

# Bills Payable List

Printed: 6/11/2020 11:42 AM  
 ANTIOCH C.C. DIST.#34  
 Check Date: 5/21/2020 to 5/31/2020

Vendor Name	P.O. Number	Description	Override	Batch #	Amount	State Account Number
<b>A.F.L.A.C.</b>						
		AFLAC 12 mo/admin		41	28.08	10-4593
		AFLAC 18 deduction		41	62.58	10-4593
		AFLAC certified		41	277.28	10-4593
		AFLAC 12 mo/admin		41	28.08	10-4593
		AFLAC 18 deduction		41	62.58	10-4593
		AFLAC certified		41	277.28	10-4593
					\$735.88	
<b>ANTIOCH ELEM ED ASSN</b>						
		UNION DUES CERTIFIED		70	8,681.61	10-481
					\$8,681.61	
<b>ANTIOCH SUPPORT PROFESSIONAL</b>						
		UNION DUES ASP		70	1,153.28	10-481
		UNION DUES ASP		70	157.68	10-481
					\$1,310.96	
<b>DELTA DENTAL OF ILLINOS</b>						
		DENTAL HMO FAMILY 12 mo/admin		50	18.12	10-4599
		DENTAL HMO FAMILY 18 deduction		50	48.32	10-4599
		DENTAL HMO FAMILY 18 deduction		50	24.16	10-4599
		DENTAL HMO FAMILY certified		50	54.36	10-4599
		DENTAL HMO SINGLE 18 deduction		50	15.66	10-4599
		DENTAL HMO SINGLE certified		50	39.20	10-4599
		DENTAL HMO SINGLE+1 18 deduction		50	16.00	10-4599
		DENTAL HMO SINGLE+1 certified		50	12.00	10-4599
		DENTAL PPO FAMILY 12 mo/admin		50	220.20	10-4599
		DENTAL PPO FAMILY 12 mo/admin		50	88.08	10-4599
		DENTAL PPO FAMILY 12 mo/admin		50	88.08	10-4599
		DENTAL PPO FAMILY 18 deduction		50	411.04	10-4599
		DENTAL PPO FAMILY certified		50	1,761.60	10-4599
		DENTAL PPO SINGLE 12 mo/admin		50	197.40	10-4599
		DENTAL PPO SINGLE 12 mo/admin		50	118.44	10-4599
		DENTAL PPO SINGLE 12 mo/admin		50	13.16	10-4599
		DENTAL PPO SINGLE 18 deduction		50	350.80	10-4599
		DENTAL PPO SINGLE CERTIFIED		50	1,210.72	10-4599
		DENTAL PPO SINGLE+1 12 mo/admin		50	139.01	10-4599
		DENTAL PPO SINGLE+1 12 mo/admin		50	41.70	10-4599
		DENTAL PPO SINGLE+1 12 mo/admin		50	4.63	10-4599
		DENTAL PPO SINGLE+1 18 deduction		50	164.72	10-4599
		DENTAL PPO SINGLE+1 certified		50	401.57	10-4599
		DENTAL ADJUSTMENT		50	62.89	10-4599
		DENTAL ADJUSTMENT		50	2.80	10-4599
		DIST PAID DENTAL 12 mo/admin		50	116.79	10-4599
		DIST PAID DENTAL 12 mo/admin		50	56.56	20-4599
		DIST PAID DENTAL 12 mo/admin		50	14.43	40-4599
		DIST PAID DENTAL 18 deduction		50	226.07	10-4599
		DIST PAID DENTAL 18 deduction		50	6.11	40-4599
		DIST PAID DENTAL Adjustment		50	4.16	10-4599
		DIST PAID DENTAL Adjustment		50	0.71	20-4599

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	DIST PAID DENTAL certified		50	728.22	10-4599
	DENTAL HMO FAMILY 12 mo/admin		50	18.12	10-4599
	DENTAL HMO FAMILY 18 deduction		50	48.32	10-4599
	DENTAL HMO FAMILY 18 deduction		50	24.16	10-4599
	DENTAL HMO FAMILY certified		50	54.36	10-4599
	DENTAL HMO SINGLE 18 deduction		50	15.66	10-4599
	DENTAL HMO SINGLE certified		50	39.20	10-4599
	DENTAL HMO SINGLE+1 18 deduction		50	16.00	10-4599
	DENTAL HMO SINGLE+1 certified		50	12.00	10-4599
	DENTAL PPO FAMILY 12 mo/admin		50	220.20	10-4599
	DENTAL PPO FAMILY 12 mo/admin		50	88.08	10-4599
	DENTAL PPO FAMILY 12 mo/admin		50	88.08	10-4599
	DENTAL PPO FAMILY 18 deduction		50	411.04	10-4599
	DENTAL PPO FAMILY certified		50	1,761.60	10-4599
	DENTAL PPO SINGLE 12 mo/admin		50	197.40	10-4599
	DENTAL PPO SINGLE 12 mo/admin		50	118.44	10-4599
	DENTAL PPO SINGLE 12 mo/admin		50	13.16	10-4599
	DENTAL PPO SINGLE 18 deduction		50	350.80	10-4599
	DENTAL PPO SINGLE CERTIFIED		50	1,197.56	10-4599
	DENTAL PPO SINGLE+1 12 mo/admin		50	139.01	10-4599
	DENTAL PPO SINGLE+1 12 mo/admin		50	41.70	10-4599
	DENTAL PPO SINGLE+1 12 mo/admin		50	4.63	10-4599
	DENTAL PPO SINGLE+1 18 deduction		50	164.72	10-4599
	DENTAL PPO SINGLE+1 certified		50	401.57	10-4599
	DENTAL ADJUSTMENT		50	49.73	10-4599
	DENTAL ADJUSTMENT		50	2.80	10-4599
	DIST PAID DENTAL 12 mo/admin		50	116.79	10-4599
	DIST PAID DENTAL 12 mo/admin		50	56.56	20-4599
	DIST PAID DENTAL 12 mo/admin		50	14.43	40-4599
	DIST PAID DENTAL 18 deduction		50	226.07	10-4599
	DIST PAID DENTAL 18 deduction		50	6.11	40-4599
	DIST PAID DENTAL Adjustment		50	(0.42)	10-4599
	DIST PAID DENTAL Adjustment		50	0.71	20-4599
	DIST PAID DENTAL certified		50	723.64	10-4599
	DENTAL DEDUCTIONS PAYABLE		28	(805.33)	10-4599
				<b>\$12,474.61</b>	
<b>ELECTRONIC TAX DEPOSIT</b>					
	MATCHING FICA		60	14,935.77	50-481-36
	MATCHING FICA		60	2,986.01	50-481-36
	MATCHING FICA		60	3,847.04	50-481-36
	MEDICARE DEDUCTION		60	9,813.72	10-481-38
	MEDICARE DEDUCTION		60	27.74	10-481-38
	MEDICARE DEDUCTION		60	11.89	10-481-38
	MATCHING MEDICARE		60	9,813.72	50-481-38
	MATCHING MEDICARE		60	27.74	50-481-38
	MATCHING MEDICARE		60	11.89	50-481-38
	Federal Tax 2020		60	78,657.56	10-481
	Federal Tax 2020		60	3,494.95	10-481

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Vendor Name	P.O. Number	Description	Override	Batch #	Amount	State Account Number
		Federal Tax 2020		60	3,410.18	10-481
		FICA 2020		60	14,935.77	10-481-36
		FICA 2020		60	2,986.01	10-481-36
		FICA 2020		60	3,847.04	10-481-36
					<u>\$148,807.03</u>	
<b>GLENN B. STEARNS</b>						
		WAGE GARNISHMENT GLENN STERNS		95	262.50	10-4593
					<u>\$262.50</u>	
<b>HORACE MANN CO., THE</b>						
		HORACE MANN GROUP LIFE certified		58	89.13	10-4597
		HORACE MANN GROUP LIFE certified		58	89.13	10-4597
					<u>\$178.26</u>	
<b>HORACE MANN INS. CO.</b>						
		HORACE MANN AUTO INSURANCE certified		68	530.71	10-4593
					<u>\$530.71</u>	
<b>HORACE MANN LIFE INS. CO.</b>						
		HM LIFE INSURANCE certified		48	291.55	10-4593
		HM LIFE INSURANCE certified		48	291.55	10-4593
					<u>\$583.10</u>	
<b>IL DEPT. OF REVENUE</b>						
		IL State Tax		60	32,033.88	10-481
		IL State Tax		60	1,430.93	10-481
		IL State Tax		60	1,473.57	10-481
					<u>\$34,938.38</u>	
<b>IL MUNICIPAL RETIREMENT</b>						
		IMRF Admin Board Paid		45	836.40	10-481-34
		IMRF Admin Board Paid		45	194.19	10-481-34
		IMRF Admin Board Paid		45	137.51	10-481-34
		IMRF 10.72% employer benefit		45	18,160.10	50-481-34
		IMRF 10.72% employer benefit		45	3,742.76	50-481-34
		IMRF 10.72% employer benefit		45	4,642.57	50-481-34
		IMRF - VOLUNTARY CONTRIBUTION		45	412.11	10-481-35
		IMRF 4.5 employee contribution		45	6,786.79	10-481-34
		IMRF 4.5 employee contribution		45	1,376.92	10-481-34
		IMRF 4.5 employee contribution		45	1,811.31	10-481-34
		IMRF Admin Board Paid		45	836.40	10-481-34
		IMRF Admin Board Paid		45	194.19	10-481-34
		IMRF Admin Board Paid		45	137.51	10-481-34
		IMRF 10.72% employer benefit		45	21,307.87	50-481-34
		IMRF 10.72% employer benefit		45	4,325.64	50-481-34
		IMRF 10.72% employer benefit		45	5,479.53	50-481-34
		IMRF - VOLUNTARY CONTRIBUTION		45	412.11	10-481-35
		IMRF 4.5 employee contribution		45	8,108.15	10-481-34
		IMRF 4.5 employee contribution		45	1,621.64	10-481-34
		IMRF 4.5 employee contribution		45	2,162.62	10-481-34
					<u>\$82,686.32</u>	
<b>NCPERS GROUP LIFE INS.</b>						

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	NCPERS GROUP LIFE 12 month		55	8.00	10-4595
	NCPERS GROUP LIFE 12 month		55	8.00	10-4595
	NCPERS GROUP LIFE 18 Deductions		55	85.36	10-4595
	NCPERS GROUP LIFE 18 Deductions		55	21.34	10-4595
	NCPERS GROUP LIFE 12 month		55	8.00	10-4595
	NCPERS GROUP LIFE 12 month		55	8.00	10-4595
	NCPERS GROUP LIFE 18 Deductions		55	85.36	10-4595
	NCPERS GROUP LIFE 18 Deductions		55	21.34	10-4595
				\$245.40	
<b>OMNI GROUP, THE</b>					
	403b AMERIPRISE FINANCIAL certified		65	100.00	10-481-35
	403b AMERIPRISE FINANCIAL 12 mo/admin		65	50.00	10-481-35
	403b EQUITABLE 12 mo/admin		65	165.00	10-481-35
	403b EQUITABLE 18 deduction		65	65.00	10-481-35
	403b EQUITABLE certified		65	1,776.00	10-481-35
	403b Great American 18 deduction		65	100.00	10-481
	403b HORACE MANN 18 deduction		65	100.00	10-481-35
	403b HORACE MANN certified		65	2,303.00	10-481
	403b LINCOLN 18 deduction		65	150.00	10-481-35
	403b LINCOLN certified		65	400.00	10-481-35
	403b ROTH EQUITABLE 18 deduction		65	50.00	10-481-35
	403b ROTH EQUITABLE certified		65	1,872.00	10-481-35
	403b SECURITY BENEFIT Certified		65	2,611.00	10-481-35
	403b VALIC certified		65	125.00	10-481-35
	457 WADDELL & REED		65	250.00	10-481-35
	457 WADDELL & REED		65	175.00	10-481-35
	457 WADDELL & REED		65	75.00	10-481-35
				\$10,367.00	
<b>SCHOOL DIST 034, ANTIOCH C.C.</b>					
	DEPENDENT CARE 12 mo/admin		51	200.33	10-4594
	DEPENDENT CARE certified		51	506.24	10-4594
	FLEX 12 mo/admin		51	504.59	10-4594
	FLEX 18 deduction		51	112.62	10-4594
	FLEX certified		51	2,432.62	10-4594
	FLEX certified		51	21.54	10-4594
	FLEX certified		51	9.23	10-4594
	DEPENDENT CARE 12 mo/admin		51	208.33	10-4594
	DEPENDENT CARE certified		51	506.24	10-4594
	FLEX 12 mo/admin		51	504.59	10-4594
	FLEX 18 deduction		51	112.62	10-4594
	FLEX certified		51	2,432.62	10-4594
	FLEX certified		51	21.54	10-4594
	FLEX certified		51	9.23	10-4594
				\$7,590.34	
<b>STATE DISBURSEMENT UNIT</b>					
	WAGE GARNISHMENT IL State Disbursement		95	287.50	10-4598
				\$287.50	
<b>T.H.I.S.</b>					

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Vendor Name	P.O. Number	Description	Override	Batch #	Amount	State Account Number
		THIS 1.24% employee deduction		61	7,672.09	10-481-30
		THIS .92% employer contribution		61	5,691.95	10-481-30
		THIS 92% ADMIN BEN BD PD		61	769.51	10-481-30
		THIS 92% ADMIN BEN BD PD		61	20.94	10-481-30
		THIS 92% ADMIN BEN BD PD		61	8.98	10-481-30
		THIS 1.24% ADMIN BD PD		61	1,037.15	10-481-30
		THIS 1.24% ADMIN BD PD		61	28.23	10-481-30
		THIS 1.24% ADMIN BD PD		61	12.10	10-481-30
					<u>\$15,240.95</u>	
<b>TEACHERS RETIREMENT SYSTEM</b>						
		TRS .58% EMPLOYER CONTRIBUTION BENEFIT		61	3,588.60	10-481-31
		TRS .58% EMPLR CONTR BD PD		61	485.11	10-481-31
		TRS .58% EMPLR CONTR BD PD		61	13.20	10-481-31
		TRS .58% EMPLR CONTR BD PD		61	5.66	10-481-31
		TRS ADMIN BOARD PD BENEFIT		61	7,527.75	10-481-31
		TRS ADMIN BOARD PD BENEFIT		61	204.87	10-481-31
		TRS ADMIN BOARD PD BENEFIT		61	87.80	10-481-31
		TRS 9.0% employee contribution		61	55,683.33	10-481-31
					<u>\$67,596.32</u>	
<b>WI SCTF</b>						
		WAGE GARNISHMENT-WI Child Support		95	162.50	10-4598
					<u>\$162.50</u>	
<b>WISCONSIN DEPT. OF REVENUE</b>						
		WI State Tax		60	4,493.27	10-4531-39
		WI State Tax		60	346.78	10-4531-39
		WI State Tax		60	584.69	10-4531-39
					<u>\$5,424.74</u>	
				<b>Report Total</b>	<u><u>\$398,104.11</u></u>	