

# Board Report

**Group by Vendor; Order by Vendor; Range by Check Num; Show Paid, PR Paid;**

Date: Dec, 2016; Range: 45942 - ;

Line	Account	Description	Vendor	Check	Amount
<b>AMERICAN FAMILY LIFE</b>					
	10.481.55	1 P/R Vendor Withholding	AMERICAN FAMILY LIFE	45942	105.42
	80.481.55	1 P/R Vendor Withholding	AMERICAN FAMILY LIFE	45942	7.90
	80.481.55	1 P/R Vendor Withholding	AMERICAN FAMILY LIFE	45942	7.90
	10.481.55	1 P/R Vendor Withholding	AMERICAN FAMILY LIFE	45942	105.42
<b>Total for AMERICAN FAMILY LIFE</b>					<b>\$226.64</b>
<b>WASHINGTON NATIONAL INS.</b>					
	10.481.553	1 P/R Vendor Withholding	WASHINGTON NATIONAL INS.	45943	25.52
	40.481.553	1 P/R Vendor Withholding	WASHINGTON NATIONAL INS.	45943	6.12
	80.481.553	1 P/R Vendor Withholding	WASHINGTON NATIONAL INS.	45943	2.62
	40.481.553	1 P/R Vendor Withholding	WASHINGTON NATIONAL INS.	45943	6.12
	80.481.553	1 P/R Vendor Withholding	WASHINGTON NATIONAL INS.	45943	2.62
	10.481.553	1 P/R Vendor Withholding	WASHINGTON NATIONAL INS.	45943	25.52
<b>Total for WASHINGTON NATIONAL INS.</b>					<b>\$68.52</b>
<b>EYE MED</b>					
	10.481.555	1 P/R Vendor Withholding	EYE MED	45944	63.75
	40.481.555	1 P/R Vendor Withholding	EYE MED	45944	6.80
	80.481.555	1 P/R Vendor Withholding	EYE MED	45944	5.20
	20.481.555	1 P/R Vendor Withholding	EYE MED	45944	2.75
	10.481.555	1 P/R Vendor Withholding	EYE MED	45944	63.75
	40.481.555	1 P/R Vendor Withholding	EYE MED	45944	6.80
	80.481.555	1 P/R Vendor Withholding	EYE MED	45944	5.20
	20.481.555	1 P/R Vendor Withholding	EYE MED	45944	2.75
<b>Total for EYE MED</b>					<b>\$157.00</b>
<b>UNIT 4780 NCPERS LIFE INS</b>					
	10.481.56	1 P/R Vendor Withholding	UNIT 4780 NCPERS LIFE INS	45945	4.00
	40.481.56	1 P/R Vendor Withholding	UNIT 4780 NCPERS LIFE INS	45945	2.80
	80.481.56	1 P/R Vendor Withholding	UNIT 4780 NCPERS LIFE INS	45945	1.20
	40.481.56	1 P/R Vendor Withholding	UNIT 4780 NCPERS LIFE INS	45945	2.80
	80.481.56	1 P/R Vendor Withholding	UNIT 4780 NCPERS LIFE INS	45945	1.20
	10.481.56	1 P/R Vendor Withholding	UNIT 4780 NCPERS LIFE INS	45945	4.00
<b>Total for UNIT 4780 NCPERS LIFE INS</b>					<b>\$16.00</b>
<b>TSA CONSULTING GROUP</b>					
	10.481.56	1 P/R Vendor Withholding	TSA CONSULTING GROUP	45946	595.00
	40.481.56	1 P/R Vendor Withholding	TSA CONSULTING GROUP	45946	31.50
	80.481.56	1 P/R Vendor Withholding	TSA CONSULTING GROUP	45946	73.50
	10.1205.210.4	3 Employer Paid Benefits	TSA CONSULTING GROUP	45946	544.00
	80.1205.210.4	3 Employer Paid Benefits	TSA CONSULTING GROUP	45946	96.00
	10.2411.210.6	3 Employer Paid Benefits	TSA CONSULTING GROUP	45946	160.00
	10.1205.210.6	3 Employer Paid Benefits	TSA CONSULTING GROUP	45946	80.00
	80.1205.210.6	3 Employer Paid Benefits	TSA CONSULTING GROUP	45946	80.00
	10.2330.210.6	3 Employer Paid Benefits	TSA CONSULTING GROUP	45946	160.00
	80.2550.210.6	1 Employer Paid Benefits	TSA CONSULTING GROUP	45946	48.00
	40.2550.210.6	1 Employer Paid Benefits	TSA CONSULTING GROUP	45946	112.00
	10.481.56	1 P/R Vendor Withholding	TSA CONSULTING GROUP	45946	595.00
	40.481.56	1 P/R Vendor Withholding	TSA CONSULTING GROUP	45946	31.50
	80.481.56	1 P/R Vendor Withholding	TSA CONSULTING GROUP	45946	73.50
<b>Total for TSA CONSULTING GROUP</b>					<b>\$2,680.00</b>
<b>LINCOLN FINANCIAL GROUP</b>					
	10.2411.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45947	1.60
	20.2540.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45947	4.32
	10.1205.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45947	10.32
	10.2410.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45947	2.40
	10.2520.221	1 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45947	3.20
	40.2550.221	1 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45947	6.24
	10.1250.221	10 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45947	3.20

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Line	Account	Description	Vendor	Check	Amount
	10.2560.221	1 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45947	4.61
	10.1101.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45947	35.20
	10.1125.221	5 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45947	4.80
	10.1102.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45947	19.20
	80.1205.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45947	2.48
	80.2410.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45947	0.80
	80.2540.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45947	2.08
	80.2550.221	1 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45947	1.76
	80.2560.221	1 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45947	1.79
	10.2330.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45947	1.60
Total for LINCOLN FINANCIAL GROUP					\$105.60

## THE LINCOLN NATIONAL INS.

	10.481.554	1 P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	45948	375.38
	80.481.554	1 P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	45948	29.47
	40.481.554	1 P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	45948	38.40
	20.481.554	1 P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	45948	15.75
	80.481.554	1 P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	45948	29.47
	40.481.554	1 P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	45948	38.40
	20.481.554	1 P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	45948	15.75
	10.481.554	1 P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	45948	375.38
Total for THE LINCOLN NATIONAL INS.					\$918.00

## RAEA

	10.481.59	1 P/R Vendor Withholding	RAEA	45949	949.42
	20.481.59	1 P/R Vendor Withholding	RAEA	45949	23.45
	40.481.59	1 P/R Vendor Withholding	RAEA	45949	41.24
	80.481.59	1 P/R Vendor Withholding	RAEA	45949	49.91
	20.481.59	1 P/R Vendor Withholding	RAEA	45949	23.45
	40.481.59	1 P/R Vendor Withholding	RAEA	45949	41.24
	80.481.59	1 P/R Vendor Withholding	RAEA	45949	46.14
	10.481.59	1 P/R Vendor Withholding	RAEA	45949	928.05
	10.481.59	1 P/R Vendor Withholding	RAEA	45949	928.05
	20.481.59	1 P/R Vendor Withholding	RAEA	45949	23.45
	40.481.59	1 P/R Vendor Withholding	RAEA	45949	41.24
	80.481.59	1 P/R Vendor Withholding	RAEA	45949	46.14
Total for RAEA					\$3,141.78

## UNITED HEALTHCARE

	10.481.56	1 P/R Vendor Withholding	UNITED HEALTHCARE	45950	1,514.00
	20.481.56	1 P/R Vendor Withholding	UNITED HEALTHCARE	45950	201.25
	40.481.56	1 P/R Vendor Withholding	UNITED HEALTHCARE	45950	197.60
	80.481.56	1 P/R Vendor Withholding	UNITED HEALTHCARE	45950	250.65
	10.1101.222	3 Employer Paid Benefits	UNITED HEALTHCARE	45950	2,370.00
	10.1125.222	5 Employer Paid Benefits	UNITED HEALTHCARE	45950	395.00
	10.1102.222	3 Employer Paid Benefits	UNITED HEALTHCARE	45950	790.00
	40.2550.222	1 Employer Paid Benefits	UNITED HEALTHCARE	45950	632.00
	10.1250.222	10 Employer Paid Benefits	UNITED HEALTHCARE	45950	395.00
	20.2540.222	3 Employer Paid Benefits	UNITED HEALTHCARE	45950	197.50
	80.2540.222	3 Employer Paid Benefits	UNITED HEALTHCARE	45950	197.50
	80.2550.222	1 Employer Paid Benefits	UNITED HEALTHCARE	45950	158.00
	10.481.56	1 P/R Vendor Withholding	UNITED HEALTHCARE	45950	1,514.00
	20.481.56	1 P/R Vendor Withholding	UNITED HEALTHCARE	45950	201.25
	40.481.56	1 P/R Vendor Withholding	UNITED HEALTHCARE	45950	197.60
	80.481.56	1 P/R Vendor Withholding	UNITED HEALTHCARE	45950	250.65
Total for UNITED HEALTHCARE					\$9,462.00

## USA FUNDS

	10.481.59	1 P/R Vendor Withholding	USA FUNDS	45951	166.46
	10.481.59	1 P/R Vendor Withholding	USA FUNDS	45951	166.46
	10.481.59	1 P/R Vendor Withholding	USA FUNDS	45951	166.46

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Total for USA FUNDS	\$499.38
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<b>Fund 10</b>	<b>Debits</b>	<b>Credits</b>
Expense	4,980.13	0.00
Asset	0.00	13,651.17
Liability	8,671.04	0.00
<b>Total for Fund 10</b>	<b>13,651.17</b>	<b>13,651.17</b>

<b>Fund 20</b>	<b>Debits</b>	<b>Credits</b>
Expense	201.82	0.00
Asset	0.00	711.67
Liability	509.85	0.00
<b>Total for Fund 20</b>	<b>711.67</b>	<b>711.67</b>

<b>Fund 40</b>	<b>Debits</b>	<b>Credits</b>
Expense	750.24	0.00
Asset	0.00	1,440.40
Liability	690.16	0.00
<b>Total for Fund 40</b>	<b>1,440.40</b>	<b>1,440.40</b>

<b>Fund 80</b>	<b>Debits</b>	<b>Credits</b>
Expense	588.41	0.00
Asset	0.00	1,471.68
Liability	883.27	0.00
<b>Total for Fund 80</b>	<b>1,471.68</b>	<b>1,471.68</b>

<b>Grand Total</b>	<b>Debits</b>	<b>Credits</b>
Expense	6,520.60	0.00
Asset	0.00	17,274.92
Liability	10,754.32	0.00
<b>Grand Total</b>	<b>17,274.92</b>	<b>17,274.92</b>