

# Board Report

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

Date: Aug, 2016; Range: 45725 - ;

Line	Account	Description	Vendor	Check	Amount
<b>AMERICAN FAMILY LIFE</b>					
	10.481.55	1 P/R Vendor Withholding	AMERICAN FAMILY LIFE	45725	91.88
	10.481.55	1 P/R Vendor Withholding	AMERICAN FAMILY LIFE	45725	91.88
<b>Total for AMERICAN FAMILY LIFE</b>					<b>\$183.76</b>
<b>WASHINGTON NATIONAL INS.</b>					
	10.481.553	1 P/R Vendor Withholding	WASHINGTON NATIONAL INS.	45726	34.26
	10.481.553	1 P/R Vendor Withholding	WASHINGTON NATIONAL INS.	45726	34.26
<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	45727	70.50
	40.481.555	1 P/R Vendor Withholding	EYE MED	45727	8.50
	20.481.555	1 P/R Vendor Withholding	EYE MED	45727	5.50
	10.481.555	1 P/R Vendor Withholding	EYE MED	45727	61.50
	40.481.555	1 P/R Vendor Withholding	EYE MED	45727	8.50
	20.481.555	1 P/R Vendor Withholding	EYE MED	45727	5.50
<b>Total for EYE MED</b>					<b>\$160.00</b>
<b>UNIT 4780 NCPERS LIFE INS</b>					
	10.481.56	1 P/R Vendor Withholding	UNIT 4780 NCPERS LIFE INS	45728	8.00
	10.481.56	1 P/R Vendor Withholding	UNIT 4780 NCPERS LIFE INS	45728	8.00
<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	45729	190.00
	10.1101.210.6	3 Employer Paid Benefits	TSA CONSULTING GROUP	45729	320.00
	10.2411.210.6	3 Employer Paid Benefits	TSA CONSULTING GROUP	45729	320.00
	10.1205.210.6	3 Employer Paid Benefits	TSA CONSULTING GROUP	45729	320.00
	10.481.56	1 P/R Vendor Withholding	TSA CONSULTING GROUP	45729	700.00
<b>Total for TSA CONSULTING GROUP</b>					<b>\$1,850.00</b>
<b>LINCOLN FINANCIAL GROUP</b>					
	10.2411.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45730	3.20
	20.2540.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45730	6.40
	10.1205.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45730	10.88
	10.2410.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45730	3.20
	10.2520.221	1 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45730	3.20
	40.2550.221	1 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45730	6.40
	10.1250.221	10 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45730	3.20
	10.2560.221	1 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45730	6.21
	10.1101.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45730	44.80
	10.1125.221	5 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45730	4.80
	10.1102.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45730	12.80
	80.1205.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45730	0.32
	80.2560.221	1 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45730	0.19
	10.1101.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45735	3.20
	10.1101.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45735	3.20
	10.1101.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45735	3.20
	10.1101.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45735	3.20
	10.1101.221	3 Employer Paid Benefits	LINCOLN FINANCIAL GROUP	45735	3.20
<b>Total for LINCOLN FINANCIAL GROUP</b>					<b>\$108.80</b>
<b>THE LINCOLN NATIONAL INS.</b>					
	10.481.554	1 P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	45731	412.50
	40.481.554	1 P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	45731	48.00
	20.481.554	1 P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	45731	31.50
	10.481.554	1 P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	45731	363.00
	40.481.554	1 P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	45731	48.00
	20.481.554	1 P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	45731	31.50

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<u>Line</u>	<u>Account</u>	<u>Description</u>	<u>Vendor</u>	<u>Check</u>	<u>Amount</u>
Total for THE LINCOLN NATIONAL INS.					\$934.50
UNITED HEALTHCARE					
10.481.56	1	P/R Vendor Withholding	UNITED HEALTHCARE	45732	1,761.00
20.481.56	1	P/R Vendor Withholding	UNITED HEALTHCARE	45732	402.50
40.481.56	1	P/R Vendor Withholding	UNITED HEALTHCARE	45732	247.00
10.1101.222	3	Employer Paid Benefits	UNITED HEALTHCARE	45732	3,160.00
10.1125.222	5	Employer Paid Benefits	UNITED HEALTHCARE	45732	395.00
10.1102.222	3	Employer Paid Benefits	UNITED HEALTHCARE	45732	790.00
40.2550.222	1	Employer Paid Benefits	UNITED HEALTHCARE	45732	790.00
10.1250.222	10	Employer Paid Benefits	UNITED HEALTHCARE	45732	395.00
20.2540.222	3	Employer Paid Benefits	UNITED HEALTHCARE	45732	395.00
10.481.56	1	P/R Vendor Withholding	UNITED HEALTHCARE	45732	1,514.00
20.481.56	1	P/R Vendor Withholding	UNITED HEALTHCARE	45732	402.50
40.481.56	1	P/R Vendor Withholding	UNITED HEALTHCARE	45732	247.00
Total for UNITED HEALTHCARE					\$10,499.00
USA FUNDS					
10.481.59	1	P/R Vendor Withholding	USA FUNDS	45733	166.46
10.481.59	1	P/R Vendor Withholding	USA FUNDS	45733	166.46
Total for USA FUNDS					\$332.92

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<b>Fund 10</b>	<b>Debits</b>	<b>Credits</b>
Expense	5,795.49	0.00
Asset	0.00	11,469.19
Liability	5,673.70	0.00
<b>Total for Fund 10</b>	<b>11,469.19</b>	<b>11,469.19</b>

<b>Fund 20</b>	<b>Debits</b>	<b>Credits</b>
Expense	401.40	0.00
Asset	0.00	1,280.40
Liability	879.00	0.00
<b>Total for Fund 20</b>	<b>1,280.40</b>	<b>1,280.40</b>

<b>Fund 40</b>	<b>Debits</b>	<b>Credits</b>
Expense	796.40	0.00
Asset	0.00	1,403.40
Liability	607.00	0.00
<b>Total for Fund 40</b>	<b>1,403.40</b>	<b>1,403.40</b>

<b>Fund 80</b>	<b>Debits</b>	<b>Credits</b>
Expense	0.51	0.00
Asset	0.00	0.51
<b>Total for Fund 80</b>	<b>0.51</b>	<b>0.51</b>

<b>Grand Total</b>	<b>Debits</b>	<b>Credits</b>
Expense	6,993.80	0.00
Asset	0.00	14,153.50
Liability	7,159.70	0.00
<b>Grand Total</b>	<b>14,153.50</b>	<b>14,153.50</b>