiscriminatory.** It is the intent of this Dependent Care Flexible Spending Account that contributions or benefits not discriminate in favor of the group of employees in whose favor discrimination may not occur under Code Section 129(d).

(b) **25% test for shareholders.** It is the intent of this Dependent Care Flexible Spending Account that not more than 25 percent of the amounts paid by the Employer for dependent care assistance during the Plan Year will be provided for the class of individuals who are shareholders or owners (or their Spouses or Dependents), each of whom (on any day of the Plan Year) owns more than 5 percent of the stock or of the capital or profits interest in the Employer.

(c) **Adjustment to avoid test failure.** If the Administrator deems it necessary to avoid discrimination or possible taxation to a group of employees in whose favor discrimination may not occur in violation of Code Section 129 it may, but shall

not be required to, reject any elections or reduce contributions or non-taxable benefits in order to assure compliance with this Section. Any act taken by the Administrator under this Section shall be carried out in a uniform and nondiscriminatory manner. If the Administrator decides to reject any elections or reduce contributions or Benefits, it shall be done in the following manner. First, the Benefits designated for the Dependent Care Flexible Spending Account by the affected Participant that elected to contribute the highest amount to such account for the Plan Year shall be reduced until the nondiscrimination tests set forth in this Section are satisfied, or until the amount designated for the account equals the amount designated for the account of the affected Participant who has elected the second highest contribution to the Dependent Care Flexible Spending Account for the Plan Year. This process shall continue until the nondiscrimination tests set forth in this Section are satisfied. Contributions which are not utilized to provide Benefits to any Participant by virtue of any administrative act under this paragraph shall be forfeited.

#### **7.11 COORDINATION WITH CAFETERIA PLAN**

All Participants under the Cafeteria Plan are eligible to receive Benefits under this Dependent Care Flexible Spending Account. The enrollment and termination of participation under the Cafeteria Plan shall constitute enrollment and termination of participation under this Dependent Care Flexible Spending Account. In addition, other matters concerning contributions, elections and the like shall be governed by the general provisions of the Cafeteria Plan.

#### **7.12 DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT CLAIMS**

The Administrator shall direct the payment of all such Dependent Care claims to the Participant upon the presentation to the Administrator of documentation of such expenses in a form satisfactory to the Administrator. However, in the Administrator's discretion, payments may be made directly to the service provider. In its discretion in administering the Plan, the Administrator may utilize forms and require documentation of costs as may be necessary to verify the claims submitted. At a minimum, the form shall include a statement from an independent third party as proof that the expense has been incurred during the Plan Year and the amount of such expense. In addition, the Administrator may require that each Participant who desires to receive reimbursement under this Program for Employment-Related Dependent Care Expenses submit a statement which may contain some or all of the following information:

- (a) The Dependent or Dependents for whom the services were performed;
- (b) The nature of the services performed for the Participant, the cost of which he wishes reimbursement;
- (c) The relationship, if any, of the person performing the services to the Participant;
- (d) If the services are being performed by a child of the Participant, the age of the child;
- (e) A statement as to where the services were performed;
- (f) If any of the services were performed outside the home, a statement as to whether the Dependent for whom such services were performed spends at least 8 hours a day in the Participant's household;
- (g) If the services were being performed in a day care center, a statement:
  - (1) that the day care center complies with all applicable laws and regulations of the state of residence,
  - (2) that the day care center provides care for more than 6 individuals (other than individuals residing at the center), and
  - (3) of the amount of fee paid to the provider.
- (h) If the Participant is married, a statement containing the following:
  - (1) the Spouse's salary or wages if he or she is employed, or
  - (2) if the Participant's Spouse is not employed, that
    - (i) he or she is incapacitated, or
    - (ii) he or she is a full-time student attending an educational institution and the months during the year which he or she attended such institution.

(i) **Claims for reimbursement.** If a Participant fails to submit a claim within 90 days after the end of the Plan Year, those claims shall not be considered for reimbursement by the Administrator.

**ARTICLE VIII  
BENEFITS AND RIGHTS**

**8.1 CLAIM FOR BENEFITS**

(a) **Insurance claims.** Any claim for Benefits underwritten by Insurance Contract(s) shall be made to the Insurer. If the Insurer denies any claim, the Participant or beneficiary shall follow the Insurer's claims review procedure.

(b) **Dependent Care Flexible Spending Account or Health Flexible Spending Account claims.** Any claim for Dependent Care Flexible Spending Account or Health Flexible Spending Account Benefits shall be made to the Administrator. For the Health Flexible Spending Account, if a Participant fails to submit a claim within 90 days after the end of the Plan Year, those claims shall not be considered for reimbursement by the Administrator. For the Dependent Care Flexible Spending Account, if a Participant fails to submit a claim within 90 days after the end of the Plan Year, those claims shall not be considered for reimbursement by the Administrator. If the Administrator denies a claim, the Administrator may provide notice to the Participant or beneficiary, in writing, within 90 days after the claim is filed unless special circumstances require an extension of time for processing the claim. The notice of a denial of a claim shall be written in a manner calculated to be understood by the claimant and shall set forth:

- (1) specific references to the pertinent Plan provisions on which the denial is based;
- (2) a description of any additional material or information necessary for the claimant to perfect the claim and an explanation as to why such information is necessary; and
- (3) an explanation of the Plan's claim procedure.

(c) **Appeal.** Within 60 days after receipt of the above material, the claimant shall have a reasonable opportunity to appeal the claim denial to the Administrator for a full and fair review. The claimant or his duly authorized representative may:

- (1) request a review upon written notice to the Administrator;
- (2) review pertinent documents; and
- (3) submit issues and comments in writing.

(d) **Review of appeal.** A decision on the review by the Administrator will be made not later than 60 days after receipt of a request for review, unless special circumstances require an extension of time for processing (such as the need to hold a hearing), in which event a decision should be rendered as soon as possible, but in no event later than 120 days after such receipt. The decision of the Administrator shall be written and shall include specific reasons for the decision, written in a manner calculated to be understood by the claimant, with specific references to the pertinent Plan provisions on which the decision is based.

(e) **Forfeitures.** Any balance remaining in the Participant's Health Flexible Spending Account or Dependent Care Flexible Spending Account as of the end of the time for claims reimbursement for each Plan Year shall be forfeited and deposited in the benefit plan surplus of the Employer pursuant to Section 6.3 or Section 7.8, whichever is applicable, unless the Participant had made a claim for such Plan Year, in writing, which has been denied or is pending; in which event the amount of the claim shall be held in his account until the claim appeal procedures set forth above have been satisfied or the claim is paid. If any such claim is denied on appeal, the amount held beyond the end of the Plan Year shall be forfeited and credited to the benefit plan surplus.

**8.2 APPLICATION OF BENEFIT PLAN SURPLUS**

Any forfeited amounts credited to the benefit plan surplus by virtue of the failure of a Participant to incur a qualified expense or seek reimbursement in a timely manner may, but need not be, separately accounted for after the close of the Plan Year (or after such further time specified herein for the filing of claims) in which such forfeitures arose. In no event shall such amounts be carried over to reimburse a Participant for expenses incurred during a subsequent Plan Year for the same or any other Benefit available under the Plan; nor shall amounts forfeited by a particular Participant be made available to such Participant in any other form or manner, except as permitted by Treasury regulations. Amounts in the benefit plan surplus shall be used to defray any administrative costs and experience losses or used to provide additional benefits under the Plan.

**ARTICLE IX  
ADMINISTRATION**

**9.1 PLAN ADMINISTRATION**

The Employer shall be the Administrator, unless the Employer elects otherwise. The Employer may appoint any person, including, but not limited to, the Employees of the Employer, to perform the duties of the Administrator. Any person so appointed shall

signify acceptance by filing acceptance in writing (or such other form as acceptable to both parties) with the Employer. Upon the resignation or removal of any individual performing the duties of the Administrator, the Employer may designate a successor.

If the Employer elects, the Employer shall appoint one or more Administrators. Any person, including, but not limited to, the Employees of the Employer, shall be eligible to serve as an Administrator. Any person so appointed shall signify acceptance by filing acceptance in writing (or such other form as acceptable to both parties) with the Employer. An Administrator may resign by delivering a resignation in writing (or such other form as acceptable to both parties) to the Employer or be removed by the Employer by delivery of notice of removal (in writing or such other form as acceptable to both parties), to take effect at a date specified therein, or upon delivery to the Administrator if no date is specified. The Employer shall be empowered to appoint and remove the Administrator from time to time as it deems necessary for the proper administration of the Plan to ensure that the Plan is being operated for the exclusive benefit of the Employees entitled to participate in the Plan in accordance with the terms of the Plan and the Code.

The operation of the Plan shall be under the supervision of the Administrator. It shall be a principal duty of the Administrator to see that the Plan is carried out in accordance with its terms, and for the exclusive benefit of Employees entitled to participate in the Plan. The Administrator shall have full power and discretion to administer the Plan in all of its details and determine all questions arising in connection with the administration, interpretation, and application of the Plan. The Administrator may establish procedures, correct any defect, supply any information, or reconcile any inconsistency in such manner and to such extent as shall be deemed necessary or advisable to carry out the purpose of the Plan. The Administrator shall have all powers necessary or appropriate to accomplish the Administrator's duties under the Plan. The Administrator shall be charged with the duties of the general administration of the Plan as set forth under the Plan, including, but not limited to, in addition to all other powers provided by this Plan:

- (a) To make and enforce such procedures, rules and regulations as the Administrator deems necessary or proper for the efficient administration of the Plan;
- (b) To interpret the provisions of the Plan, the Administrator's interpretations thereof in good faith to be final and conclusive on all persons claiming benefits by operation of the Plan;
- (c) To decide all questions concerning the Plan and the eligibility of any person to participate in the Plan and to receive benefits provided by operation of the Plan;
- (d) To reject elections or to limit contributions or Benefits for certain highly compensated participants if it deems such to be desirable in order to avoid discrimination under the Plan in violation of applicable provisions of the Code;
- (e) To provide Employees with a reasonable notification of their benefits available by operation of the Plan and to assist any Participant regarding the Participant's rights, benefits or elections under the Plan;
- (f) To keep and maintain the Plan documents and all other records pertaining to and necessary for the administration of the Plan;
- (g) To review and settle all claims against the Plan, to approve reimbursement requests, and to authorize the payment of benefits if the Administrator determines such shall be paid if the Administrator decides in its discretion that the applicant is entitled to them. This authority specifically permits the Administrator to settle disputed claims for benefits and any other disputed claims made against the Plan;
- (h) To appoint such agents, counsel, accountants, consultants, and other persons or entities as may be required to assist in administering the Plan.

Any procedure, discretionary act, interpretation or construction taken by the Administrator shall be done in a nondiscriminatory manner based upon uniform principles consistently applied and shall be consistent with the intent that the Plan shall continue to comply with the terms of Code Section 125 and the Treasury regulations thereunder.

## **9.2 EXAMINATION OF RECORDS**

The Administrator shall make available to each Participant, Eligible Employee and any other Employee of the Employer such records as pertain to their interest under the Plan for examination at reasonable times during normal business hours.

## **9.3 PAYMENT OF EXPENSES**

Any reasonable administrative expenses shall be paid by the Employer unless the Employer determines that administrative costs shall be borne by the Participants under the Plan or by any Trust Fund which may be established hereunder. The Administrator may impose reasonable conditions for payments, provided that such conditions shall not discriminate in favor of highly compensated employees.

## **9.4 INSURANCE CONTROL CLAUSE**

In the event of a conflict between the terms of this Plan and the terms of an Insurance Contract of an independent third party Insurer whose product is then being used in conjunction with this Plan, the terms of the Insurance Contract shall control as to those Participants receiving coverage under such Insurance Contract. For this purpose, the Insurance Contract shall control in defining the

persons eligible for insurance, the dates of their eligibility, the conditions which must be satisfied to become insured, if any, the benefits Participants are entitled to and the circumstances under which insurance terminates.

#### **9.5 INDEMNIFICATION OF ADMINISTRATOR**

The Employer agrees to indemnify and to defend to the fullest extent permitted by law any Employee serving as the Administrator or as a member of a committee designated as Administrator (including any Employee or former Employee who previously served as Administrator or as a member of such committee) against all liabilities, damages, costs and expenses (including attorney's fees and amounts paid in settlement of any claims approved by the Employer) occasioned by any act or omission to act in connection with the Plan, if such act or omission is in good faith.

### **ARTICLE X AMENDMENT OR TERMINATION OF PLAN**

#### **10.1 AMENDMENT**

The Employer, at any time or from time to time, may amend any or all of the provisions of the Plan without the consent of any Employee or Participant. No amendment shall have the effect of modifying any benefit election of any Participant in effect at the time of such amendment, unless such amendment is made to comply with Federal, state or local laws, statutes or regulations.

#### **10.2 TERMINATION**

The Employer reserves the right to terminate this Plan, in whole or in part, at any time. In the event the Plan is terminated, no further contributions shall be made. Benefits under any Insurance Contract shall be paid in accordance with the terms of the Insurance Contract.

No further additions shall be made to the Health Flexible Spending Account or Dependent Care Flexible Spending Account, but all payments from such fund shall continue to be made according to the elections in effect until 90 days after the termination date of the Plan. Any amounts remaining in any such fund or account as of the end of such period shall be forfeited and deposited in the benefit plan surplus after the expiration of the filing period.

### **ARTICLE XI MISCELLANEOUS**

#### **11.1 PLAN INTERPRETATION**

All provisions of this Plan shall be interpreted and applied in a uniform, nondiscriminatory manner. This Plan shall be read in its entirety and not severed except as provided in Section 11.12.

#### **11.2 GENDER, NUMBER AND TENSE**

Wherever any words are used herein in one gender, they shall be construed as though they were also used in all genders in all cases where they would so apply; whenever any words are used herein in the singular or plural form, they shall be construed as though they were also used in the other form in all cases where they would so apply; and whenever any words are used herein in the past or present tense, they shall be construed as though they were also used in the other form in all cases where they would so apply.

#### **11.3 WRITTEN DOCUMENT**

This Plan, in conjunction with any separate written document which may be required by law, is intended to satisfy the written Plan requirement of Code Section 125 and any Treasury regulations thereunder relating to cafeteria plans.

#### **11.4 EXCLUSIVE BENEFIT**

This Plan shall be maintained for the exclusive benefit of the Employees who participate in the Plan.

#### **11.5 PARTICIPANT'S RIGHTS**

This Plan shall not be deemed to constitute an employment contract between the Employer and any Participant or to be a consideration or an inducement for the employment of any Participant or Employee. Nothing contained in this Plan shall be deemed to give any Participant or Employee the right to be retained in the service of the Employer or to interfere with the right of the Employer to discharge any Participant or Employee at any time regardless of the effect which such discharge shall have upon him as a Participant of this Plan.

## **11.6 ACTION BY THE EMPLOYER**

Whenever the Employer under the terms of the Plan is permitted or required to do or perform any act or matter or thing, it shall be done and performed by a person duly authorized by its legally constituted authority.

## **11.7 EMPLOYER'S PROTECTIVE CLAUSES**

(a) **Insurance purchase.** Upon the failure of either the Participant or the Employer to obtain the insurance contemplated by this Plan (whether as a result of negligence, gross neglect or otherwise), the Participant's Benefits shall be limited to the insurance premium(s), if any, that remained unpaid for the period in question and the actual insurance proceeds, if any, received by the Employer or the Participant as a result of the Participant's claim.

(b) **Validity of insurance contract.** The Employer shall not be responsible for the validity of any Insurance Contract issued hereunder or for the failure on the part of the Insurer to make payments provided for under any Insurance Contract. Once insurance is applied for or obtained, the Employer shall not be liable for any loss which may result from the failure to pay Premiums to the extent Premium notices are not received by the Employer.

## **11.8 NO GUARANTEE OF TAX CONSEQUENCES**

Neither the Administrator nor the Employer makes any commitment or guarantee that any amounts paid to or for the benefit of a Participant under the Plan will be excludable from the Participant's gross income for federal or state income tax purposes, or that any other federal or state tax treatment will apply to or be available to any Participant. It shall be the obligation of each Participant to determine whether each payment under the Plan is excludable from the Participant's gross income for federal and state income tax purposes, and to notify the Employer if the Participant has reason to believe that any such payment is not so excludable. Notwithstanding the foregoing, the rights of Participants under this Plan shall be legally enforceable.

## **11.9 INDEMNIFICATION OF EMPLOYER BY PARTICIPANTS**

If any Participant receives one or more payments or reimbursements under the Plan that are not for a permitted Benefit, such Participant shall indemnify and reimburse the Employer for any liability it may incur for failure to withhold federal or state income tax or Social Security tax from such payments or reimbursements. However, such indemnification and reimbursement shall not exceed the amount of additional federal and state income tax (plus any penalties) that the Participant would have owed if the payments or reimbursements had been made to the Participant as regular cash compensation, plus the Participant's share of any Social Security tax that would have been paid on such compensation, less any such additional income and Social Security tax actually paid by the Participant.

## **11.10 FUNDING**

Unless otherwise required by law, contributions to the Plan need not be placed in trust or dedicated to a specific Benefit, but may instead be considered general assets of the Employer. Furthermore, and unless otherwise required by law, nothing herein shall be construed to require the Employer or the Administrator to maintain any fund or segregate any amount for the benefit of any Participant, and no Participant or other person shall have any claim against, right to, or security or other interest in, any fund, account or asset of the Employer from which any payment under the Plan may be made.

## **11.11 GOVERNING LAW**

This Plan is governed by the Code and the Treasury regulations issued thereunder (as they might be amended from time to time). In no event shall the Employer guarantee the favorable tax treatment sought by this Plan. To the extent not preempted by Federal law, the provisions of this Plan shall be construed, enforced and administered according to the laws of the State of Nebraska.

## **11.12 SEVERABILITY**

If any provision of the Plan is held invalid or unenforceable, its invalidity or unenforceability shall not affect any other provisions of the Plan, and the Plan shall be construed and enforced as if such provision had not been included herein.

## **11.13 CAPTIONS**

The captions contained herein are inserted only as a matter of convenience and for reference, and in no way define, limit, enlarge or describe the scope or intent of the Plan, nor in any way shall affect the Plan or the construction of any provision thereof.

## **11.14 CONTINUATION OF COVERAGE (COBRA)**

Notwithstanding anything in the Plan to the contrary, in the event any benefit under this Plan subject to the continuation coverage requirement of Code Section 4980B becomes unavailable, each Participant will be entitled to continuation coverage as prescribed in Code Section 4980B, and related regulations. This Section shall only apply if the Employer employs at least twenty (20) employees on more than 50% of its typical business days in the previous calendar year.

#### 11.15 FAMILY AND MEDICAL LEAVE ACT (FMLA)

Notwithstanding anything in the Plan to the contrary, in the event any benefit under this Plan becomes subject to the requirements of the Family and Medical Leave Act and regulations thereunder, this Plan shall be operated in accordance with Regulation 1.125-3.

#### 11.16 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Notwithstanding anything in this Plan to the contrary, this Plan shall be operated in accordance with HIPAA and regulations thereunder.

#### 11.17 UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

Notwithstanding any provision of this Plan to the contrary, contributions, benefits and service credit with respect to qualified military service shall be provided in accordance with the Uniform Services Employment And Reemployment Rights Act (USERRA) and the regulations thereunder.

#### 11.18 COMPLIANCE WITH HIPAA PRIVACY STANDARDS

(a) **Application.** If any benefits under this Cafeteria Plan are subject to the Standards for Privacy of Individually Identifiable Health Information (45 CFR Part 164, the "Privacy Standards"), then this Section shall apply.

(b) **Disclosure of PHI.** The Plan shall not disclose Protected Health Information to any member of the Employer's workforce unless each of the conditions set out in this Section are met. "Protected Health Information" shall have the same definition as set forth in the Privacy Standards but generally shall mean individually identifiable information about the past, present or future physical or mental health or condition of an individual, including genetic information and information about treatment or payment for treatment.

(c) **PHI disclosed for administrative purposes.** Protected Health Information disclosed to members of the Employer's workforce shall be used or disclosed by them only for purposes of Plan administrative functions. The Plan's administrative functions shall include all Plan payment functions and health care operations. The terms "payment" and "health care operations" shall have the same definitions as set out in the Privacy Standards, but the term "payment" generally shall mean activities taken to determine or fulfill Plan responsibilities with respect to eligibility, coverage, provision of benefits, or reimbursement for health care. Protected Health Information that consists of genetic information will not be used or disclosed for underwriting purposes.

(d) **PHI disclosed to certain workforce members.** The Plan shall disclose Protected Health Information only to members of the Employer's workforce who are designated and authorized to receive such Protected Health Information, and only to the extent and in the minimum amount necessary for that person to perform his or her duties with respect to the Plan. "Members of the Employer's workforce" shall refer to all employees and other persons under the control of the Employer. The Employer shall keep an updated list of those authorized to receive Protected Health Information.

(1) An authorized member of the Employer's workforce who receives Protected Health Information shall use or disclose the Protected Health Information only to the extent necessary to perform his or her duties with respect to the Plan.

(2) In the event that any member of the Employer's workforce uses or discloses Protected Health Information other than as permitted by this Section and the Privacy Standards, the incident shall be reported to the Plan's privacy official. The privacy official shall take appropriate action, including:

(i) investigation of the incident to determine whether the breach occurred inadvertently, through negligence or deliberately; whether there is a pattern of breaches; and the degree of harm caused by the breach;

(ii) appropriate sanctions against the persons causing the breach which, depending upon the nature of the breach, may include oral or written reprimand, additional training, or termination of employment;

(iii) mitigation of any harm caused by the breach, to the extent practicable; and

(iv) documentation of the incident and all actions taken to resolve the issue and mitigate any damages.

(e) **Certification.** The Employer must provide certification to the Plan that it agrees to:

(1) Not use or further disclose the information other than as permitted or required by the Plan documents or as required by law;

(2) Ensure that any agent or subcontractor, to whom it provides Protected Health Information received from the Plan, agrees to the same restrictions and conditions that apply to the Employer with respect to such information;

- (3) Not use or disclose Protected Health Information for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the Employer;
- (4) Report to the Plan any use or disclosure of the Protected Health Information of which it becomes aware that is inconsistent with the uses or disclosures permitted by this Section, or required by law;
- (5) Make available Protected Health Information to individual Plan members in accordance with Section 164.524 of the Privacy Standards;
- (6) Make available Protected Health Information for amendment by individual Plan members and incorporate any amendments to Protected Health Information in accordance with Section 164.526 of the Privacy Standards;
- (7) Make available the Protected Health Information required to provide an accounting of disclosures to individual Plan members in accordance with Section 164.528 of the Privacy Standards;
- (8) Make its internal practices, books and records relating to the use and disclosure of Protected Health Information received from the Plan available to the Department of Health and Human Services for purposes of determining compliance by the Plan with the Privacy Standards;
- (9) If feasible, return or destroy all Protected Health Information received from the Plan that the Employer still maintains in any form, and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible; and
- (10) Ensure the adequate separation between the Plan and members of the Employer's workforce, as required by Section 164.504(f)(2)(iii) of the Privacy Standards and set out in (d) above.

#### **11.19 COMPLIANCE WITH HIPAA ELECTRONIC SECURITY STANDARDS**

Under the Security Standards for the Protection of Electronic Protected Health Information (45 CFR Part 164.300 et. seq., the "Security Standards"):

- (a) **Implementation.** The Employer agrees to implement reasonable and appropriate administrative, physical and technical safeguards to protect the confidentiality, integrity and availability of Electronic Protected Health Information that the Employer creates, maintains or transmits on behalf of the Plan. "Electronic Protected Health Information" shall have the same definition as set out in the Security Standards, but generally shall mean Protected Health Information that is transmitted by or maintained in electronic media.
- (b) **Agents or subcontractors shall meet security standards.** The Employer shall ensure that any agent or subcontractor to whom it provides Electronic Protected Health Information shall agree, in writing, to implement reasonable and appropriate security measures to protect the Electronic Protected Health Information.
- (c) **Employer shall ensure security standards.** The Employer shall ensure that reasonable and appropriate security measures are implemented to comply with the conditions and requirements set forth in Section 11.18.

#### **11.20 MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT**

Notwithstanding anything in the Plan to the contrary, the Plan will comply with the Mental Health Parity and Addiction Equity Act.

#### **11.21 GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)**

Notwithstanding anything in the Plan to the contrary, the Plan will comply with the Genetic Information Nondiscrimination Act.

#### **11.22 WOMEN'S HEALTH AND CANCER RIGHTS ACT**

Notwithstanding anything in the Plan to the contrary, the Plan will comply with the Women's Health and Cancer Rights Act of 1998.

#### **11.23 NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT**

Notwithstanding anything in the Plan to the contrary, the Plan will comply with the Newborns' and Mothers' Health Protection Act.

IN WITNESS WHEREOF, this Plan document is hereby executed this \_\_\_\_\_ day of \_\_\_\_\_.

School District 145 - Waverly

By \_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
WITNESSES AS TO EMPLOYER

ADOPTING RESOLUTION

The undersigned authorized representative of School District 145 - Waverly (the Employer) hereby certifies that the following resolutions were duly adopted by the Employer on \_\_\_\_\_, and that such resolutions have not been modified or rescinded as of the date hereof:

RESOLVED, that the form of amended Cafeteria Plan including a Health Flexible Spending Account and Dependent Care Flexible Spending Account effective September 1, 2019, presented to this meeting is hereby approved and adopted and that an authorized representative of the Employer is hereby authorized and directed to execute and deliver to the Administrator of the Plan one or more counterparts of the Plan.

The undersigned further certifies that attached hereto as Exhibits A and B, respectively, are true copies of School District 145 - Waverly Health and Welfare as amended and restated, and the Summary Plan Description approved and adopted in the foregoing resolutions.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

\_\_\_\_\_  
[print name/title]

NCSA is proud to provide our members with this monthly federal update from Foresight Law + Policy

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By Reg Leichty, Foresight Law+Policy

September 2019

#### Introduction

Congress returned to Washington, D.C. this week, following a five-week recess, to a busy schedule and a number of unresolved education policy challenges. With the new fiscal year less than three weeks away, the Senate and House must move quickly to approve temporary funding for the U.S. Department of Education and other federal agencies. Appropriators need more time, possibly months, to complete the fiscal year 2020 spending process. As a result, Congress must adopt a stopgap spending bill that extends government operations until at least Thanksgiving or agree to a bipartisan process that yields swift Senate-House negotiations.

Although spending discussions will likely take center stage in Congress in September, the House and Senate education committees are expected to continue closed-door negotiations about the Higher Education Act's future, including exploring committee members' ideas for using the postsecondary law to help state and local leaders strengthen and expand the new-educator pipeline. This update provides insights into these congressional activities and recent executive branch developments.

#### Congress Must Make Significant Spending Decisions in September

The new federal fiscal year begins on October 1 and the Senate and House have not yet completed work on the twelve annual spending bills that provide funding for federal agencies, including the U.S. Department of Education. A bipartisan, bicameral stop-gap funding bill is needed, before the new fiscal year begins or the federal government will face at least a partial shutdown for the second year in a row. House and Senate leaders have said they want to avoid a shutdown and are working to craft a bipartisan agreement that can be passed and sent to the president as early as next week.

Simultaneous to these temporary funding negotiations, the Senate Appropriations Committee will begin considering each of the twelve annual spending bills. This Senate-side work will include efforts this week to approve, at the committee level, the Department of Education's fiscal year 2020 budget. The full House approved the Department of Education's budget earlier this summer and is now waiting for the Senate to act, so that bicameral negotiations can begin to complete the spending process prior to the holidays. We expect final negotiations to result in an FY 2020 education budget that is very similar to current fiscal year levels, but education leaders must continue to talk with their congressional delegations about the importance of federal education funding.

### **Higher Education Act Debate includes Focus on Educator Workforce**

Educator recruitment, preparation, and retention is among the topics being discussed by the Senate and House education committees as part of negotiations over the future of the Higher Education Act (HEA). Given the teacher shortages faced by school districts, especially in high need fields such as special education, education leaders have urged Congress to make educators a primary focus of the next HEA. Among other ongoing national advocacy initiatives targeting this work, a coalition of K-12 organizations endorsed and is working in partnership to seek inclusion of the bipartisan *Preparing and Retaining Education Professionals Act (S.752)*. In addition, many organizations are urging Congress to continue and expand loan forgiveness programs that benefit students who agree to become educators. Following a recent news report showing that the U.S. Department of Education has only used a portion of new loan forgiveness funding provided by Congress, the House Education and Labor Committee announced plans to hold a hearing on September 19 that will focus on public service loan forgiveness, including providing committee members an opportunity to ask Department of Education leaders about implementation of this important program.

### **House Subcommittee Plans Trauma-Informed Practices Hearing**

The House Education and Labor Subcommittee on Early Childhood, Elementary and Secondary Education Subcommittee announced plans to hold a hearing, on September 11, titled "The Importance of Trauma-Informed Practices in Education to Assist Students Impacted by Gun Violence and Other Adversities". The hearing will feature school district and state education agency witnesses from California, West Virginia, Oklahoma and Illinois. Committee leaders hope the sessions will serve as a forum to identify ideas for helping school districts avoid and address school violence. The event will be live webcast on the House Education and Labor Committee's website and an archived video will remain available on the committee site after the hearing.

### **IDEA Full Funding Bills May Appear on House Agenda Later this Year**

Looking ahead to the fall agenda, we expect the House Education and Labor Committee to shine a light on the federal government's failure to sufficiently fund the Individuals with Disabilities

Education Act. For many years, bipartisan bills have been introduced in the Senate and House to require the federal government to pay a higher percentage of the costs associated with serving the nation's special education students. Earlier this year, Representative Jared Huffman (D-CA) and 113 cosponsors, including 13 Republicans, introduced the IDEA Full Funding Act (H.R.1878) to increase the federal share of IDEA Part B funding over time. More recently, Representative Mark DeSaulnier (D-CA) and six cosponsors, including two Republicans, introduced the Funding Early Childhood is the Right IDEA Act (H.R.4107), which would increase the federal share of IDEA Part C and Sec. 619 funding. The bill would require increased federal investments in infants, toddlers, and preschoolers. We expect both of these measures to be the focus of the House education committee's IDEA work later this year.

## **Administration Update**

### **Office of Special Education Programs Focuses on the Special Ed Workforce**

Earlier this year, the Department of Education's Office of Special Education Programs (OSEP) launched an initiative to help states address growing special education workforce shortages. The initiative, named the OSER's [2019 Symposia Series](#) -- "*Effective Personnel for ALL: Attract, Prepare, and Retain*" includes online resources available to school administrators and other education professionals. OSER's notes that the "series is focused on three critical areas: attracting new personnel to the field, preparing them for a successful career, and retaining them longer term." This approach is consistent with ongoing advocacy to persuade Congress to use the next Higher Education Act as a tool for strengthening educator recruitment, preparation, and retention.

### **New Leadership at USDA's Food and Nutrition Service**

The U.S. Department of Agriculture recently announced the appointment of two new senior officials who will be responsible for important functions at the Food and Nutrition Service (FNS). FNS administers the School Lunch Program and other nutrition programs that serve students and their families. U.S. Secretary of Agriculture Sonny Perdue welcomed Brandon Lipps as Deputy Under Secretary of the Food, Nutrition, and Consumer Services (FNCS) and Pam Miller as the Administrator of the Food and Nutrition Service. Secretary Perdue said, "I am excited to welcome Brandon Lipps and Pam Miller to these new roles within the Department and thank them for their hard work up to this point. Both Brandon and Pam have extensive experience in nutrition policy and have already been serving in FNCS leadership positions. I am confident they will hit the ground running and continue the great work the Food, Nutrition, and Consumer Services does to feed those in need."

### **E-rate Rule Making Comment Period Closes**

Earlier this year, the Federal Communications Commission (FCC) invited public comment about the future of the E-rate's "category two" element, which provides funding to help school districts and other eligible applicants establish high capacity broadband connections within their schools and across their school districts. The public comment period closed on September 3 and many

commenters urged the FCC to maintain the current category two funding model, which has helped school districts make great strides in achieving the broadband goals established by the E-rate modernization reforms adopted by the agency in 2014. Many commenters also urged the FCC to permit school districts to transition to school district-wide E-rate budgets - to simplify the application process and provide districts greater flexibility to allocate E-rate resources – and petitioned the agency to allow E-rate funding to acquire cybersecurity protections, given the growing number of ransomware and other cyberattacks on schools.

### **Civil Rights Office and Statistics Center and Announces Data Initiative**

The U.S. Department of Education just announced that the Office for Civil Rights (OCR) and the National Center for Education Statistics (NCES) will begin working collaboratively to improve the accuracy of data collected in the Civil Rights Data Collection. The new collaboration is designed to ensure that federal education data is valid, reliable, and authenticated. The Department said, “[u]nder the agreement, OCR and NCES will work together to support school districts by providing technical assistance resources, training, and prompt feedback on identified issues. OCR and NCES will also work together in reviewing and revising data quality procedures when needed to reflect lessons learned during the collection and evaluation of CRDC data.”



#### **Reg Leichty**

Founding Partner  
Foresight Law + Policy

With over two decades of legal, policy, and lobbying experience, Reg advises education leaders, national associations, and other stakeholders about the federal laws, regulations, and programs that directly impact and support efforts to expand and improve educational opportunities. Among other laws, he counsels clients about the Elementary and Secondary Education Act, the Individuals with Disabilities Education Act, the Family Educational Rights and Privacy Act, and the Universal Service provisions of the Telecommunications Act of 1996. His current work focuses on federal requirements and programs related to education technology, early learning, accountability and assessment, data use, and educator professional development and preparation.

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## NASB Monthly Update for Board Meetings - Agenda Item: OCTOBER 2019

### "NASB Update"

As a board, some items to be focused on during October include:

- Monitor progress of district goals, link goals to discussion and action items
- Review your Strategic Plan Progress Report
- Review your Fall district enrollment figures for Budgeting
- Review Statewide Assessment Results
- Publish Report of Yearly Activities of the ESU Board; Due November 1 § 79-1228
- Negotiations shall begin; Due November 1 § 48-818.01
- Appoint your NASB Delegate Assembly Representative
- Review Annual Emergency Safety Plan
- Superintendents file Financial Report; Due November 1 § 79-528

### **Networking & Events**

August & September saw NASB's annual tour of the state for nine **Area Membership Meetings**. It was so good to see so many of you, and look forward to continuing our conversations, networking and learning at the annual State Conference in November. Speaking of ...

**State Conference** registration is now open! You should have received the full agenda in the mail, it is also located online at <http://members.nasbonline.org/index.php/state-education-conference>

### **Advocacy/Interim Studies:**

Some of the key Interim Studies on Administrative Costs and ESUs took place in late September, early October. The 2020 legislative session will be here before we know it. Stay engaged during the off-season, have a voice at Delegate Assembly, and mark your calendar to attend the Legislative Issues Conference in February!

Follow NASB on twitter at [www.twitter.com/NASBOnline](http://www.twitter.com/NASBOnline) using the hashtag #liveNASB and on facebook at [www.facebook.com/NASBOnline](http://www.facebook.com/NASBOnline)

To see a quick glimpse at the various items the NASB is involved in, check out pages 10 & 11 each month in the **Board Notes newsletter** for "This Month In ...". To access the latest newsletter, click here:

<http://members.nasbonline.org/index.php/news-resources/board-notes>

Thanks for all you do for your board, your community and the entire state by serving public education in Nebraska.