

Garretson School District 49-4
Garretson, SD
Agenda for Regular School Board Meeting
Garretson High School Library
September 14, 2020

1. Call to Order - 5:45 PM
2. Pledge of Allegiance
3. Welcome to visitors and guests
4. Approval of agenda with proposed additions or corrections
5. Public Comments
6. Consent Agenda
 - a. Approval of Minutes, Bills and Financials
 1. Minutes from previous meetings
 2. Cash Balance Report
 3. Claims Report
 4. Invoice Listing
 5. Imprest Checks
 6. Check Register
 7. Payroll Report
 8. Check Reconciliation Report
 9. Bank Statements
 - b. Approval of agreements and / or contracts
 - c. Fuel Quotes (8-25-2020)

	Palisades Oil	Vollan Oil
10% E gasoline	\$1.665	\$1.67
#2 Diesel	\$1.611	\$1.6225
 - d. Acknowledge Home School Applicants
 - e. Personnel actions
None
 - f. Surplus property
See attached list
7. Old Business
 - a. FY 21 Budget
 - b. Declaration of Essential Workers
8. New Business
 - a. Conflicts of Interest, per SDCL 3-23
None
 - b. Flexible Benefits Resolution
 - c. Classified Staffing Report
 - g. Information Items:
 1. JB: Equal Educational Opportunity
 2. JEA: Compulsory Attendance
 3. JEAA Students Alternative Instruction
 - h. First Reading
 1. GBL: Personnel Records
 2. GBL-E: Permission for the transfer and/or release of confidential employee information
 3. GBL-F: Notice of release of personnel record
 - i. Second Reading
None

9. Administrative Reports

a. Superintendent's Report

1. Distance learners
2. Enrollment report
3. Coronavirus Relief Fund Disbursement
3. Other.

b. HVAC and Roofing Project Updates

e. Prairie Lakes Coop

10. Executive Session, per SDCL 1-25-2, Subsection 1: personnel

11. Adjourn

SCHOOL BOARD MINUTES

Regular Garretson School District #49-4 5:45 p.m. August 10, 2020

Present: Shannon Nordstrom, Kari Flanagan, Rachel Hanisch, Ruth Sarar, Tony Martens, Guy Johnson, Superintendent, & Jacob Schweitzer, Business Manager. Others present: Principal Teresa Hulscher, Jacki Liester, Garrick Moritz, & Sherri Schoenfish.

At 5:48 p.m., the Board convened in the Library for its regular meeting of the Garretson School Board. All votes are unanimous, unless specifically noted in the minutes.

President Nordstrom led the Pledge of Allegiance and welcomed guests and visitors. President Nordstrom called for any additions or corrections to the Board agenda. Superintendent Johnson informed the Board there was no longer a need for executive session, and requested it removed from the agenda.

Action 21-018: Motion by Sarar, second by Martens, to approve the agenda as presented with the removal of executive session. Motion carried.

Action 21-019: Motion by Flanagan, second by Hanisch, to approve the following consent agenda items as presented; Payments for July 2020 claims, July 2020 regular & special meeting minutes, July 2020 financial statements, contract for Teddy Dauwen, and declare grades 3-5 reading curriculum materials surplus. Motion carried.

Garretson School District #49-4

CLAIMS paid August 10, 2020

GENERAL FUND

A-OX WELDING SUPPLY CO. INC., CYLINDER RENTALS, \$65.95; ALLIANCE COMMUNICATIONS, AUGUST 2020 INTERNET/PHONE SERVICES, \$679.00; APPLE, INC., IPADS, \$21,477.00; BROADCAST MUSIC, INC., FISCAL YEAR 2021 SERVICES, \$152.72; CAROLINA BIOLOGICAL SUPPLY CO., HIGH SCHOOL & MIDDLE SCHOOL SCIENCE SUPPLIES, \$1,275.76; DAKOTA AUTO PARTS, OIL, \$26.76; DON'S AUTO & TIRE CO., SHORT BUS AC MAINTENANCE/REPAIRS, \$136.00; EMC, FISCAL YEAR 2021 INSURANCE, \$54,841.00; FIRST BANK & TRUST CREDIT CARD, REPLACEMENT LAPTOP BATTERY, \$84.70; FIRST DAKOTA INDEMNITY CO., WORKER'S COMPENSATION INSURANCE, \$903.00; G&R CONTROLS, INC., EXCISE TAX MISSED ON INVOICE #116685, \$17.39; GARRETSON GAZETTE, JUNE 2020 SCHOOL BOARD MINUTES/PUBLIC RELEASES, \$173.05; GARRETSON SCHOOL DISTRICT TRUST & AGENCY ACCOUNT, JULY 2020 IMPREST ACCOUNT REIMBURSEMENT, \$15.00; HILLYARD OF SIOUX FALLS, MISC. CLEANING/MAINTENANCE SUPPLIES, \$1,989.91; HOLMES, MURPHY, & ASSOCIATES, LLC, FISCAL YEAR 2021 BONDS, \$750.00; HORACE MANN, JULY 2020 FLEX ADMIN. FEES, \$54.00; KURTZ, SUSAN, JULY 2020 FINANCIAL CONSULTATION, \$752.20; LAKESHORE, ELEMENTARY SUPPLIES, \$149.47; LYNN, JACKSON, SHULTZ, & LEBRUN, P.C., LEGAL SERVICES, \$99.00; MAC DOCTORS, REPLACE BROKEN DISPLAY, \$557.00; MENARDS, MISC. MAINTENANCE SUPPLIES, \$1,923.55; MIDWEST FIELDTURF, FIELD TURF REPAIRS, \$3,370.00; MOSYLE CORPORATION, MOBILE DEVICE MANAGER LICENSE FEE FISCAL YEAR 2021, \$2,942.50; NCS PEARSON, INC., ELEMENTARY MATERIALS, \$197.16; NWEA, MAP TESTING, \$6,850.00; PALISADES OIL CO., TIRE REPAIR, \$20.00; PITNEY BOWES, POSTAGE, \$55.39; PLISKA, MICHELLE, PROFESSIONAL DEVELOPMENT DUES REIMBURSEMENT, \$40.00; POPPLERS MUSIC, INC., BAND MUSIC, \$60.00; RUSTIC ACRES, SHIELDS FOR STAFF & STUDENTS, \$12,070.00; SANDERS PRINTING CO., ATHLETIC SCHEDULES/LEAVE FORMS/SCHEDULE PASSES, \$674.95; SANFORD, JUNE 2020 HEALTH SAVINGS ACCOUNT CONTRIBUTION, \$145.00; SCHOLASTIC INC., ELEMENTARY MAGAZINES/SUPPLIES, \$1,845.40; SCHOOL SPECIALTY, ELEMENTARY

SUPPLIES, \$1,455.45; SCHOOLMATE, ELEMENTARY PLANNERS, \$450.00; SD DEPARTMENT OF LABOR & REGULATION, LATE REPORT/LATE PAYMENT PENALTIES, \$1,690.79; SD UNITED SCHOOLS ASSOCIATION, 2020-2021 MEMBERSHIP DUES, \$450.00; STECKLER, KEVIN, JUNE & JULY 2020 COMPLEX MOWING, \$760.00; STEVE'S ELECTRIC & PLUMBING, INC., MISCELLANEOUS MAINTENANCE/REPAIRS, \$5,791.17; SUPER DUPER PUBLICATIONS, ELEMENTARY SUPPLIES, \$149.40; SUPERIOR-SHOWBOARD CO., MIDDLE SCHOOL SCIENCE AWARDS, \$38.00; SUPREME SCHOOL SUPPLY CO., TEACHER SUPPLIES, \$232.92; TEACHING TREASURES, ELEMENTARY SUPPLIES, \$233.48; XCEL ENERGY, MAY & JUNE 2020 ELECTRICITY, \$2,960.49;
TOTAL GENERAL FUND, \$128,604.56

CAPITAL OUTLAY FUND

APPLE INC., IPADS FOR GRADES 3-5, \$56,941.96; ASSOCIATED CONSULTING ENGINEERING, INC., CHILLER PROJECT- CONSTRUCTION ADMINISTRATION, \$402.60; CO-OP ARCHITECTURE, ROOF PROJECT- CONSTRUCTION ADMINISTRATION, \$1,125.00; DALSIN, INC., ROOF REPLACEMENT PROJECT, \$79,145.20; ELITE BUSINESS SYSTEMS, AUGUST 2020 CONTRACTED SERVICES, \$611.86; HAUFF MID-AMERICA SPORTS, UNIFORMS/EQUIPMENT, \$14,882.55; HIGH PLAINS TECHNOLOGY, INC., CEILING MOUNT/ZONEFLEX WIRELESS ACCESS POINT, \$114.00; KRIER & BLAIN, INC., CHILLER PROJECT, \$38,881.00; NCS PEARSON, INC., SUPPLIES, \$360.40; TIME MANAGEMENT SYSTEMS, INC., IMPLEMENTATION METHOD CHANGE, \$900.00;
TOTAL CAPITAL OUTLAY FUND, \$193,364.57

SPECIAL EDUCATION FUND

AUGUSTANA UNIVERSITY, FALL 2020 TUITION, \$6,400.00; GOODCARE, LLC, JULY 2020 OCCUPATIONAL & PHYSICAL THERAPY, \$2,430.00; LIFESCAPE, JUNE 2020 SERVICES/TUITION, \$8,239.00; OLSON, DEAN & CINDY, FALL 2020 TUITION REIMBURSEMENT, \$199.00; PRO-ED, INC., ARTIC SHUFFLE, \$104.50; SCHOOL SPECIALTY, ELEMENTARY SPECIAL ED. SUPPLIES, \$68.22;
TOTAL SPECIAL EDUCATION FUND, \$17,440.72

FOOD SERVICE FUND

CASH-WA DISTRIBUTING CO., FOOD/FOOD SUPPLIES, \$4,155.16; GARRETSON SCHOOL DISTRICT TRUST & AGENCY ACCOUNT, JULY 2020 IMPREST ACCOUNT REIMBURSEMENT, \$321.48; PRAIRIE FARMS DAIRY, MILK, \$877.50; VANCO, JULY 2020 ACH FEES, \$32.45;
TOTAL FOOD SERVICE FUND, \$5,386.59

TOTAL CLAIMS: \$344,796.44

IMPREST CHECKS

JULY 2020

GENERAL FUND IMPREST CHECKS

PERFORMANCE PRESS, 2020 MEMORY MATES, \$15.00; TOTAL GENERAL FUND IMPREST CHECKS, \$15.00;

FOOD SERVICE FUND IMPREST CHECKS

SD DEPARTMENT OF EDUCATION- CHILD & ADULT NUTRITION SERVICES, REIMBURSEMENT FOR FOOD, \$321.48; TOTAL FOOD SERVICE FUND IMPREST CHECKS, \$321.48;

TOTAL IMPREST CHECKS, \$336.48

Payroll Report

Fiscal Year 2019-2020

June 2020

General Fund - Gross Salaries, \$200,879.82; Social Security/Medicare, \$14,567.32; SD Retirement, \$11,377.67; Group Insurance, \$29,182.99; Total General Fund, \$256,007.80; Special

Education Fund - Gross Salaries, \$26,503.73; Social Security/Medicare, \$1,911.02; SD Retirement, \$1,590.23; Group Insurance, \$2,443.91; Total Special Education Fund, \$32,448.89; Food Service Fund - Gross Salaries, \$2,425.76; Social Security/Medicare, \$185.57; Total Food Service Fund, \$2,611.33; Driver's Education Fund - Gross Salaries, \$0.00; Social Security/Medicare, \$0.00; Total Driver's Education Fund, \$0.00; Preschool Fund - Gross Salaries, \$3,467.51; Social Security/Medicare, \$242.87; SD Retirement, \$208.05; Group Insurance, \$552.25; Total Preschool Fund, \$4,470.68;
GRAND TOTAL: \$295,538.70

Financial Report

The Business Manager presented a financial report of receipts, disbursements, and cash balances for the month of July 2020 as listed below:

Receipts: General Fund: Local Sources, \$81,132.28; Intermediate Sources, \$840.24; State Sources, \$170,879.00; Capital Outlay Fund: Local Sources, \$2,157.85; Special Education Fund: Local Sources, \$1,829.78; State Sources, \$17,766.00; Trust & Agency Fund: Local Sources, \$42,733.47.

Expenditures: General Fund: Claims, \$128,604.56; Payroll, \$237,928.83; Capital Outlay Fund: Claims, \$193,364.57; Special Education Fund: Claims, \$17,440.72; Payroll, \$17,700.38; Food Service Fund: Claims, \$5,386.59; Payroll, \$2,927.47; Preschool Fund: Payroll, \$4,288.46.

Cash Balances as of July 31, 2020: General Fund: \$1,306,871.60; Capital Outlay Fund: \$462,965.66; Special Education Fund: \$43,464.94; Bond Redemption Fund: \$9,319.33; Food Service Fund: \$22,328.28; Driver's Education Fund: \$8,318.82; Preschool Fund: \$34,330.13; Trust & Agency Fund: \$48,249.19.

Old Business:

Fiscal Year 2021 Budget- The fiscal year 2021 budget was modified to include an additional custodial position.

New Business:

There were no conflicts of interest.

Action 21-020: Motion by Flanagan, second by Hanisch, to pass resolution #21-04 to refund Capital Outlay Certificates that were issued in 2013, 2014, & 2015. The motion also retains D.A. Davidson & Co. to be the underwriter for refunding the certificates. Motion carried.

Action 21-021: Motion by Hanisch, second by Sarar, to approve the iPad handbook for grades K-5. Motion carried.

Action 21-022: Motion by Martens, second by Sarar, to adopt the Special Education Comprehensive Plan. Motion carried.

Action 21-023: Motion by Flanagan, second by Hanisch, to approve Title programming and Special Education IDEA federal assurances. Motion carried.

Action 21-024: Motion by Flanagan, second by Hanisch, to table item F: Essential Workers Declaration. Motion carried.

The following information items were presented to the Board; Policy GBL: Personnel Records, Policy GBL-E: Permission for the Transfer and/or Release of Confidential Employee Information, & Policy GBL-F: Notice of Release of Personnel Record.

There were no First Readings.

The Second Readings of Policy JHCC: Student Communicable Disease & Policy GBEB-R: Employee Communicable Disease Guidelines were presented to the Board. No changes recommended. Administrative recommendation is for approval.

Action 21-025: Motion by Sarar, second by Martens, to adopt Policy JHCC: Student Communicable Disease & Policy GBEB-R: Employee Communicable Disease Guidelines. Motion carried.

Administration provided the Board with four administrative reports:

- a. HVAC & Roof Projects Report - Superintendent Johnson gave the Board an update on the status of each of the projects going on in the school and their anticipated completion dates.
- b. In-service - Superintendent Johnson informed the Board about the Aug. 17-19th teacher in-service plans.
- c. Preliminary Student Count - Superintendent Johnson gave the Board a preliminary student count for the upcoming school year.
- d. Prairie Lakes Coop - Board Member Sarar & Superintendent Johnson updated the Board with the latest happenings involving the Prairie Lakes Coop, and how it affects the School District.

Action 21-026: Motion by Martens, second by Hanisch, to adjourn at 6:25 p.m. Motion carried.

Approved by the Garretson Board of Education this ____ day of _____, 2020.

President

Business Manager

Garretson School District #49-4
Statement of Cash Receipts,
Disbursements, and Cash Balances
8/31/2020

	General Fund	Capital Outlay Fund	Special Education Fund	Pension Fund	Bond Redemption Fund	Food Service Fund	Driver's Ed Fund	Preschool Fund	Trust & Agency Fund	Totals
Cash Balance 08/01/2020	\$ 1,306,871.60	\$ 462,965.66	\$ 43,464.94	\$ -	\$ 9,319.33	\$ 22,328.28	\$ 8,318.82	\$ 34,330.13	\$ 48,249.19	\$ 1,935,847.95
Receipts:										
Local Sources:										
Taxes	\$ 12,862.40	\$ 9,897.23	\$ 3,964.99							\$ 26,724.62
Utility Taxes	\$ 70,025.12									\$ 70,025.12
Tuition										
Interest Income	\$ 654.79									\$ 654.79
Food Service Sales						\$ 13,085.00				\$ 13,085.00
Student Activities	\$ 2,310.00							\$ 62,918.10		\$ 65,228.10
Admissions										\$ -
Insurance Premiums	\$ 206.98									\$ 206.98
Rentals										\$ -
Medicaid Services	\$ 1,497.06		\$ 1,365.06							\$ 2,862.12
Miscellaneous Local Revenues	\$ 75.00									\$ 75.00
Intermediate Sources:										
County Sources	\$ 936.19									\$ 936.19
State Sources:										
State Aid	\$ 170,879.00		\$ 17,766.00							\$ 188,645.00
State Apportionment										\$ -
Bank Franchise Tax										\$ -
Other State Revenue Sources										\$ -
Federal Sources:										
Grants-in-Aid										\$ -
Food Service Assistance										\$ -
Misc. Federal Revenue										\$ -
Total Receipts	\$ 259,446.54	\$ 9,897.23	\$ 23,096.05	\$ -	\$ -	\$ 13,085.00	\$ -	\$ -	\$ 62,918.10	\$ 368,442.92
Sub Total	\$ 1,566,318.14	\$ 472,862.89	\$ 66,560.99	\$ -	\$ 9,319.33	\$ 35,413.28	\$ 8,318.82	\$ 34,330.13	\$ 111,167.29	\$ 2,304,290.87
Claims	\$ (73,915.06)	\$ (193,364.57)	\$ (17,440.72)			\$ (5,354.14)				\$ (290,074.49)
Payroll	\$ (137,644.69)		\$ (16,227.64)			\$ (900.44)		\$ (1,949.34)		\$ (156,722.11)
ACH Fees	\$ (128.38)					\$ (32.45)				\$ (160.83)
Trust and Agency Claims									\$ (53,890.51)	\$ (53,890.51)
Total Disbursements	\$ (211,688.13)	\$ (193,364.57)	\$ (33,668.36)	\$ -	\$ -	\$ (6,287.03)	\$ -	\$ (1,949.34)	\$ (53,890.51)	\$ (500,847.94)
Cash Balance Before Other Adjustments	\$ 1,354,630.01	\$ 279,498.32	\$ 32,892.63	\$ -	\$ 9,319.33	\$ 29,126.25	\$ 8,318.82	\$ 32,380.79	\$ 57,276.78	\$ 1,803,442.93
Transfers	\$ (432.94)		\$ 432.94							\$ (0.00)
Total Cash 08/31/2020	\$ 1,354,197.07	\$ 279,498.32	\$ 33,325.57	\$ -	\$ 9,319.33	\$ 29,126.25	\$ 8,318.82	\$ 32,380.79	\$ 57,276.78	\$ 1,803,442.93

Bank Accounts	
District Checking & MM	\$ 1,721,521.67
Certificate of Deposit - Unemployment	\$ 22,894.48
Trust and Agency Checking	\$ 45,143.16
Trust and Agency Certificate of Deposits	\$ 11,433.62
Petty Cash and Cash Change	\$ 1,750.00
Cash Change - Trust and Agency	\$ 700.00
	<u>\$ 1,803,442.93</u>

GARRETSON SCHOOL DISTRICT #49-4
 BOARD REPORT SEPTEMBER 14, 2020

CLAIMS

VENDOR NAME	VENDOR DESCRIPTION	AMOUNT
GENERAL FUND		
A-OX WELDING SUPPLY CO. INC.	Cylinder Rentals	67.95
ALLIANCE COMMUNICATIONS	September 2020 Internet & Phone Services	692.00
AMERICAN SCHOOL COUNSELOR ASSOCIATION	2020-2021 Memberships	258.00
AREA II SUPERINTENDENTS	2020-2021 Area II Superintendent Dues	100.00
ASBSD	2020 ASBSD-SASD Virtual Convention	300.00
ATS, INC.	Wireless Clocks	990.00
BALTZER, CATLIN	Soccer Official v. Tea Area 8/22/20	163.00
BERESFORD SCHOOL DISTRICT	Cross Country Meet Entry Fee	75.00
BJM ENTERPRISE, INC.	Bus Maintenance/Repairs	4,060.75
BRAUN, JENNY	May-August 2020 Nursing Services	1,925.00
BREHMER, JOSHUA	Soccer Official v. Tea Area 8/22/20	171.20
CHS	Football Field Spray/Other Supplies	540.86
CLIMATE SYSTEMS INC.	Motor Capacitor Labor/Materials	737.26
CONNECTING POINT	Web Filter	41.20
COUNCIL ON COLLEGE ADMISSION IN SD	2020 Fall Workshop- Michelle Pliska	20.00
DAKOTA AUTO PARTS	Blower Motor Resistor/Hybrid Pads	133.00
DAKOTA SPORTS	Footballs	597.60
DISCOUNT SCHOOL SUPPLY	Elementary Supplies	77.20
DIVISION OF CRIMINAL INVESTIGATION	Background Checks	216.25
DOCKENDORF, PAT	VB Official v. Viborg-Hurley 9/1/20	200.84
DON'S AUTO & TIRE CO.	Tire Repair	20.00
FIRST BANK & TRUST CREDIT CARD	Amazon- Glue/Headset/Headphones/Label Tape	152.41
FIRST BANK & TRUST CREDIT CARD	Amazon- Thermometers	894.32
FIRST BANK & TRUST CREDIT CARD	Casey's General Store- Fuel	34.00
FIRST BANK & TRUST CREDIT CARD	Epic Crowd Control- Belt Barriers	718.14
FIRST BANK & TRUST CREDIT CARD	Kibble Equipment- Transportation Supplies	116.86
FIRST BANK & TRUST CREDIT CARD	Sam's Club/Smores Yearly Memberships	169.53
FIRST DAKOTA INDEMNITY CO.	Worker's Compensation Insurance- Installment #3	903.00
GARRETSON FOOD CENTER	Distilled Water/In-service Meal/Wasp Spray	393.05
GARRETSON GAZETTE	June, July, & August Minutes Publication	909.75
GARRETSON SCHOOL DISTRICT TRUST & AGENCY ACCOUNT	August 2020 Imprest Account Reimbursement	1,024.20
GENESIS TECHNOLOGIES, INC.	Adobe Acrobat Pro Document Cloud	666.00
GRAVES IT SOLUTIONS	Tech Contract/Tech Support	6,944.00
GREEN, VINCE	VB Official v. Beresford 8/27/20	95.00
HAUFF MID-AMERICA SPORTS	Football Supplies	51.80
HEISER, ERIC	Soccer Official v. Groton 8/15/20	78.48
HENRY SCHEIN, INC.	Athletic Supplies	921.74
HILLYARD OF SIOUX FALLS	Cleaning Supplies/Other Supplies	3,974.25
HORACE MANN	August 2020 Flex Admin. Fees	51.75
HOWE, BETSY	May-August 2020 Nursing Services	762.50
INFINITE CAMPUS	Annual License/Support/Reports Fee	333.33
INTELLIPRO SECURITY, LLC	Central Station Alarm Monitoring	227.40
INTERSTATE ALL BATTERY CENTER	iPad Repairs	430.00
JOHNSON, GUY	Rustic Acres Colony for Shields- Mileage	67.20
KERVIN, MICHAEL	Soccer Official v. Tea Area 8/22/20	216.20
KONE INC.	Maintenance Coverage- Agreement	3,522.36
KURTZ, SUSAN	August 2020 Financial Consultation	157.50
LACEY RENTALS, INC.	Portable Restrooms- Home XC Meet	340.00
LUNDBERG, JANIE	Elementary Supplies Reimbursement	58.77
LYNN, JACKSON, SHULTZ & LEBRUN, P.C.	Legal Services	214.50
MAY, TIM	VB Official v. Viborg-Hurley 9/1/20	95.00
MCCOOK CENTRAL SCHOOL	Cross Country Meet Entry Fee	40.00
MCINROY, DAWN	VB Official v. Lennox 8/29/20	95.00
MENARDS - SIOUX FALLS EAST	Miscellaneous Supplies	573.98
MERRITT, BEN	Soccer Official v. Groton 8/15/20	185.00
MIDWEST BUS PARTS, INC.	Bus Supplies	939.83
OLSON'S PEST TECHNICIANS	Bimonthly Pest Control Service	90.00
ORTHOPEDIC INSTITUTE PERFORMANCE, LLC	Garretson Summer 2020 Team Training	2,255.52
PALISADES OIL CO.	Fuel	1,754.63
PEDERSON, JEFF	Soccer Official v. Huron 8/20/20	151.04
PERFORMANCE PRESS, INC.	Distancing Circles/Front Entrance Signage	2,459.19
PITNEY BOWES	Postage	562.04
PODHRADSKY, HAROLD	Soccer Official v. Huron 8/20/20	136.88
RESTAURANT EQUIPMENT REPAIR OF SIOUX FALLS, INC.	Cleaned Ice Machines/Kitchen Drain Repair	539.98
RIDDELL/ALL AMERICAN SPORTS CORP.	Football Chin Straps	69.03
ROOK, BRIAN	VB Official v. Lennox 8/29/20	115.16
SANFORD	July 2020 Health Savings Account Contribution	160.00
SANFORD HEALTH OCCUPATIONAL MEDICINE	DOT Exam/Drug & Alcohol Program Administration	203.00
SASD	2020-2021 Membership- Chris Long	672.00
SAVVAS LEARNING COMPANY LLC	K-2 Workbooks	1,683.45
SAX ARTS & CRAFTS	Art Supplies	182.61
SCHOLASTIC INC.	Elementary Supplies/Other Supplies	50.00
SCHOOL SPECIALTY	Miscellaneous Classroom Supplies	2,348.01

SHOCKMAN, CARLEY	2020-21 Supplies Allowance	50.00
SIOUX FALLS AUTO GLASS	Mini Bus Window Repair	39.95
SOUTH DAKOTA COUNSELING ASSOCIATION	Membership Renewal	295.00
SOUTHEAST AREA COOPERATIVE	Copy & Construction Paper/Other Supplies	6,501.23
STEVE'S ELECTRIC & PLUMBING, INC.	Building Maintenance/Plumbing/Repairs	18,704.01
STURDEVANT'S AUTO PARTS OF BRANDON	Brake Fluid	97.78
SUMMIT COMPANIES	Fire Extinguishers	359.10
TEACHING TREASURES	Middle School Supplies	23.99
WASTE MANAGEMENT	August & September Garbage/Recycling Services	985.52
WHEELCO	Brake Parts	200.68
WHITSELL, BRAD	VB Official v. Beresford 8/27/20	118.52
XCEL ENERGY	June & July 2020 Electricity	3,311.01
TOTAL GENERAL FUND		<u>\$81,863.29</u>
CAPITAL OUTLAY FUND		
ASSOCIATED CONSULTING ENGINEERING, INC.	Chiller Project - Construction Administration	805.20
CO-OP ARCHITECTURE	Roof Project - Construction Administration	1,125.00
DALSIN, INC.	Roof Replacement Project- Labor	36,177.10
ELITE BUSINESS SYSTEMS	September 2020 Contracted Services	983.59
HAUFF MID-AMERICA SPORTS	Football Supplies/Soccer Shorts	761.60
HIGH PLAINS TECHNOLOGY, INC.	Mounting Brackets/Ruckus Bundles/Etc.	8,018.00
HOUGHTON MIFFLIN HARCOURT	Literacy Instruction	4,050.00
TOTAL CAPITAL OUTLAY FUND		<u>\$51,920.49</u>
SPECIAL EDUCATION FUND		
FIRST BANK & TRUST CREDIT CARD	Amazon- Glue/Storage Boxes/Totes	72.88
GOODCARE, LLC	August 2020 Occupational/Physical Therapy	2,451.06
LIFESCAPE	July 2020 Services/Tuition	8,523.00
PRAIRIE LAKES EDUCATIONAL COOPERATIVE	July & August 2020 Services	1,046.78
THOMPSON, AMY	B-3 Evaluations/Paperwork	420.19
TOTAL SPECIAL EDUCATION FUND		<u>\$12,513.91</u>
FOOD SERVICE FUND		
BOTTELBERGHE, CATHI & JASON	Lunch Account Refund	112.40
GARRETSON SCHOOL DISTRICT TRUST & AGENCY ACCOUNT	August 2020 Imprest Account Reimbursement	31.74
INFINITE CAMPUS	Annual License/Support/Reports Fee	1,250.40
LUNCHTIME SOLUTIONS, INC.	Student Breakfasts/Lunches- Summer Feeding	2,538.00
NUSSBAUM, PAULA & KURT	Lunch Account Refund	13.95
VANCO	August 2020 ACH Fees	32.45
TOTAL FOOD SERVICE FUND		<u>\$3,978.94</u>
TOTAL CLAIMS		<u>\$150,276.63</u>

Vendor ID: AOXWEL	A-OX WELDING SUPPLY CO. INC.	PO Number:	Invoice Number: 00236927	Amount:	67.95
Description: Cylinder Rentals		Invoice Date: 08/20/2020	Due Date: 09/08/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46750	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 1131 001 411	Cylinder Rentals		67.95		N
Vendor ID: ALLICOM	ALLIANCE COMMUNICATIONS	PO Number:	Invoice Number: 101851573	Amount:	692.00
Description: September 2020 Services		Invoice Date: 08/31/2020	Due Date: 09/03/2020	Status: AP	1099 Amount: 0.00
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 9134	Check Date: 09/20/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2321 000 340	September 2020 Services		173.00		N
10 2529 000 340	September 2020 Services		173.00		N
10 2410 000 340	September 2020 Services		173.00		N
10 2411 000 340	September 2020 Services		173.00		N
Vendor ID: ASCA	AMERICAN SCHOOL COUNSELOR ASSOCIATION	PO Number:	Invoice Number: 08202020	Amount:	129.00
Description: Professional Membership Dues		Invoice Date: 08/20/2020	Due Date: 08/26/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46749	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2122 000 315	Professional Membership Dues- Janie L.		129.00		N
Vendor ID: ASCA	AMERICAN SCHOOL COUNSELOR ASSOCIATION	PO Number:	Invoice Number: 20200901	Amount:	129.00
Description: MEMBERSHIP- MICHELLE PLISKA		Invoice Date: 08/10/2020	Due Date: 09/01/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46749	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2121 000 315	2020-21 Membership- Michelle Pliska		129.00	0.00	N
					Final
Vendor ID: AREAISUP	AREA II SUPERINTENDENTS	PO Number:	Invoice Number: 20202021	Amount:	100.00
Description: 2020-2021 Area II Superintendent Dues		Invoice Date: 08/17/2020	Due Date: 08/17/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46751	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2321 000 640	2020-2021 Area II Superintendent Dues		100.00		N
Vendor ID: ASBSD	ASBSD	PO Number:	Invoice Number: ORD-04882-G3S9N9	Amount:	300.00
Description: 2020 ASBSD-SASD Virtual Convention		Invoice Date: 08/10/2020	Due Date: 08/13/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46752	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2529 000 315	2020 ASBSD-SASD Virtual Convention		300.00		N
Vendor ID: ASSOCON	ASSOCIATED CONSULTING ENGINEERING, INC.	PO Number:	Invoice Number: 0041245	Amount:	805.20
Description: Construction Administration - Mechanical		Invoice Date: 08/15/2020	Due Date: 09/08/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46753	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 2535 000 479	Construction Administration - Mechanical		805.20		N

Vendor ID: ATSINC	ATS, INC.	PO Number:	Invoice Number: 20200902	Amount:	990.00
Description: Clocks		Invoice Date: 08/21/2020	Due Date: 09/02/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46754	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2549 000 411	Wireless Clocks- 6		990.00	0.00	N
					In Full
					Final
Vendor ID: BALTCAT	BALTZER, CATLIN	PO Number:	Invoice Number: 08222020	Amount:	163.00
Description: Soccer Official v. Tea Area 8/22/20		Invoice Date: 08/22/2020	Due Date: 08/27/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46755	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 6200 498 319	Soccer Official v. Tea Area 8/22/20		100.00		N
10 6200 498 319	Soccer Official v. Tea Mileage (150)		63.00		N
					In Full
					Final
Vendor ID: BERESCH	BERESFORD SCHOOL DISTRICT	PO Number:	Invoice Number: 08282020	Amount:	75.00
Description: Cross Country Meet Entry Fee		Invoice Date: 08/28/2020	Due Date: 08/28/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46756	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 6900 481 315	2020 Cross Country Meet Entry Fee		75.00		N
					In Full
					Final
Vendor ID: BJMENT	BJM ENTERPRISE, INC.	PO Number:	Invoice Number: 14662	Amount:	1,138.50
Description: MAINT/REPAIRS		Invoice Date: 08/07/2020	Due Date: 09/02/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46757	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2559 000 411	DELO LE 15-40 PER GAL- 90		1,138.50	0.00	N
					In Full
					Final
Vendor ID: BJMENT	BJM ENTERPRISE, INC.	PO Number:	Invoice Number: 14668	Amount:	2,922.25
Description: Bus Service/Repairs		Invoice Date: 08/10/2020	Due Date: 09/08/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46757	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2559 000 323	Labor- 5 hrs.		447.50		N
10 2559 000 323	ABS Modulator Valve- 1		2,380.80		N
10 2559 000 323	Freight		22.68		N
10 2559 000 323	Shop Supplies		71.27		N
					In Full
					Final
Vendor ID: BOTTCAT	BOTTELBERGHE, CATHI & JASON	PO Number:	Invoice Number: 08272020	Amount:	112.40
Description: Lunch Account Refund		Invoice Date: 08/27/2020	Due Date: 08/27/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46758	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
51 2562 000 690	Lunch Account Refund- #4933		67.40	0.00	N
51 2562 000 690	Lunch Account Refund- #4934		45.00	0.00	N
					In Full
					Final
Vendor ID: BRANACE	BRANDON ACE HARDWARE	PO Number:	Invoice Number: K32142/5	Amount:	40.97
Description: Supplies		Invoice Date: 08/16/2020	Due Date: 08/17/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
					In Full
					Final

10 2559 000 411	Cable Ties- 4	40.97	N					
Vendor ID: BRANACE	BRANDON ACE HARDWARE	PO Number:	Invoice Number: K32199/5	Amount:	7.99			
Description: Supplies		Invoice Date: 08/17/2020	Due Date: 08/17/2020	Status: A	1099 Amount: 0.00			
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
10 2549 000 411	Medium Fuse Plug- 1		7.99		N			
Vendor ID: BRAUJEN	BRAUN, JENNY	PO Number:	Invoice Number: 07771	Amount:	1,925.00			
Description: NURSING		Invoice Date: 08/31/2020	Due Date: 09/01/2020	Status: P	1099 Amount: 1,925.00			
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46759	Check Date: 09/14/2020				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
10 2549 000 323	MAY 2020-AUG 2020- 77 hrs.		1,925.00	1,925.00	N	Final		
Vendor ID: BREHJOS	BREHMER, JOSHUA	PO Number:	Invoice Number: 08222020	Amount:	171.20			
Description: Soccer Official v. Tea Area 8/22/20		Invoice Date: 08/22/2020	Due Date: 08/27/2020	Status: P	1099 Amount: 0.00			
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46760	Check Date: 09/14/2020				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
10 6200 498 319	Soccer Official v. Tea Area 8/22/20		125.00		N			
10 6200 498 319	Soccer Official v. Tea Mileage (110)		46.20		N			
Vendor ID: CHS	CHS	PO Number:	Invoice Number: IF9934	Amount:	254.49			
Description: Maintenance Supplies		Invoice Date: 07/29/2020	Due Date: 08/06/2020	Status: P	1099 Amount: 0.00			
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46761	Check Date: 09/14/2020				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
10 2549 000 411	Tempo SC Ultra- 2		93.00		N			
10 2549 000 411	LO-VOL. 6 - 2.50		87.41		N			
10 2549 000 411	Roundup Weathermax- 2.50		68.03		N			
10 2549 000 411	City/State Tax		6.05		N			
Vendor ID: CHS	CHS	PO Number:	Invoice Number: IG0032	Amount:	286.37			
Description: Field Spray		Invoice Date: 08/25/2020	Due Date: 09/08/2020	Status: P	1099 Amount: 0.00			
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46761	Check Date: 09/14/2020				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
10 2549 000 411	FIELD SPRAY		286.37	0.00	N	Final		
Vendor ID: CLIMATESYS	CLIMATE SYSTEMS INC.	PO Number:	Invoice Number: 86654	Amount:	737.26			
Description: BUILDING MAINT.		Invoice Date: 08/19/2020	Due Date: 09/02/2020	Status: P	1099 Amount: 0.00			
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46762	Check Date: 09/14/2020				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
10 2549 000 323	labor & materials on fan motor/capacitor		737.26	0.00	N	Final		
Vendor ID: COOPARC	CO-OP ARCHITECTURE	PO Number:	Invoice Number: 2573	Amount:	1,125.00			
Description: Roof Replacement Project		Invoice Date: 08/24/2020	Due Date: 08/31/2020	Status: P	1099 Amount: 0.00			
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46764	Check Date: 09/14/2020				

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 2535 000 479	100% of Lump Sum Fee- Final Payment		1,125.00		N	
Vendor ID: CONNPOI CONNECTING POINT		PO Number: 11324		Invoice Number: 304076		Amount: 41.20
Description: Web Filter		Invoice Date: 07/17/2020		Due Date: 09/02/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1		Check Number: 46763	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 2227 000 412	Web Filter with Reporting- 1 Year		41.20	0.00	N	Final
Vendor ID: COUNON COUNCIL ON COLLEGE ADMISSION IN SD		PO Number:		Invoice Number: 20200901		Amount: 20.00
Description: 2020 FALL WORKSHOP- MICHELLE PLISKA		Invoice Date: 08/10/2020		Due Date: 09/01/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1		Check Number: 46765	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 2121 000 315	2020 FALL WORKSHOP- MICHELLE PLISKA		20.00	0.00	N	Final
Vendor ID: DAKOAUT DAKOTA AUTO PARTS		PO Number:		Invoice Number: 83440		Amount: 109.05
Description: Hybrid Pads		Invoice Date: 08/26/2020		Due Date: 08/26/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1		Check Number: 46766	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 2559 000 411	Front Hybrid Pads- 1		54.61		N	
10 2559 000 411	Rear Hybrid Pads- 1		54.44		N	
Vendor ID: DAKOAUT DAKOTA AUTO PARTS		PO Number:		Invoice Number: X60500		Amount: 23.95
Description: Blower Motor Resistor		Invoice Date: 09/01/2020		Due Date: 09/02/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1		Check Number: 46766	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 2559 000 411	Blower Motor Resistor- 1		23.95		N	
Vendor ID: DAKOT2 DAKOTA SPORTS		PO Number: 11301		Invoice Number: 73314		Amount: 597.60
Description: FOOTBALLS		Invoice Date: 09/01/2020		Due Date: 09/01/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1		Check Number: 46767	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 6100 483 411	VARSITY FOOTBALLS		491.70		N	Final
10 6100 483 411	JV FOOTBALLS		105.90		N	Final
Vendor ID: DALSINC DALSIN, INC.		PO Number:		Invoice Number: 08202020		Amount: 36,177.10
Description: Roof Replacement Project		Invoice Date: 08/20/2020		Due Date: 09/08/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1		Check Number: 46768	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 2535 000 520	Roof Project- Labor		26,388.00		N	
21 2535 000 520	Roof Project- Sheet Metal Labor		8,470.00		N	
21 2535 000 520	Roof Project- General Requirements		1,319.10		N	
Vendor ID: DISCSCH DISCOUNT SCHOOL SUPPLY		PO Number: 11351		Invoice Number: P39649390001		Amount: 77.20
Description: Elementary Supplies		Invoice Date: 07/20/2020		Due Date: 09/02/2020	Status: P	1099 Amount: 0.00

Sequence	Check Type	Checking Account ID	Check Number	Check Date	Amount
1	Check	1	46769	09/14/2020	216.25
Vendor ID: DIVOCRI DIVISION OF CRIMINAL INVESTIGATION PO Number: Invoice Number: 08142020 Amount: 216.25					
Description: Background Checks Invoice Date: 08/14/2020 Due Date: 08/14/2020 Status: P 1099 Amount: 0.00					
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46770 Check Date: 09/14/2020					
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> <u>In Full</u>
10 1111 000 411	9" x 12" Dry Erase Lap Boards- Set of 10		77.20	0.00	N Final
Vendor ID: DOCKPAT DOCKENDORF, PAT PO Number: Invoice Number: 09012020 Amount: 200.84					
Description: VB Official v. Viborg-Hurley 9/1/20 Invoice Date: 09/01/2020 Due Date: 09/03/2020 Status: P 1099 Amount: 0.00					
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46771 Check Date: 09/14/2020					
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> <u>In Full</u>
10 2642 000 319	Background Checks- 5		216.25		N
Vendor ID: DONSAUT DON'S AUTO & TIRE CO. PO Number: Invoice Number: 47026 Amount: 20.00					
Description: TIRE REPAIR Invoice Date: 08/24/2020 Due Date: 09/08/2020 Status: P 1099 Amount: 0.00					
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46772 Check Date: 09/14/2020					
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> <u>In Full</u>
10 2559 000 323	TIRE REPAIR		20.00		N Final
Vendor ID: ELITBUS ELITE BUSINESS SYSTEMS PO Number: Invoice Number: INV48166 Amount: 983.59					
Description: September 2020 Contracted Services Invoice Date: 09/01/2020 Due Date: 09/08/2020 Status: P 1099 Amount: 0.00					
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46773 Check Date: 09/14/2020					
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> <u>In Full</u>
21 1111 000 549	September 2020 Contracted Services		245.90		N
21 1121 000 549	September 2020 Contracted Services		245.90		N
21 1131 000 549	September 2020 Contracted Services		245.90		N
21 2529 000 549	September 2020 Contracted Services		245.89		N
Vendor ID: FIRSBANCC FIRST BANK & TRUST PO Number: Invoice Number: 0820203481 Amount: 169.53					
Description: AUG 2020 STATEMENT Invoice Date: 09/02/2020 Due Date: 09/02/2020 Status: P 1099 Amount: 0.00					
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46774 Check Date: 09/14/2020					
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> <u>In Full</u>
10 2529 000 411	SAMS YEARLY MEMBERSHIP		90.53		N Final
10 2529 000 473	SMORES YEARLY MEMBERSHIP		79.00		N Final
Vendor ID: FIRSBANCC FIRST BANK & TRUST PO Number: Invoice Number: 0820203932 Amount: 996.19					
Description: AUG 2020 STATEMENT Invoice Date: 08/26/2020 Due Date: 09/02/2020 Status: P 1099 Amount: 0.00					
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46774 Check Date: 09/14/2020					
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u> <u>In Full</u>
10 2559 000 411	TRANSPORTATION SUPPLIES		116.86		N Final
10 1111 000 411	amazon- glue		8.78		N Final

22 2710 000 411	amazon- glue	8.78	N	Final
10 1131 000 412	amazon- headphones	58.53	N	Final
10 2227 000 411	amazon- label tape	53.20	0.00 N	Final
10 4151 000 411	epic crowd control- belt barriers	718.14	N	Final
10 1111 000 411	amazon- headset j. leister	31.90	N	Final

Vendor ID: FIRSBANCC	FIRST BANK & TRUST	PO Number:	Invoice Number: 0820208519	Amount:	992.42
Description: AUG 2020 STATEMENT		Invoice Date: 08/26/2020	Due Date: 09/02/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46774	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 4151 000 411	Amazon- THERMOMETERS		894.32	0.00 N	Final
22 1221 611 411	Amazon- storage boxes		30.18	0.00 N	Final
22 2710 000 411	AMAZON- TOTES		33.92	N	Final
10 2559 000 413	FUEL- WEBSTER FOOTBALL GAME		34.00	N	Final

Vendor ID: FIRSDAK	FIRST DAKOTA INDEMNITY CO.	PO Number:	Invoice Number: 3610873	Amount:	903.00
Description: Worker's Compensation Insurance		Invoice Date: 08/12/2020	Due Date: 08/17/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46775	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2529 000 240	Worker's Comp. Insurance- Installment #3		903.00	N	

Vendor ID: GARRFOO	GARRETSON FOOD CENTER	PO Number:	Invoice Number: 09012020	Amount:	393.05
Description: September 2020 Statement		Invoice Date: 09/01/2020	Due Date: 09/08/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46776	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2549 000 411	Anti Itch Cream		3.09	N	
10 2549 000 411	Artificial Tears		3.05	N	
10 2549 000 411	Wasp & Hornet Spray		6.89	N	
10 1121 000 411	Distilled Water		4.47	N	
10 2322 000 319	In-service Meal- Sub Sandwiches		450.00	N	
10 2322 000 319	Account Credit		(74.45)	N	

Vendor ID: GARRGAZ	GARRETSON GAZETTE	PO Number:	Invoice Number: 2480	Amount:	282.75
Description: PUBLISHING		Invoice Date: 07/31/2020	Due Date: 09/02/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46777	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2319 000 340	JUNE 30, 2020 SPECIAL MEETING MINUTES		17.04	0.00 N	Final
10 2319 000 340	NOTICE OF HEARING 2020-2021 BUDGET		265.71	0.00 N	Final

Vendor ID: GARRGAZ	GARRETSON GAZETTE	PO Number:	Invoice Number: 2512	Amount:	627.00
Description: Minutes Publication		Invoice Date: 08/28/2020	Due Date: 09/08/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46777	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2319 000 340	7/13 Board Minutes Published		147.84	0.00 N	Final

10 2319 000 340	REVISED BUDGET Published	345.00	0.00 N	Final
10 2319 000 340	7/30 SPECIAL MEETING Published	20.69	0.00 N	Final
10 2319 000 340	8/10 Board Minutes Published	113.47	0.00 N	Final

Vendor ID: GARRTRU GARRETSON SCHOOL DISTRICT TRUST & AGENCY ACCOUNT PO Number: Invoice Number: 08312020 Amount: 1,055.94

Description: August 2020 Imprest Account Reimb. Invoice Date: 08/31/2020 Due Date: 09/07/2020 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46778 Check Date: 09/14/2020

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 2542 002 321	City of Garretson- Water		328.92		N	
10 2542 002 321	City of Garretson- Sewer		124.46		N	
10 2542 003 321	City of Garretson- Gas		165.43		N	
10 2529 000 411	Amazon- Binders		24.01		N	
10 2529 000 411	Amazon- Folders		135.00		N	
10 2529 000 411	Amazon- Envelopes		17.91		N	
10 4151 000 411	Amazon- Face Shields		167.21		N	
51 2562 000 412	Amazon- Kitchen Printer Ink Cartridges		31.74		N	
10 2559 000 411	Kibble Equipment- Grease		55.00		N	
10 2529 000 640	First Bank & Trust- Interest		6.26		N	

Vendor ID: GENETEC GENESIS TECHNOLOGIES, INC. PO Number: Invoice Number: 2658970 Amount: 666.00

Description: Adobe Acrobat Pro Document Cloud Invoice Date: 07/08/2020 Due Date: 08/24/2020 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46779 Check Date: 09/14/2020

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 2529 000 412	Adobe Acrobat Pro Document Cloud- 3		666.00		N	

Vendor ID: GOODLLC GOODCARE, LLC PO Number: Invoice Number: 090220G Amount: 2,451.06

Description: Aug. 20 Occupational/Physical Therapy Invoice Date: 08/31/2020 Due Date: 09/03/2020 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46780 Check Date: 09/14/2020

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
22 2171 000 319	Physical Therapy- 7.75 hrs.		627.75		N	
22 2172 000 319	Occupational Therapy- 22.51 hrs.		1,823.31		N	

Vendor ID: GRAVIT GRAVES IT SOLUTIONS PO Number: Invoice Number: 07012020024 Amount: 5,180.00

Description: Tech Contract/Tech Support Invoice Date: 08/01/2020 Due Date: 08/31/2020 Status: P 1099 Amount: 5,180.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46781 Check Date: 09/14/2020

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 2227 000 319	Summer Tech Support		3,400.00	3,400.00	N	
10 2227 000 319	2020-2021 School Support Contract		1,380.00	1,380.00	N	
10 2227 000 472	Online Backup Renewal		400.00	400.00	N	

Vendor ID: GRAVIT GRAVES IT SOLUTIONS PO Number: Invoice Number: 0904202001 Amount: 1,764.00

Description: Tech. Supplies Invoice Date: 09/04/2020 Due Date: 09/07/2020 Status: P 1099 Amount: 1,764.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46781 Check Date: 09/14/2020

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
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10 6900 470 411	Band-Aids 4 Wing	9.02	N	Final
10 6900 470 411	Band-Aids Fingertip	7.45	N	Final
10 6900 470 411	Cremergistic	9.93	N	Final
10 6900 470 411	Gauze-Nonadherent	8.18	N	Final
10 6900 470 411	Gauze 3" x 3"	2.49	N	Final
10 6900 470 411	Gauze 4' x 4"	2.99	N	Final
10 6900 470 411	Hand Sanitizer	4.22	N	Final
10 6900 470 411	Heat Guard-Cramping Tablets	12.63	N	Final
10 6900 470 411	Hydrocollator	367.91	N	Final
10 6900 470 411	Hydrocollator Terry Cloths	35.94	N	Final
10 6900 470 411	Hydrogen Peroxide	0.83	N	Final
10 6900 470 411	J&J Coach Athletic Tape	341.22	N	Final
10 6900 470 411	Stiptik Pens	55.31	N	Final
10 6900 470 411	Triple Antibiotic Ointment	6.69	N	Final
10 6900 470 411	shipping	6.55	N	Final

Vendor ID: HIGHPLA HIGH PLAINS TECHNOLOGY, INC. PO Number: Invoice Number: 44199 Amount: 8,018.00

Description: Mounting Brackets/Ruckus Bundles/etc. Invoice Date: 08/19/2020 Due Date: 08/19/2020 Status: P 1099 Amount: 0.00

Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46786 Check Date: 09/14/2020

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 1111 000 479	Wireless Access Points- 6		3,300.00		N	
21 1111 000 479	Secure Mounting Brackets- 6		90.00		N	
21 1111 000 479	Stackable Access Switches- 1		1,865.00		N	
21 1111 000 479	Ruckus ICX Switches- 3		2,763.00		N	

Vendor ID: HILLYARD HILLYARD OF SIOUX FALLS PO Number: Invoice Number: 603996148 Amount: 431.22

Description: Supplies Invoice Date: 08/11/2020 Due Date: 08/12/2020 Status: P 1099 Amount: 0.00

Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46787 Check Date: 09/14/2020

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 2549 000 411	Metered Mango 7 oz Aerosol- 24		106.56		N	
10 2549 000 411	20 in Turfscrub Brush Type Floor Pad- 2		104.66		N	
10 2549 000 411	Sanitizer Pump 12 oz Bottles- 2 Cases		220.00		N	

Vendor ID: HILLYARD HILLYARD OF SIOUX FALLS PO Number: Invoice Number: 603996149 Amount: 83.40

Description: Mops Invoice Date: 08/11/2020 Due Date: 08/12/2020 Status: P 1099 Amount: 0.00

Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46787 Check Date: 09/14/2020

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 2549 000 411	Wet Rayon Cut End Mops- 12		83.40		N	

Vendor ID: HILLYARD HILLYARD OF SIOUX FALLS PO Number: Invoice Number: 604006122 Amount: 565.85

Description: Pump Bottle Kits/Hand Sanitizer Invoice Date: 08/18/2020 Due Date: 08/19/2020 Status: P 1099 Amount: 0.00

Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46787 Check Date: 09/14/2020

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 4151 000 411	Pump Bottle Kits 6 Cases- 10 Each		145.00		N	

10 4151 000 411	Hand Sanitizer- 5 Cases	420.85	N				
Vendor ID: HILLYARD HILLYARD OF SIOUX FALLS PO Number: Invoice Number: 604006123 Amount: 1,083.60							
Description: Hand Sanitizer Invoice Date: 08/18/2020 Due Date: 08/19/2020 Status: P 1099 Amount: 0.00							
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46787 Check Date: 09/14/2020							
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 4151 000 411	Hand Sanitizer- 14 Cases		1,083.60		N		
Vendor ID: HILLYARD HILLYARD OF SIOUX FALLS PO Number: Invoice Number: 604012263 Amount: 420.85							
Description: Hand Sanitizer Invoice Date: 08/21/2020 Due Date: 08/24/2020 Status: P 1099 Amount: 0.00							
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46787 Check Date: 09/14/2020							
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 4151 000 411	Hand Sanitizer- 5 Cases		420.85		N		
Vendor ID: HILLYARD HILLYARD OF SIOUX FALLS PO Number: Invoice Number: 604029102 Amount: 890.00							
Description: Supplies Invoice Date: 09/01/2020 Due Date: 09/02/2020 Status: P 1099 Amount: 0.00							
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46787 Check Date: 09/14/2020							
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 2549 000 411	Tissues- 3 Cases		128.67		N		
10 2549 000 411	Towel Rolls- 8 Cases		436.56		N		
10 2549 000 411	56 Gallon Garbage Bags- 2 Cases		71.76		N		
10 2549 000 411	Degreaser- 4 Gallons		85.20		N		
10 2549 000 411	Arsenal Window-Clean- 4		143.84	0.00	N		
10 2549 000 411	12-16 Gallon Garbage Bags- 1 Case		23.97		N		
Vendor ID: HILLYARD HILLYARD OF SIOUX FALLS PO Number: Invoice Number: 604029103 Amount: 349.11							
Description: Supplies Invoice Date: 09/01/2020 Due Date: 09/02/2020 Status: P 1099 Amount: 0.00							
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46787 Check Date: 09/14/2020							
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 2549 000 411	Mops- 24		255.60		N		
10 2549 000 411	Frame MF Pocket- 1		25.24		N		
10 2549 000 411	Arsenal Disinfectant- 1		68.27		N		
Vendor ID: HILLYARD HILLYARD OF SIOUX FALLS PO Number: Invoice Number: 604033201 Amount: 13.78							
Description: Supplies Invoice Date: 09/03/2020 Due Date: 09/04/2020 Status: P 1099 Amount: 0.00							
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46787 Check Date: 09/14/2020							
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 2549 000 411	Alum. Handle w/BL Grip- 1		13.78		N		
Vendor ID: HILLYARD HILLYARD OF SIOUX FALLS PO Number: Invoice Number: 604037670 Amount: 204.81							
Description: Arsenal Disinfectant Invoice Date: 09/08/2020 Due Date: 09/08/2020 Status: P 1099 Amount: 0.00							
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46787 Check Date: 09/14/2020							
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 2549 000 411	Arsenal Disinfectant- 3		204.81		N		

Vendor ID: HILLYARD	HILLYARD OF SIOUX FALLS	PO Number:	Invoice Number: 700434690	Amount:	352.48
Description: Seat Kit		Invoice Date: 08/21/2020	Due Date: 08/24/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46787	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2549 000 411	Seat Kit- 1		352.48		N
Vendor ID: HILLYARD	HILLYARD OF SIOUX FALLS	PO Number:	Invoice Number: 800491129	Amount:	(420.85)
Description: Hand Sanitizer- CREDIT		Invoice Date: 08/21/2020	Due Date: 08/24/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46787	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 4151 000 411	Hand Sanitizer- 5 Cases CREDIT		(420.85)	0.00	N
Vendor ID: HOUGMIF	HOUGHTON MIFFLIN HARCOURT	PO Number:	Invoice Number: 710192552	Amount:	4,050.00
Description: Literacy Solutions/Instruction		Invoice Date: 07/30/2020	Due Date: 08/06/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46788	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 1131 000 421	Literacy Instruction- Grades K-6		4,050.00		N
Vendor ID: HOWEBET	HOWE, BETSY	PO Number:	Invoice Number: 20200902	Amount:	762.50
Description: Nursing		Invoice Date: 08/26/2020	Due Date: 09/02/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46789	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2134 000 319	5/18-8/26 Nursing- 30.5 hrs.		762.50	0.00	N
					Final
Vendor ID: INFICAM	INFINITE CAMPUS	PO Number:	Invoice Number: 031412	Amount:	1,583.73
Description: Annual License/Support/Reports Fee		Invoice Date: 08/03/2020	Due Date: 08/06/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46790	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
51 2562 000 472	Food Service License 9/20-8/21- 521		1,042.00		N
51 2562 000 472	Food Service Support 9/20-8/21- 521		208.40		N
10 1131 004 399	Custom Reports Annual Fee- 1/21-8/21		333.33		N
Vendor ID: INTESEC	INTELLIPRO SECURITY, LLC	PO Number:	Invoice Number: 2578	Amount:	227.40
Description: ALARM MONITORING		Invoice Date: 09/01/2020	Due Date: 09/01/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46791	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2549 000 319	CENTRAL STATION ALARM MONITORING		227.40	0.00	N
					Final
Vendor ID: INTEALL	INTERSTATE ALL BATTERY CENTER	PO Number:	Invoice Number: 19129999025828	Amount:	430.00
Description: iPad Repairs		Invoice Date: 07/29/2020	Due Date: 09/01/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46792	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 1792	iPad Repairs- 5		430.00	0.00	N
					Final
Vendor ID: JOHNGUY	JOHNSON, GUY	PO Number:	Invoice Number: 08182020	Amount:	67.20

Description: Rustic Acres Colony- Mileage (Shields)		Invoice Date: 08/18/2020	Due Date: 08/19/2020	Status: P	1099 Amount: 0.00		
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46793	Check Date: 09/14/2020			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 2321 000 334	Rustic Acres Colony- Mileage 8/4/20 (80)		33.60		N		
10 2321 000 334	Rustic Acres Colony-Mileage 8/15/20 (80)		33.60		N		
Vendor ID: KERVMIC KERVIN, MICHAEL		PO Number:	Invoice Number: 08152020	Amount:	106.20		
Description: Soccer Official v. Groton 8/15/20		Invoice Date: 08/15/2020	Due Date: 08/17/2020	Status: P	1099 Amount: 0.00		
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46794	Check Date: 09/14/2020			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 6200 498 319	Soccer Official v. Groton 8/15/20		60.00		N		
10 6200 498 319	Soccer Official v. Groton- Mileage (110)		46.20		N		
Vendor ID: KERVMIC KERVIN, MICHAEL		PO Number:	Invoice Number: 08222020	Amount:	110.00		
Description: Soccer Official v. Tea Area 8/22/20		Invoice Date: 08/22/2020	Due Date: 08/27/2020	Status: P	1099 Amount: 0.00		
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46794	Check Date: 09/14/2020			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 6200 498 319	Soccer Official v. Tea Area 8/22/20		110.00		N		
Vendor ID: KONEIN KONE INC.		PO Number:	Invoice Number: 959652131	Amount:	3,522.36		
Description: Maintenance Coverage- Agreement		Invoice Date: 09/01/2020	Due Date: 09/08/2020	Status: P	1099 Amount: 0.00		
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46795	Check Date: 09/14/2020			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 2549 000 319	maint. coverage 09/01/2020-08/31/2021		3,522.36	0.00	N	Final	
Vendor ID: KURTSUS KURTZ, SUSAN		PO Number:	Invoice Number: 08312020	Amount:	157.50		
Description: August 2020 Financial Consultation		Invoice Date: 08/31/2020	Due Date: 08/31/2020	Status: P	1099 Amount: 157.50		
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46796	Check Date: 09/14/2020			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 2529 000 319	August 2020 Financial Consultation		157.50	157.50	N		
Vendor ID: LACEREN LACEY RENTALS, INC.		PO Number:	Invoice Number: 36612	Amount:	340.00		
Description: Portable Restrooms- Home XC Meet		Invoice Date: 08/31/2020	Due Date: 09/08/2020	Status: P	1099 Amount: 0.00		
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46797	Check Date: 09/14/2020			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 6900 481 411	Portable Restroom Rentals- 2		200.00		N		
10 6900 481 411	ADA Rental- 1		140.00		N		
Vendor ID: LIFESCAPE LIFESCAPE- Children's Care Hospital & School		PO Number:	Invoice Number: 08192020	Amount:	8,523.00		
Description: JULY 2020 SERVICES		Invoice Date: 08/19/2020	Due Date: 09/02/2020	Status: P	1099 Amount: 8,523.00		
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46798	Check Date: 09/14/2020			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
22 2152 000 319	GROUP THERAPY		1,365.00	1,365.00	N	Final	
22 2152 000 319	SPEECH THERAPY		455.00	455.00	N	Final	
22 1223 000 373	TUITION		7,595.00	7,595.00	N	Final	

22 2152 000 319	GROUP THERAPY- DISCOUNT	(768.00)	(768.00) N
22 2152 000 319	SPEECH THERAPY- DISCOUNT	(124.00)	(124.00) N

Vendor ID: LUNCSOL LUNCHTIME SOLUTIONS, INC. PO Number: Invoice Number: 29194 Amount: 2,538.00
 Description: Summer Feeding Invoice Date: 07/31/2020 Due Date: 08/13/2020 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46799 Check Date: 09/14/2020
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 51 2562 000 399 Student Breakfasts- 470 902.40 0.00 N
 51 2562 000 399 Student Lunches- 470 1,635.60 0.00 N

Vendor ID: LUNDJAN LUNDBERG, JANIE PO Number: Invoice Number: 04222020 Amount: 58.77
 Description: Elementary Supplies Reimbursement Invoice Date: 08/01/2020 Due Date: 08/26/2020 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46800 Check Date: 09/14/2020
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 10 1111 000 411 Brandon Ace Hardware- Seed Packets 16.77 N
 10 1111 000 411 Walmart- Seed Packets 42.00 N

Vendor ID: LYNNJAC LYNN, JACKSON, SHULTZ & LEBRUN, P.C. PO Number: Invoice Number: 170262-1-117921-SDK Amount: 214.50
 Description: Legal Services Invoice Date: 08/31/2020 Due Date: 09/08/2020 Status: P 1099 Amount: 214.50
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46801 Check Date: 09/14/2020
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 10 2315 000 399 Legal Services- 1.3 hrs. 214.50 214.50 N

Vendor ID: MAYTIM MAY, TIM PO Number: Invoice Number: 09012020 Amount: 95.00
 Description: VB Official v. Viborg-Hurley 9/1/20 Invoice Date: 09/01/2020 Due Date: 09/03/2020 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46802 Check Date: 09/14/2020
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 10 6200 491 319 VB Official v. Viborg-Hurley 9/1/20 95.00 N

Vendor ID: MCCOCEN MCCOOK CENTRAL SCHOOL PO Number: Invoice Number: 09012020 Amount: 40.00
 Description: Cross Country Meet Entry Fee Invoice Date: 09/01/2020 Due Date: 09/02/2020 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46803 Check Date: 09/14/2020
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 10 6900 481 315 Cross Country Meet Entry Fee 40.00 N

Vendor ID: MCINDAW MCINROY, DAWN PO Number: Invoice Number: 08292020 Amount: 95.00
 Description: VB Official v. Lennox 8/29/20 Invoice Date: 08/29/2020 Due Date: 08/31/2020 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46804 Check Date: 09/14/2020
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
 10 6200 491 319 VB Official v. Lennox 8/29/20 95.00 N

Vendor ID: MENASFE MENARDS - SIOUX FALLS EAST PO Number: Invoice Number: 32889-1 Amount: 239.53
 Description: Miscellaneous Supplies Invoice Date: 08/06/2020 Due Date: 08/13/2020 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46805 Check Date: 09/14/2020
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

10 2549 000 411	White PVC Pipe- 11	65.67	N
10 2549 000 411	8 x 1/2 Hex Head SDS- 1	6.99	N
10 2549 000 411	HDPE (Black)- 2	41.96	N
10 2549 000 411	Acrylic Sheet Standard Grade- 2	25.98	N
10 2549 000 411	Acrylic Sheet Standard Grade- 3	86.94	N
10 2549 000 411	2' x 4' White Slatwall- 1	11.99	N

Vendor ID: MENASFE MENARDS - SIOUX FALLS EAST PO Number: Invoice Number: 33624 Amount: 334.45

Description: Miscellaneous Supplies Invoice Date: 08/20/2020 Due Date: 08/24/2020 Status: P 1099 Amount: 0.00
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46805 Check Date: 09/14/2020

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 2559 000 411	Antibac. Wipes- 4		13.96		N	
10 2559 000 411	2G Tank Sprayer- 5		69.95		N	
10 2559 000 411	Microfiber Cloths 30 Pack- 4		39.96		N	
10 2559 000 411	Latex Gloves 2 Pack- 2		3.94		N	
10 2559 000 411	Latex Gloves- 4		5.96		N	
10 2559 000 411	Nitrile Gloves Black 50 Count- 6		29.94		N	
10 2559 000 411	Nitrile Venom 100 Count- 10		149.70		N	
10 2559 000 411	Latex Gloves 2 Pack- 2		3.94		N	
10 2559 000 411	5" Door Stop Rubber Wedge- 3		7.47		N	
10 2559 000 411	4" Door Stop Rubber Wedge- 3		2.07		N	
10 2559 000 411	Soft Stop DR Stop- 2		7.56		N	

Vendor ID: MERRBEN MERRITT, BEN PO Number: Invoice Number: 08152020 Amount: 85.00

Description: Soccer Official v. Groton 8/15/20 Invoice Date: 08/15/2020 Due Date: 08/17/2020 Status: P 1099 Amount: 0.00
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46806 Check Date: 09/14/2020

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 6200 498 319	Soccer Official v. Groton 8/15/20 (HR)		85.00		N	

Vendor ID: MERRBEN MERRITT, BEN PO Number: Invoice Number: 08202020 Amount: 100.00

Description: Soccer Official v. Huron 8/20/20 Invoice Date: 08/20/2020 Due Date: 08/24/2020 Status: P 1099 Amount: 0.00
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46806 Check Date: 09/14/2020

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 6200 498 319	Soccer Official v. Huron 8/20/20		100.00		N	

Vendor ID: MIDWBUS MIDWEST BUS PARTS, INC. PO Number: Invoice Number: 140025 Amount: 121.07

Description: Bus Maintenance/Repairs Invoice Date: 08/11/2020 Due Date: 08/12/2020 Status: P 1099 Amount: 0.00
Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46807 Check Date: 09/14/2020

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 2559 000 323	Rear Brake Hose- 2		82.00		N	
10 2559 000 323	Center Hub Cap w/Oil Plug- 2		29.12		N	
10 2559 000 323	Shipping & Handling		9.95		N	

Vendor ID: MIDWBUS MIDWEST BUS PARTS, INC. PO Number: Invoice Number: 140383 Amount: 17.97

Description: Speaker		Invoice Date: 08/14/2020	Due Date: 08/17/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46807	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2559 000 411	Mito 4" Round Speaker- 1		9.02		N
10 2559 000 411	Shipping & Handling		8.95		N
Vendor ID: MIDWBUS	MIDWEST BUS PARTS, INC.	PO Number:	Invoice Number: 140679	Amount:	352.14
Description: Bus Parts		Invoice Date: 08/24/2020	Due Date: 08/26/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46807	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2559 000 411	Ignition Switch for Bus #2- 1		24.60		N
10 2559 000 411	Master Cylinder for Bus #5- 1		317.59		N
10 2559 000 411	Shipping & Handling		9.95		N
Vendor ID: MIDWBUS	MIDWEST BUS PARTS, INC.	PO Number:	Invoice Number: 140987	Amount:	182.15
Description: Supplies		Invoice Date: 08/31/2020	Due Date: 09/03/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46807	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2559 000 411	Common Door Keyswitch- 1		172.20		N
10 2559 000 411	Brake Pressure Switch- 1		0.00		N
10 2559 000 411	Shipping & Handling		9.95		N
Vendor ID: MIDWBUS	MIDWEST BUS PARTS, INC.	PO Number:	Invoice Number: 141186	Amount:	266.50
Description: Supply		Invoice Date: 09/03/2020	Due Date: 09/04/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46807	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2559 000 411	Delco 29MT/10 Tooth/12V- 1		254.20		N
10 2559 000 411	Shipping & Handling		12.30		N
Vendor ID: NUSSPAU	NUSSBAUM, PAULA & KURT	PO Number:	Invoice Number: 08282020	Amount:	13.95
Description: Lunch Account Refund		Invoice Date: 08/28/2020	Due Date: 08/28/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46808	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
51 2562 000 690	Lunch Account Refund		13.95		N
Vendor ID: OLSOPET	OLSON'S PEST TECHNICIANS	PO Number:	Invoice Number: 179673	Amount:	90.00
Description: Bimonthly Pest Control Service		Invoice Date: 08/11/2020	Due Date: 09/02/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46809	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2549 000 319	Bimonthly Pest Control Service		90.00	0.00	N
					Final
Vendor ID: ORTHINS	ORTHOPEDIC INSTITUTE PERFORMANCE, LLC	PO Number:	Invoice Number: 314	Amount:	2,255.52
Description: Garretson Summer 2020 Team Training		Invoice Date: 08/31/2020	Due Date: 09/03/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46810	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>

10 6900 470 319	Garretson Summer 2020 Team Training	2,255.52	N					
Vendor ID: PALIOIL	PALISADES OIL CO.	PO Number:	Invoice Number: 08312020	Amount:	(30.69)			
Description: Account Credit		Invoice Date: 08/31/2020	Due Date: 09/02/2020	Status: P	1099 Amount: 0.00			
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46811	Check Date: 09/14/2020				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
10 2559 000 413	Account Credit		(30.69)		N			
Vendor ID: PALIOIL	PALISADES OIL CO.	PO Number:	Invoice Number: 119920	Amount:	1,764.22			
Description: Bulk Bus Fuel		Invoice Date: 08/17/2020	Due Date: 08/26/2020	Status: P	1099 Amount: 0.00			
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46811	Check Date: 09/14/2020				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
10 2559 000 413	Bulk SD VE Gas State- 928 Gallons		1,545.12		N			
10 2559 000 413	Bulk SD XC/#2 Hiway/State- 136 Gallons		219.10		N			
Vendor ID: PALIOIL	PALISADES OIL CO.	PO Number:	Invoice Number: 4921-1	Amount:	12.52			
Description: Diesel Fuel		Invoice Date: 08/19/2020	Due Date: 08/24/2020	Status: P	1099 Amount: 0.00			
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46811	Check Date: 09/14/2020				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
10 2559 000 413	Diesel Fuel- 6.261 Gallons		12.52		N			
Vendor ID: PALIOIL	PALISADES OIL CO.	PO Number:	Invoice Number: 7314-1	Amount:	8.58			
Description: Diesel Fuel		Invoice Date: 08/25/2020	Due Date: 08/26/2020	Status: P	1099 Amount: 0.00			
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46811	Check Date: 09/14/2020				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
10 2559 000 413	Diesel Fuel- 4.291 Gallons		8.58		N			
Vendor ID: PEDEJEF	PEDERSON, JEFF	PO Number:	Invoice Number: 08202020	Amount:	151.04			
Description: Soccer Official v. Huron 8/20/20		Invoice Date: 08/20/2020	Due Date: 08/24/2020	Status: P	1099 Amount: 0.00			
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46812	Check Date: 09/14/2020				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
10 6200 498 319	Soccer Official v. Huron 8/20/20 (HR)		125.00	0.00	N			
10 6200 498 319	Soccer Official v. Huron Mileage (62)		26.04		N			
Vendor ID: PERFPRE	PERFORMANCE PRESS, INC.	PO Number:	Invoice Number: 22500	Amount:	2,168.19			
Description: Front Entrance Signage		Invoice Date: 08/28/2020	Due Date: 09/08/2020	Status: P	1099 Amount: 0.00			
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46813	Check Date: 09/14/2020				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
10 2549 000 323	Front Entrance Signage		2,168.19	0.00	N	Final		
Vendor ID: PERFPRE	PERFORMANCE PRESS, INC.	PO Number:	Invoice Number: 24018	Amount:	291.00			
Description: DISTANCING CIRCLES		Invoice Date: 08/28/2020	Due Date: 09/08/2020	Status: P	1099 Amount: 0.00			
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46813	Check Date: 09/14/2020				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
10 4151 000 411	DISTANCING CIRCLES- 60		291.00	0.00	N	Final		

Vendor ID: PITNBOW	PITNEY BOWES	PO Number:	Invoice Number: 08252020	Amount:	562.04
Description: POSTAGE		Invoice Date: 08/25/2020	Due Date: 09/02/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46814	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2529 000 341	POSTAGE		562.04	0.00	N
					Final
Vendor ID: PODHHAR	PODHRADSKY, HAROLD	PO Number:	Invoice Number: 08202020	Amount:	136.88
Description: Soccer Official v. Huron 8/20/20		Invoice Date: 08/20/2020	Due Date: 08/24/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46815	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 6200 498 319	Soccer Official v. Huron 8/20/20		110.00		N
10 6200 498 319	Soccer Official v. Huron Mileage (64)		26.88		N
Vendor ID: PRAILAK	PRAIRIE LAKES EDUCATIONAL COOPERATIVE	PO Number:	Invoice Number: 21006	Amount:	1,046.78
Description: July & August 2020 Services		Invoice Date: 08/31/2020	Due Date: 08/31/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46816	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
22 2142 000 313	Special Ed Fund - Psychologists		440.66		N
22 2710 000 313	Special Ed Fund - Director		606.12		N
Vendor ID: RESTEQU	RESTAURANT EQUIPMENT REPAIR OF SIOUX FALLS, INC.	PO Number:	Invoice Number: 07669	Amount:	424.98
Description: Cleaned Ice Machines		Invoice Date: 08/13/2020	Due Date: 08/12/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46817	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2549 000 323	Cleaned Two Ice Machines- 4 hrs.		360.00		N
10 2549 000 323	Ice Machine Cleaner- 2		39.98		N
10 2549 000 323	Truck Charge- 1		25.00		N
Vendor ID: RESTEQU	RESTAURANT EQUIPMENT REPAIR OF SIOUX FALLS, INC.	PO Number:	Invoice Number: 07771	Amount:	115.00
Description: Kitchen Water Drain Line Repair		Invoice Date: 08/26/2020	Due Date: 08/26/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46817	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2549 000 323	Kitchen Water Drain Line Repair- Service		90.00		N
10 2549 000 323	Truck Charge		25.00		N
Vendor ID: RIDDALL	RIDDELL/ALL AMERICAN SPORTS CORP.	PO Number:	Invoice Number: 951248869	Amount:	69.03
Description: Football Chin Straps		Invoice Date: 08/27/2020	Due Date: 09/08/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46818	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 6100 483 411	Chin Straps- 3		54.75	0.00	N
10 6100 483 411	Freight/Handling		14.28		N
Vendor ID: ROOKBRI	ROOK, BRIAN	PO Number:	Invoice Number: 08292020	Amount:	115.16

Description: VB Official v. Lennox 8/29/20		Invoice Date: 08/29/2020	Due Date: 08/31/2020	Status: P	1099 Amount: 115.16
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46819	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 6200 491 319	VB Official v. Lennox 8/29/20		95.00	95.00	N
10 6200 491 319	VB Official v. Lennox Mileage (48)		20.16	20.16	N
Vendor ID: SANFOCC SANFORD HEALTH OCCUPATIONAL MEDICINE		PO Number:	Invoice Number: 555793	Amount:	74.00
Description: DOT Exam- Jody Larson		Invoice Date: 07/31/2020	Due Date: 08/11/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46820	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2559 000 411	DOT Exam- Jody Larson		74.00		N
Vendor ID: SANFOCC SANFORD HEALTH OCCUPATIONAL MEDICINE		PO Number:	Invoice Number: 562626	Amount:	129.00
Description: Drug & Alcohol Program Administration		Invoice Date: 08/31/2020	Due Date: 09/08/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46820	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2559 000 399	Drug & Alcohol Program Administration		129.00		N
Vendor ID: SASD SASD		PO Number:	Invoice Number: 20202021-CL	Amount:	672.00
Description: 2020-2021 Membership- Chris Long		Invoice Date: 08/31/2020	Due Date: 09/08/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46821	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2410 000 640	SDASSP- Secondary Principals		70.00		N
10 2410 000 640	NASSP- National Secondary Principals		250.00		N
10 2410 000 640	SASD- School Administrators of SD		352.00		N
Vendor ID: SAVVLEA SAVVAS LEARNING COMPANY LLC		PO Number: 11357	Invoice Number: 4026144582	Amount:	1,683.45
Description: K-2 Workbooks		Invoice Date: 08/03/2020	Due Date: 09/02/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46822	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 1111 000 411	Math Common Core practice/reteaching- K		561.15	0.00	N Final
10 1111 000 411	Math Common Core practice/reteaching- 1		561.15	0.00	N Final
10 1111 000 411	Math Common Core practice/reteaching- 2		561.15	0.00	N Final
Vendor ID: SAX SAX ARTS & CRAFTS		PO Number: 11327	Invoice Number: 308103605538	Amount:	182.61
Description: art supplies		Invoice Date: 09/08/2020	Due Date: 09/08/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46823	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 1131 003 411	Sax Washable Versa Temp Gallon Blue		21.02		N Final
10 1131 003 411	Sax Washable Versa Temp Gallon Red		21.02		N Final
10 1131 003 411	Sax Washable Versa Temp Gallon Violet		21.02		N Final
10 1131 003 411	Sax Washable versa Temp Gallon White		82.04		N Final
10 1131 003 411	Washable Versa Temp Multicultural Wet of		5.82		N Final
10 1131 003 411	Crayola Oval Pan Refills Blue		5.82		N Final

10 1131 003 411	Crayola Oval Pan Refills Pk. 6 Green	5.82	N	Final
10 1131 003 411	Crayola Oval Pan Refills Pk. 6 Red	5.82	N	Final
10 1131 003 411	Crayola Oval Pan Refills Pk. 6 Yellow	14.23	N	Final

Vendor ID: SCHOINC	SCHOLASTIC INC.	PO Number: 11333	Invoice Number: 40033952	Amount: 22.50
Description: elem. books		Invoice Date: 08/13/2020	Due Date: 09/02/2020	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46824	Check Date: 09/14/2020
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
10 1111 000 411	Shiloh Books		22.50	N
				Final

Vendor ID: SCHOINC	SCHOLASTIC INC.	PO Number: 11333	Invoice Number: 40033953	Amount: 27.50
Description: elem. books		Invoice Date: 08/13/2020	Due Date: 09/02/2020	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46824	Check Date: 09/14/2020
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
10 1111 000 411	The one and only ivan		27.50	N
				Final

Vendor ID: SCHOSPEC	SCHOOL SPECIALTY	PO Number: 11343	Invoice Number: 208125574747	Amount: 255.89
Description: Art Supplies		Invoice Date: 08/25/2020	Due Date: 09/02/2020	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46825	Check Date: 09/14/2020
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
10 1131 000 411	Elmer's Extra Strength Permanent Glue St		96.32	N
10 1121 000 411	Elmer's Washable No Run School Glue, 1 G		12.94	0.00 N
10 1121 000 411	School Smart Magnet Button Assortment -		4.37	0.00 N
10 1121 000 411	Officemate OIC Plastic Recycled Desktop		18.97	0.00 N
10 1111 000 411	Sax Beginner Watercolor Paper, 9 x 12 In		72.99	0.00 N
10 1121 000 411	Sax Watercolor Pad, 140 lb, 9 x 12 Inche		9.39	0.00 N
10 1121 000 411	Scratch art Pre Inked Board 8 1/2x11in p		17.07	0.00 N
10 1121 000 411	Crayola Crayons in Tuck Box, Standard Si		23.84	0.00 N
				Final

Vendor ID: SCHOSPEC	SCHOOL SPECIALTY	PO Number:	Invoice Number: 208125873865	Amount: 192.68
Description: LAMINATION FILM		Invoice Date: 08/19/2020	Due Date: 09/02/2020	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46825	Check Date: 09/14/2020
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
10 1111 000 411	LAMINATION FILM- 4		192.68	0.00 N
				Final

Vendor ID: SCHOSPEC	SCHOOL SPECIALTY	PO Number: 11343	Invoice Number: 208126047616	Amount: 61.76
Description: Art Supplies for Art Room		Invoice Date: 09/02/2020	Due Date: 09/08/2020	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46825	Check Date: 09/14/2020
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
10 1111 000 411	Sakura Cray-Pas Junior Artist Oil Pastel		61.76	0.00 N
				Final

Vendor ID: SCHOSPEC	SCHOOL SPECIALTY	PO Number: 11342	Invoice Number: 308103571308	Amount: 173.84
Description: Supplies for Art Classroom		Invoice Date: 08/05/2020	Due Date: 09/02/2020	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46825	Check Date: 09/14/2020
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
				Final

10 1131 000 411	School Smart Small Pink Block Eraser, Pa	5.83	N	Final
10 1131 000 411	School Smart Hand Held Manual Pencil Sha	1.74	N	Final
10 1111 000 411	Sharpie Fine Tip Metallic Marker Value P	52.55	0.00 N	Final
10 1121 000 411	Sharpie Twin Tip Permanent Marker, Fine/	47.64	0.00 N	Final
10 1131 000 411	EXPO Dry Erase Whiteboard Liquid Cleaner	10.21	N	Final
10 1131 000 411	EXPO Soft Pile Dry Erase Board Eraser, 5	2.50	N	Final
10 1131 000 411	School Smart Plastic Rulers 6 pack	3.80	N	Final
10 1131 000 411	Westcott Jumbo Circles Geometric Templat	18.64	N	Final
10 1131 000 411	Westcott Circle Geometric Template, 4 x	7.58	N	Final
10 1131 000 411	Art Classroom Supplies	23.35	N	

Vendor ID: SCHOSPEC	SCHOOL SPECIALTY	PO Number: 11335	Invoice Number: 308103574104	Amount: 190.50
Description: HS SUPPLIES		Invoice Date: 08/07/2020	Due Date: 09/02/2020	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46825	Check Date: 09/14/2020
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
10 1131 000 411	Neo/SCI Flame Test of Chemicals Lab Inve		24.30	N
10 1131 000 411	Lab-Aids Identification of Chemical Reac		157.16	N
10 1131 000 411	Science First Carbon Discs - Pack of 12		9.04	N

Vendor ID: SCHOSPEC	SCHOOL SPECIALTY	PO Number: 11366	Invoice Number: 308103583272	Amount: 110.70
Description: ELEM. SUPPLIES		Invoice Date: 08/13/2020	Due Date: 09/02/2020	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46825	Check Date: 09/14/2020
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
10 1111 000 411	Business Source Clipboard, w/Flat Clip/R		78.60	N
10 1111 000 411	School Smart Dotted Dice Set		6.78	N
10 1111 000 411	Key Education Big Box of Word Chunk Game		25.32	N

Vendor ID: SCHOSPEC	SCHOOL SPECIALTY	PO Number: 11305	Invoice Number: 308103605536	Amount: 202.56
Description: Classroom Supplies		Invoice Date: 08/25/2020	Due Date: 09/02/2020	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46825	Check Date: 09/14/2020
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>
10 1111 000 411	Sheet Protectors		11.98	N
10 1111 000 411	Assorted Colorful Cardstock		40.58	N
10 1111 000 411	Stamp Pads Set		16.05	N
10 1111 000 411	Paint Dab Assorted		12.18	N
10 1111 000 411	EZ Shape Modeling Clay		21.87	N
10 1111 000 411	CVC Spelling Board Game		14.88	N
10 1111 000 411	Vocabulary Word Nuances Grade 2		35.03	N
10 1111 000 411	Four Square Writing Grade 1-3		16.05	N
10 1111 000 411	Subitizing Cards Grade1-4		33.94	N

Vendor ID: SCHOSPEC	SCHOOL SPECIALTY	PO Number: 11334	Invoice Number: 308103605537	Amount: 122.13
Description: Art Supplies		Invoice Date: 08/25/2020	Due Date: 09/02/2020	Status: P 1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46825	Check Date: 09/14/2020

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 1131 000 411	School Smart Poster Board, 11 x 14 Inche		9.32		N	Final
10 1131 000 411	School Smart Poster Board, 22 x 28 Inche		41.30		N	Final
10 1131 000 411	School Smart Washable Art Markers, Conic		25.68		N	Final
10 1131 000 411	Crayola Ultra-Clean Washable Markers, Br		9.48		N	Final
10 1131 000 411	Sharpie Fine Permanent Markers, Fine Tip		8.66		N	Final
10 1131 000 411	Paper Mate Flair Felt Tip Pens, Medium P		16.93		N	Final
10 1131 000 411	Creativity Street Jumbo Natural Wood Cra		5.38		N	Final
10 1131 000 411	Creativity Street Craft Sticks, Natural		5.38		N	Final

Vendor ID: SCHOSPEC SCHOOL SPECIALTY PO Number: 11344 Invoice Number: 308103606506 Amount: 98.19
 Description: Art Supplies for the Art Room Invoice Date: 08/25/2020 Due Date: 09/08/2020 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46825 Check Date: 09/14/2020

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 1131 000 411	Crayola Signature Blend and Shade Colore		40.87		N	Final
10 1131 000 411	Sargent Art Multi-Ethnic Colored Pencils		12.24		N	Final
10 1131 000 411	Handy Art Paint Pump For Gallon or Half		21.80		N	Final
10 1131 000 411	Sax Versatemp Heavy-Body Tempera Paint,		23.28		N	Final

Vendor ID: SCHOSPEC SCHOOL SPECIALTY PO Number: 11345 Invoice Number: 308103606507 Amount: 280.56
 Description: Art Supplies for the Art Room Invoice Date: 08/25/2020 Due Date: 09/08/2020 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46825 Check Date: 09/14/2020

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 1111 000 411	Sax All-Media Cold Press Illustration Bo		72.98	0.00	N	Final
10 1111 000 411	Sax Optimum Golden Synthetic Taklon Pain		101.83	0.00	N	Final
10 1111 000 411	Kiss-Off Stain Remover, 0.7 Ounce		4.08	0.00	N	Final
10 1111 000 411	paint palette covers 7in pk 12		20.86	0.00	N	Final
10 1111 000 411	Jack Richeson Easy-to-Cut 4x6 pack of 12		62.61	0.00	N	Final
10 1111 000 411	Jack Richeson Toggle Wire Clay Cutter, H		18.20	0.00	N	Final

Vendor ID: SCHOSPEC SCHOOL SPECIALTY PO Number: 11346 Invoice Number: 308103606510 Amount: 476.59
 Description: Art Supplies for Art Class Invoice Date: 08/25/2020 Due Date: 09/08/2020 Status: P 1099 Amount: 0.00
 Sequence: 1 Check Type: Check Checking Account ID: 1 Check Number: 46825 Check Date: 09/14/2020

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 1131 000 411	Sax Low Fire Moist Earthenware Clay, Whi		229.65		N	Final
10 1131 000 411	Sax True Flow Gloss Glaze, Shiny Black,		34.14		N	Final
10 1131 000 411	Sax True Flow Gloss Glaze, Dark Brown, 1		34.14		N	Final
10 1131 000 411	Sax True Flow Gloss Glaze, Light Gray, 1		22.76		N	Final
10 1131 000 411	Sax True Flow Gloss Glaze, Ivy Green, 1		11.38		N	Final
10 1131 000 411	Sax True Flow Gloss Glaze, Mosaic Blue,		11.38		N	Final
10 1131 000 411	Sax True Flow Gloss Glaze, Wisteria Purp		11.38		N	Final
10 1131 000 411	Sax True Flow Gloss Glaze, Creamy Peach,		11.38		N	Final
10 1131 000 411	Sax True Flow Gloss Glaze, Pale Yellow,		11.38		N	Final
10 1131 000 411	SHIPPING		99.00		N	Final

Vendor ID: SCHOSPE	SCHOOL SPECIALTY INC.	PO Number:	Invoice Number: 308103605538	Amount:	182.61
Description: Art Supplies		Invoice Date: 08/25/2020	Due Date: 09/08/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46826	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 1121 000 411	Art Supplies		182.61		N
Vendor ID: SHOCCAR	SHOCKMAN, CARLEY	PO Number:	Invoice Number: 08132020	Amount:	50.00
Description: 2020-21 SUPPLIES ALLOWANCE		Invoice Date: 08/13/2020	Due Date: 09/01/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46827	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 1111 000 411	SUPPLIES REIMBURSEMENT		50.00	0.00	N
					Final
Vendor ID: SIOUFALAUT	SIOUX FALLS AUTO GLASS	PO Number:	Invoice Number: 30416	Amount:	39.95
Description: Window Repair		Invoice Date: 08/14/2020	Due Date: 09/02/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46828	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2559 000 323	Mini Bus Window Repair- Rock Chip		39.95	0.00	N
					Final
Vendor ID: SDCA	SOUTH DAKOTA COUNSELING ASSOCIATION	PO Number:	Invoice Number: 08202020	Amount:	105.00
Description: Membership Dues		Invoice Date: 08/20/2020	Due Date: 08/26/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46829	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2122 000 315	Membership Dues- Janie L.		105.00	0.00	N
Vendor ID: SDCA	SOUTH DAKOTA COUNSELING ASSOCIATION	PO Number:	Invoice Number: 2020-21	Amount:	115.00
Description: 2020-21 MEMBERSHIP FEES-MICHELLE PLISKA		Invoice Date: 08/10/2020	Due Date: 09/01/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46829	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2121 000 315	MEMBERSHIP FEES-MICHELLE PLISKA		115.00		N
					Final
Vendor ID: SDCA	SOUTH DAKOTA COUNSELING ASSOCIATION	PO Number:	Invoice Number: 2090	Amount:	75.00
Description: MEMBERSHIP RENEWAL		Invoice Date: 07/22/2020	Due Date: 09/01/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46829	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2121 000 315	memebrship renewal		75.00		N
					Final
Vendor ID: SOUTARE	SOUTHEAST AREA COOPERATIVE	PO Number:	Invoice Number: 08102020	Amount:	6,501.23
Description: Copy & Construction Paper/Other Supplies		Invoice Date: 08/10/2020	Due Date: 08/10/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46830	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 1111 000 411	Copy & Construction Paper/Other Supplies		2,167.08		N
10 1121 000 411	Copy & Construction Paper/Other Supplies		2,167.07		N
10 1131 000 411	Copy & Construction Paper/Other Supplies		2,167.08		N
Vendor ID: STEVELE	STEVE'S ELECTRIC & PLUMBING, INC.	PO Number:	Invoice Number: 08282020	Amount:	18,704.01

Description: Building Maintenance/Repairs		Invoice Date: 08/28/2020	Due Date: 09/02/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46831	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2549 000 323	Plumbing- Shower Stalls/Faucets/etc.		12,803.95	0.00	N
10 2549 000 323	Parking Lot Lighting- LED Flood Lights		3,301.35	0.00	N
10 2549 000 323	Emergency Stop Switches (6)- Boiler Room		2,598.71	0.00	N
Final					
Final					
Final					
Vendor ID: STURAUT STURDEVANT'S AUTO PARTS OF BRANDON		PO Number:	Invoice Number: 22-632919	Amount:	62.98
Description: ABS Brake Sensors		Invoice Date: 07/29/2020	Due Date: 08/10/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46832	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2559 000 411	ABS Brake Sensors- 2		62.98		N
Vendor ID: STURAUT STURDEVANT'S AUTO PARTS OF BRANDON		PO Number:	Invoice Number: 22-633836	Amount:	34.80
Description: Brake Fluid		Invoice Date: 08/13/2020	Due Date: 08/24/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46832	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2559 000 411	Brake Fluid DOT 3- 6		34.80		N
Vendor ID: SUMMCOM SUMMIT COMPANIES		PO Number:	Invoice Number: 1541095-1	Amount:	359.10
Description: Fire Extinguishers		Invoice Date: 07/28/2020	Due Date: 08/13/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46833	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2549 000 411	Fire Extinguishers- 3		359.10		N
Vendor ID: TEACTRE TEACHING TREASURES		PO Number: 11317	Invoice Number: 48394	Amount:	23.99
Description: Kari S. Order		Invoice Date: 08/04/2020	Due Date: 09/01/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46834	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 1121 000 411	Daily 6 Trait Writing		23.99	0.00	N
Final					
Vendor ID: THOMAMY THOMPSON, AMY		PO Number:	Invoice Number: 08182020	Amount:	420.19
Description: B-3 Evaluations/Paperwork		Invoice Date: 08/18/2020	Due Date: 08/19/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46835	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
22 1227 000 319	B-3 Evaluations/Paperwork- 9.5 hrs.		420.19		N
Vendor ID: WASTMAN WASTE MANAGEMENT		PO Number:	Invoice Number: 7034685-1762-7	Amount:	492.76
Description: August 2020 Garbage & Recycling Services		Invoice Date: 07/31/2020	Due Date: 08/06/2020	Status: P	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46836	Check Date: 09/14/2020	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 2542 004 321	August 2020 Garbage & Recycling Services		492.76		N
Vendor ID: WASTMAN WASTE MANAGEMENT		PO Number:	Invoice Number: 7039308-1762-1	Amount:	492.76
Description: Sept. 2020 Garbage & Recycling Services		Invoice Date: 08/31/2020	Due Date: 09/04/2020	Status: P	1099 Amount: 0.00

Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46836	Check Date: 09/14/2020			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 2542 004 321	Sept. 2020 Garbage & Recycling Services		492.76		N		
Vendor ID: WHEECO	WHEELCO	PO Number:	Invoice Number: 1202160029	Amount:		196.89	
Description: Brake Parts		Invoice Date: 08/03/2020	Due Date: 08/10/2020	Status: P	1099 Amount: 0.00		
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46837	Check Date: 09/14/2020			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 2559 000 411	Mega Disc Pad Set- 1		98.08		N		
10 2559 000 411	Reman Caliper- 1		98.81		N		
Vendor ID: WHEECO	WHEELCO	PO Number:	Invoice Number: 1202170061	Amount:		3.79	
Description: Brake Line		Invoice Date: 08/04/2020	Due Date: 08/10/2020	Status: P	1099 Amount: 0.00		
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46837	Check Date: 09/14/2020			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 2559 000 411	Brake Line- 1		3.79		N		
Vendor ID: WHITBRA	WHITSELL, BRAD	PO Number:	Invoice Number: 08272020	Amount:		118.52	
Description: VB Official v. Beresford 8/27/20		Invoice Date: 08/27/2020	Due Date: 08/28/2020	Status: P	1099 Amount: 0.00		
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 46838	Check Date: 09/14/2020			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 6200 491 319	VB Official v. Beresford 8/27/20		95.00		N		
10 6200 491 319	VB Official v. Beresford Mileage (56)		23.52		N		
Vendor ID: XCELENE	XCEL ENERGY	PO Number:	Invoice Number: 0858899585	Amount:		214.28	
Description: 700 Nordstrom Ave July/Aug. '20 Electric		Invoice Date: 09/03/2020	Due Date: 09/25/2020	Status: AP	1099 Amount: 0.00		
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 9135	Check Date: 09/25/2020			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 2542 001 321	700 Nordstrom Ave July/Aug. '20 Electric		214.28		N		
Vendor ID: XCELENE	XCEL ENERGY	PO Number:	Invoice Number: 0858900438	Amount:		96.41	
Description: 916 Dows St. July/August 2020 Electric		Invoice Date: 09/03/2020	Due Date: 09/25/2020	Status: AP	1099 Amount: 0.00		
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 9135	Check Date: 09/25/2020			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 2542 001 321	916 Dows St. July/August 2020 Electric		96.41		N		
Vendor ID: XCELENE	XCEL ENERGY	PO Number:	Invoice Number: 0858902603	Amount:		137.78	
Description: 409 1st St. July/August 2020 Electric		Invoice Date: 09/03/2020	Due Date: 09/25/2020	Status: AP	1099 Amount: 0.00		
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 9135	Check Date: 09/25/2020			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 2542 001 321	409 1st St. July/August 2020 Electric		137.78	0.00	N		
Vendor ID: XCELENE	XCEL ENERGY	PO Number:	Invoice Number: 858903600	Amount:		5,835.20	
Description: 401 Main Ave. July/August 2020 Electric		Invoice Date: 09/03/2020	Due Date: 09/25/2020	Status: AP	1099 Amount: 0.00		
Sequence: 1	Check Type: Automatic Payment	Checking Account ID: 1	Check Number: 9135	Check Date: 09/25/2020			

Garretson School District #49-4

Imprest Checks

August 2020

Name	Description	Amount
GENERAL FUND		
City of Garretson	Gas, Sewer, & Water	\$618.81
First Bank & Trust	Interest	\$6.26
First Bank & Trust Credit Card	Amazon- Binders/Envelopes/Folders	\$176.92
First Bank & Trust Credit Card	Amazon- Face Shields	\$167.21
Kibble Equipment	Grease	\$55.00
TOTAL GENERAL FUND		<u>\$1,024.20</u>
FOOD SERVICE FUND		
First Bank & Trust Credit Card	Amazon- Kitchen Printer Ink Cartridges	\$31.74
TOTAL FOOD SERVICE FUND		<u>\$31.74</u>
TOTAL IMPREST CHECKS		<u>\$1,055.94</u>

Checking Account:	2	2	Check Number: 19395	Check Type: Check	Check Date: 08/13/2020	Vendor: AFLAC	AFLAC	Check Total:	2,108.02
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>Detail Description</u>	<u>Chart of Account Number</u>	<u>Detail Amount</u>				
036534	08/12/2020		August 2020 Insurance Premium Billing	71 415 718	2,108.02				
Check Number: 19396	Check Type: Check	Check Date: 08/13/2020	Vendor: CHESCOM	CHESTERMAN CO.	Check Total:	810.75			
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>Detail Description</u>	<u>Chart of Account Number</u>	<u>Detail Amount</u>				
2567809	08/13/2020		Fruit Punch Powerade- 6 Cases	71 415 715	103.50				
2567809	08/13/2020		Coke- 6 Cases	71 415 715	103.50				
2567809	08/13/2020		Diet Coke- 6 Cases	71 415 715	103.50				
2567809	08/13/2020		Sprite- 6 Cases	71 415 715	103.50				
2567809	08/13/2020		Sprite Zero- 3 Cases	71 415 715	51.75				
2567809	08/13/2020		Mello Yello- 6 Cases	71 415 715	103.50				
2567809	08/13/2020		Pibb- 6 Cases	71 415 715	103.50				
2567809	08/13/2020		Dasani Water- 8 Cases	71 415 715	138.00				
Check Number: 19397	Check Type: Check	Check Date: 08/13/2020	Vendor: CITYOFG	CITY OF GARRETSON	Check Total:	618.81			
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>Detail Description</u>	<u>Chart of Account Number</u>	<u>Detail Amount</u>				
08062020312	07/31/2020		Water	71 415 800	198.47				
08062020401E	07/31/2020		Water- Meter 1	71 415 800	29.35				
08062020401E	07/31/2020		Sewer- Meter 1	71 415 800	42.03				
08062020401W	07/31/2020		Gas	71 415 800	0.00				
08062020401W	07/31/2020		Gas Service Charge	71 415 800	113.00				
08062020409	07/31/2020		Gas	71 415 800	14.43				
08062020409	07/31/2020		Gas Service Charge	71 415 800	15.00				
08062020409	07/31/2020		Water- Meter 1	71 415 800	24.71				
08062020409	07/31/2020		Sewer- Meter	71 415 800	27.60				
08062020700	07/31/2020		Gas	71 415 800	0.00				
08062020700	07/31/2020		Gas Service Charge	71 415 800	23.00				
08062020700	07/31/2020		Water- Meter 1	71 415 800	28.91				
08062020700	07/31/2020		Sewer	71 415 800	29.83				
08062020916	07/31/2020		Water- Meter 1	71 415 800	23.63				
08062020916	07/31/2020		Water- Meter 2	71 415 800	23.85				
08062020916	07/31/2020		Sewer- Meter 1	71 415 800	25.00				
Check Number: 19398	Check Type: Check	Check Date: 08/13/2020	Vendor: FIRSBANCC	FIRST BANK & TRUST	Check Total:	437.13			
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>Detail Description</u>	<u>Chart of Account Number</u>	<u>Detail Amount</u>				
07262020-8519	07/26/2020		Amazon- Kitchen Printer Ink Cartridges	71 415 800	31.74				
07262020-8519	07/26/2020		Amazon- Face Shields	71 415 800	167.21				
07262020-8519	07/26/2020		Amazon- Office Supplies (Binders)	71 415 800	24.01				
07262020-8519	07/26/2020		Amazon- Office Supplies (Folders/etc.)	71 415 800	135.00				
07262020-8519	07/26/2020		Amazon- Office Supplies (Envelopes)	71 415 800	17.91				
07262020-8519	07/26/2020		First Bank & Trust- Interest	71 415 800	6.26				
07262020-8519	07/26/2020		Kibble Equipment- Grease	71 415 800	55.00				

Checking Account: 2 2

Check Number:	Check Type:	Check Date:	Vendor:	Vendor Name:	Check Total:
19399	Check	08/13/2020	GARRMUS	GARRETSON MUSIC BOOSTERS	252.28
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>Detail Description</u>	<u>Chart of Account Number</u>	<u>Detail Amount</u>
062020	08/06/2020		June 2020 Fuel the Dragon Donation	71 415 784	252.28
19400	Check	08/13/2020	NORTPLA	NORTHERN PLAINS INSURANCE POOL	41,750.45
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>Detail Description</u>	<u>Chart of Account Number</u>	<u>Detail Amount</u>
11744-086	08/03/2020		Sept. 2020 Insurance Billing- SANFORD	71 415 716	27,246.79
11744-086	08/03/2020		Sept. 2020 Insurance Billing- DAKOTACARE	71 415 716	14,503.66
19401	Check	08/13/2020	UNUMLIF	UNUM LIFE INSURANCE COMPANY OF AMERICA	183.00
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>Detail Description</u>	<u>Chart of Account Number</u>	<u>Detail Amount</u>
09012020	08/03/2020		September 2020 Life	71 415 716	152.50
09012020	08/03/2020		September 2020 AD&D	71 415 716	30.50
19402	Check	08/27/2020	CHESCOM	CHESTERMAN CO.	810.75
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>Detail Description</u>	<u>Chart of Account Number</u>	<u>Detail Amount</u>
2567912	08/20/2020		Fruit Punch Powerade- 6 Cases	71 415 715	103.50
2567912	08/20/2020		Coke- 6 Cases	71 415 715	103.50
2567912	08/20/2020		Diet Coke- 6 Cases	71 415 715	103.50
2567912	08/20/2020		Sprite Zero- 3 Cases	71 415 715	51.75
2567912	08/20/2020		Sprite- 6 Cases	71 415 715	103.50
2567912	08/20/2020		Mello Yello- 6 Cases	71 415 715	103.50
2567912	08/20/2020		Pibb- 6 Cases	71 415 715	103.50
2567912	08/20/2020		Dasani Water- 8 Cases	71 415 715	138.00
19403	Check	08/27/2020	HOEFALY	ALYXA HOEFERT-VELDHUIZEN	140.00
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>Detail Description</u>	<u>Chart of Account Number</u>	<u>Detail Amount</u>
08252020	08/25/2020		Gift Cards- Teacher Appreciation Fund	71 415 780	140.00
19404	Check	08/27/2020	HORACEMAN1	HORACE MANN COMPANIES	138.05
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>Detail Description</u>	<u>Chart of Account Number</u>	<u>Detail Amount</u>
09012020	08/31/2020		September 2020 Premium Payment	71 415 718	138.05
19405	Check	08/27/2020	SANFHEA	SANFORD HEALTH PLAN	16.00
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>Detail Description</u>	<u>Chart of Account Number</u>	<u>Detail Amount</u>
#EV08-2020	08/21/2020		August 2020 Participation Fees- 8	71 415 718	16.00
19406	Check	08/27/2020	VSP	VISION SERVICE PLAN	495.24
<u>Invoice Number</u>	<u>Invoice Date</u>	<u>PO Number</u>	<u>Detail Description</u>	<u>Chart of Account Number</u>	<u>Detail Amount</u>
810165365	08/18/2020		September 2020 Coverage Billing	71 415 716	495.24

*Denotes Expensed Invoice Item

Checking Account ID: 2

Total without Voids: 47,760.48

	Garretson School District No. 49-4			
	Payroll Report			
	Fiscal Year 2020-2021			
Code		<i>July 2020</i>	<i>August 2020</i>	<i>Fiscal Year to Date</i>
	GENERAL FUND			
10-1111-000-111	Elementary Instruction - Certified	\$52,867.60	\$70,091.09	\$122,958.69
10-1111-000-119	Elementary Instruction - Other Compensation	\$108.56	\$108.46	\$217.02
10-1111-000-120	Elementary Instruction - Substitutes			\$0.00
10-1111-000-142	Elementary Instruction - Sick Leave Pay/Back			\$0.00
10-1111-009-111	Elementary Instruction - Class Size Reduction	\$2,283.92	\$2,283.92	\$4,567.84
10-1111-011-111	Elementary Instruction - G5 Certified	\$2,535.82	\$2,910.86	\$5,446.68
10-1121-000-111	Middle School Instruction - Certified	\$34,902.34	\$42,707.14	\$77,609.48
10-1121-000-119	Middle School Instruction - Other Compensation			\$0.00
10-1121-000-120	Middle School Instruction - Substitutes		\$41.98	\$41.98
10-1121-000-142	Middle School Instruction - Sick Leave Pay/Back			\$0.00
10-1131-000-111	Secondary Instruction - Certified	\$42,542.32	\$54,105.58	\$96,647.90
10-1131-000-114	Secondary Instruction - Classified		\$340.95	\$340.95
10-1131-000-119	Secondary Instruction - Other Compensation	\$719.88	\$719.66	\$1,439.54
10-1131-000-120	Secondary Instruction - Substitutes		\$251.90	\$251.90
10-1131-000-130	Secondary Instruction - Overtime			\$0.00
10-1131-000-142	Secondary Instruction - Sick Leave Pay/Back			\$0.00
10-1273-000-111	Title I A Instruction - Certified - Non Federal			\$0.00
10-1273-000-119	Title I A Other Compensation			\$0.00
10-1273-000-120	Title I A Substitutes			\$0.00
10-1273-006-111	Title I A Instruction - Certified - Federal	\$3,304.52	\$4,179.63	\$7,484.15
10-1299-000-111	Garretson Academy - Certified Instructor			\$0.00
10-1299-000-112	Garretson Academy - Educational Supervisor		\$340.95	\$340.95
10-1299-000-119	Garretson Academy - Other Compensation			\$0.00
10-1299-000-120	Garretson Academy - Substitutes			\$0.00
10-2121-000-111	Middle School/Secondary Instruction Guidance - Certified	\$5,357.76	\$6,607.90	\$11,965.66
10-2121-000-119	Middle School/Secondary Instruction Guidance - Other Compensation	\$297.46	\$297.58	\$595.04
10-2122-000-111	Elementary Instruction Guidance - Certified	\$5,389.28	\$6,639.39	\$12,028.67
10-2122-000-119	Elementary Instruction - Other Compensation	\$84.22	\$84.22	\$168.44
10-2212-000-119	Instruction & Curriculum Development - Other Compensation			\$0.00
10-2212-000-120	Instruction & Curriculum Development - Substitutes			\$0.00
10-2213-000-119	Instructional Staff Training - Other Compensation			\$0.00
10-2213-000-120	Instructional Staff Training - Substitutes			\$0.00
10-2213-009-119	Instructional Staff Training - Other Comp Grant			\$0.00
10-2213-009-120	Instructional Staff Training - Substitutes			\$0.00
10-2214-012-119	Title I003 Staff Training - Other Compensation		\$9,600.78	\$9,600.78
10-2214-012-120	Title I003 Staff Training - Substitutes			\$0.00
10-2222-000-112	Library - Educational Assistants		\$340.95	\$340.95
10-2222-000-120	Library - Substitutes			\$0.00
10-2227-000-111	Technology - Certified	\$6,016.26	\$6,016.28	\$12,032.54
10-2227-000-119	Technology - Other Compensation	\$2,973.00		\$2,973.00
10-2311-000-113	Board of Education Salaries			\$0.00
10-2321-000-113	Office of the Superintendent - Certified	\$10,003.53	\$10,960.47	\$20,964.00
10-2321-000-119	Office of the Superintendent - Other Salaries	\$3,724.67	\$507.55	\$4,232.22
10-2321-000-220	Office of Superintendent - Retirement			\$0.00
10-2410-000-113	Office of the Principal - Middle/High School - Certified	\$7,846.14	\$11,067.12	\$18,913.26
10-2410-000-114	Office of the Principal - Middle/High School - Classified		\$907.24	\$907.24
10-2410-000-119	Office of the Principal - Middle/High School - Other Salaries		\$700.00	\$700.00
10-2410-000-130	Office of the Principal - Middle/High School - Overtime		\$27.14	\$27.14
10-2410-000-399	Office of the Principal - Middle/High School - Contracted Services		\$5,265.79	\$5,265.79

10-2411-000-113	Office of the Principal - Elementary School - Certified	\$3,528.96	\$5,991.64	\$9,520.60
10-2411-000-114	Office of the Principal - Elementary School - Classified		\$907.23	\$907.23
10-2411-000-119	Office of the Principal - Elementary School - Other Salaries		\$700.00	\$700.00
10-2411-000-130	Office of the Principal - Elementary School - Overtime		\$27.15	\$27.15
10-2529-000-113	Business Manager	\$8,385.71	\$6,491.94	\$14,877.65
10-2529-000-114	Business Office Assistants	\$1,783.83	\$2,759.17	\$4,543.00
10-2529-000-130	Business Office Overtime			\$0.00
10-2549-000-114	Operation and Maintenance - Classified	\$19,086.76	\$18,864.08	\$37,950.84
10-2549-000-120	Operation and Maintenance - Temporary	\$5,186.08	\$370.05	\$5,556.13
10-2549-000-130	Operation and Maintenance - Overtime		\$182.88	\$182.88
10-2559-000-114	Transportation - Classified	\$11,041.45	\$10,304.11	\$21,345.56
10-2559-000-120	Transportation - Temporary			\$0.00
10-3125-000-119	Mentor Pay			\$0.00
10-6100-***-111	Male Co-Curricular Certified Salaries	\$1,403.02	\$1,402.47	\$2,805.49
10-6100-000-114	Male Co-Curricular Classified Salaries			\$0.00
10-6100-***-119	Male Co-Curricular Other Salaries			\$0.00
10-6100-000-120	Male Co-Curricular Temporary Salaries			\$0.00
10-6200-***-111	Female Co-Curricular Certified Salaries	\$2,031.54	\$2,031.24	\$4,062.78
10-6200-000-114	Female Co-Curricular Classified Salaries			\$0.00
10-6200-***-119	Female Co-Curricular Other Salaries			\$0.00
10-6200-000-120	Female Co-Curricular Temporary Salaries			\$0.00
10-6500-000-114	Transportation - Cocurricular Activities			\$0.00
10-6900-000-111	Assistant AD - Certified Salaries	\$498.64	\$498.51	\$997.15
10-6900-***-111	Combined Co-Curricular Certified Salaries	\$4,025.56	\$4,024.99	\$8,050.55
10-6900-000-130	Combined Co-Curricular Salaries			\$0.00
10-6900-000-13*	Official Book/Ticket Selling/Clock & Scoreboard			\$0.00
10-6900-490-114	JR Class/Conc. - Classified Wages			\$0.00
	<i>Total General Fund</i>	<i>\$237,928.83</i>	<i>\$291,659.99</i>	<i>\$529,588.82</i>
	SPECIAL EDUCATION FUND			
22-1221-000-111	Special Education Instructional Services - Certified	\$2,926.28	\$3,743.43	\$6,669.71
22-1221-000-112	Special Education Instructional Services - Classified	\$66.83	\$3,146.01	\$3,212.84
22-1221-000-119	Special Education Instructional Services - Other Compensation			\$0.00
22-1221-000-120	Special Education Instructional Services - Substitutes			\$0.00
22-1221-000-130	Special Education Instructional Services - Overtime			\$0.00
22-1221-611-111	Special Education Instructional Services - Certified Federal	\$8,710.28	\$10,985.46	\$19,695.74
22-1221-611-112	Special Education Instructional Services - Educational Assistants			\$0.00
22-1226-000-111	Early Childhood Instructional Services - Certified	\$2,181.24	\$2,838.95	\$5,020.19
22-1226-000-112	Early Childhood Instructional Services - Educational Assistants		\$19.42	\$19.42
22-1226-000-119	Early Childhood Instructional Services - Other Compensation			\$0.00
22-1226-000-120	Early Childhood Instructional Services - Substitutes			\$0.00
22-1226-619-111	Early Childhood Instructional Services - Certified Federal	\$286.78	\$372.04	\$658.82
22-1227-000-111	Birth to Three Services - Certified			\$0.00
22-2152-000-111	Speech Therapy Services - Certified		\$1,250.15	\$1,250.15
22-2152-000-119	Speech Therapy Services - Other Compensation			\$0.00
22-2710-000-113	Special Education Director	\$3,528.97	\$3,718.62	\$7,247.59
22-2736-000-114	Special Education Transportation		\$866.04	\$866.04
	<i>Total Special Education Fund</i>	<i>\$17,700.38</i>	<i>\$26,940.12</i>	<i>\$44,640.50</i>
	FOOD SERVICE FUND			
51-2562-000-114	Food Service Salaries	\$2,927.47	\$900.44	\$3,827.91
	<i>Total Food Service Fund</i>	<i>\$2,927.47</i>	<i>\$900.44</i>	<i>\$3,827.91</i>
	DRIVER'S EDUCATION FUND			
53-1132-000-114	Driver's Education Salaries			\$0.00

	<i>Total Driver's Education Fund</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>
	PRESCHOOL FUND			
54-1141-000-111	Preschool Instructional Services - Certified	\$4,288.46	\$5,646.40	\$9,934.86
54-1141-000-112	Preschool Instructional Services - Educational Assistants		\$174.78	\$174.78
54-1141-000-114	Preschool Instructional Services - Classified			\$0.00
54-1141-000-130	Preschool Instructional Services - Overtime			\$0.00
	<i>Total Preschool Fund</i>	<i>\$4,288.46</i>	<i>\$5,821.18</i>	<i>\$10,109.64</i>
	GRAND TOTAL	\$262,845.14	\$325,321.73	\$588,166.87
	General Fund - Gross Salaries	\$191,914.16	\$236,484.65	\$428,398.81
	General Fund - Social Security/Medicare	\$14,033.34	\$17,507.12	\$31,540.46
	General Fund - SD Retirement	\$10,721.26	\$12,893.40	\$23,614.66
	General Fund - Group Insurance	\$21,260.07	\$24,774.82	\$46,034.89
	Total General Fund	\$237,928.83	\$291,659.99	\$529,588.82
	Special Education Fund - Gross Salaries	\$14,140.82	\$22,222.60	\$36,363.42
	Special Education Fund - Social Security/Medicare	\$1,027.95	\$1,646.19	\$2,674.14
	Special Education Fund - SD Retirement	\$848.46	\$1,198.57	\$2,047.03
	Special Education Fund - Group Insurance	\$1,683.15	\$1,872.76	\$3,555.91
	Total Special Education Fund	\$17,700.38	\$26,940.12	\$44,640.50
	Food Service Fund - Gross Salaries	\$2,719.45	\$836.44	\$3,555.89
	Food Service Fund - Social Security/Medicare	\$208.02	\$64.00	\$272.02
	Total Food Service Fund	\$2,927.47	\$900.44	\$3,827.91
	Driver's Education Fund - Gross Salaries	\$0.00	\$0.00	\$0.00
	Driver's Education Fund - Social Security/Medicare	\$0.00	\$0.00	\$0.00
	Total Driver's Education Fund	\$0.00	\$0.00	\$0.00
	Preschool Fund - Gross Salaries	\$3,251.04	\$4,619.65	\$7,870.69
	Preschool Fund - Social Security/Medicare	\$231.26	\$335.98	\$567.24
	Preschool Fund - SD Retirement	\$195.06	\$254.45	\$449.51
	Preschool Fund - Group Insurance	\$611.10	\$611.10	\$1,222.20
	Total Preschool Fund	\$4,288.46	\$5,821.18	\$10,109.64
	GRAND TOTAL	\$262,845.14	\$325,321.73	\$588,166.87

Batch Description: August 2020 GF Account Bank Reconciliation Processing Month: 08/2020
Checking Account: 1 1

<u>Check/Reference Number</u>	<u>Description</u>	<u>Date</u>	<u>Amount</u>
	Statement Balance	08/31/2020	1,734,068.77

Outstanding Checks

<u>Check/Reference Number</u>	<u>Description</u>	<u>Date</u>	<u>Amount</u>
46466	KIM FITZGERALD	06/08/2020	2.60
46491	MARLENE RODER	06/08/2020	18.30
46502	JOSE VARGAS	06/08/2020	10.00
46545	AMERICAN FUNDS SERVICE CO.	08/28/2020	85.00
46546	AMERICAN GENERAL LIFE INSURANCE	08/28/2020	100.00
46549	HORACE MANN LIFE INS. CO.	08/28/2020	85.00
46550	SOUTH DAKOTA SUPPLEMENTAL RETIREMENT PLAN	08/28/2020	50.00
46658	DEAN & CINDY OLSON	08/10/2020	199.00
46672	SOUTH DAKOTA UNITED SCHOOLS ASSOCIATION	08/10/2020	450.00
46681	AMERICAN FUNDS SERVICE CO.	08/14/2020	135.00
46686	STACEY ANDERSON	08/17/2020	896.03
46693	KELSEY BUCHHOLZ	08/17/2020	949.85
46695	LISA DANFORTH	08/17/2020	896.03
46700	JULIE GNADT	08/17/2020	876.03
46701	THOMAS GODBEY	08/17/2020	277.05
46705	ALYXA HOEFERT-VELDHUIZEN	08/17/2020	874.50
46708	TIMOTHY HUGHES	08/17/2020	913.95
46714	JANIE LUNDBERG	08/17/2020	853.00
46721	JODI NEUGEBAUER	08/17/2020	874.50
46725	NORINDA SANDBULTE	08/17/2020	249.85
46727	JOANNE SARGENT	08/17/2020	246.68
46733	LAUREN STOTERAU	08/17/2020	911.08
46736	AMY THOMPSON	08/17/2020	896.03
46743	LAUREN STOTERAU	08/28/2020	942.34
46744	DAVE VANDER GRIFT	08/28/2020	623.36
46748	NEW YORK LIFE INSURANCE	08/28/2020	131.92
	Total:		<u>12,547.10</u>

<u>Statement Balance</u>	<u>Outstanding Total</u>	<u>Balance on Books</u>	<u>Cash Account Balance</u>
1,734,068.77	(12,547.10)	1,721,521.67	1,721,938.22

Cleared Automatic Payment Total:	61,145.24
Cleared Checks Total:	383,260.20
Cleared Direct Deposit Total:	(185,452.86)
Cleared Void Total:	1,874.50
Cleared Deposit Total:	305,516.27
Cleared Manual Journal Entries Total:	(1,580.71)
Cleared Sales Journal Total:	

Batch Description: August 2020 T&A Account Bank Reconciliation Processing Month: 08/2020
Checking Account: 2 2

<u>Check/Reference Number</u>	<u>Description</u>	<u>Date</u>	<u>Amount</u>
	Statement Balance	08/31/2020	47,320.71

Outstanding Checks

<u>Check/Reference Number</u>	<u>Description</u>	<u>Date</u>	<u>Amount</u>
18936	Amber Hulse	09/16/2019	250.00
18945	Jason Gruenhagen	09/20/2019	75.00
19063	Audra Genzler	11/08/2019	10.00
19115	GARRETSON BOOSTER CLUB	11/26/2019	305.26
19378	KRISTI VANDEROSTYNE	06/19/2020	77.25
19402	CHESTERMAN CO.	08/27/2020	810.75
19404	HORACE MANN COMPANIES	08/27/2020	138.05
19405	SANFORD HEALTH PLAN	08/27/2020	16.00
19406	VISION SERVICE PLAN	08/27/2020	495.24
	Total:		2,177.55

<u>Statement Balance</u>	<u>Outstanding Total</u>	<u>Balance on Books</u>	<u>Cash Account Balance</u>
47,320.71	(2,177.55)	45,143.16	45,143.16

Cleared Automatic Payment Total:
 Cleared Checks Total: 47,333.84
 Cleared Direct Deposit Total:
 Cleared Void Total:
 Cleared Deposit Total: 62,918.10
 Cleared Manual Journal Entries Total: (6,130.03)
 Cleared Sales Journal Total:



First Bank & Trust

FIRST BANK & TRUST - SF
 PO BOX G
 GARRETSON, SD 57030-0385

(605) 594-3423

Date 8/31/20 Page 1
 ACCOUNT NUMBER ENDING 0057
 133

GARRETSON SCHOOL
 GENERAL FUND/FOOD SERVICE
 PO BOX C
 GARRETSON SD 57030-0381

CHECKING ACCOUNT

Account Title: GARRETSON SCHOOL
 GENERAL FUND/FOOD SERVICE

INTEREST CHECKING		NUMBER OF ENCLOSURES	133
ACCOUNT NUMBER	ENDING 0057	Statement Dates	8/03/20 thru 8/31/20
PREVIOUS BALANCE	210,916.69	DAYS IN THE STATEMENT PERIOD	29
32 DEPOSITS	553,461.06	AVERAGE LEDGER BALANCE	195,727.39
138 CHECKS/DEBITS	572,106.52	AVERAGE COLLECTED BAL	195,727.39
SERVICE CHARGE	.00	Interest Earned	69.98
INTEREST PAID	69.98	Annual Percentage Yield Earned	0.45%
NEW BALANCE	192,341.21	2020 Interest Paid	490.23

	Total For This Period	Total Year-to-Date
TOTAL OVERDRAFT FEES	\$.00	\$.00
TOTAL NSF RETURNED ITEM FEES	\$.00	\$.00

DEPOSITS

DATE	DESCRIPTION	AMOUNT
8/07	Transfer to DDA	200,000.00
8/13	MERCHDEP VANCO PAYMENT WFMSVANCO1 20/08/13 TRACE# -091000016424065	162.00
8/17	E.SERVICE VANCO PAYMENT 3411786634 20/08/17 TRACE# -091000018176210	94.00



First Bank & Trust

FIRST BANK & TRUST - SF
 PO BOX G
 GARRETSON, SD 57030-0385

(605) 594-3423

Date 8/31/20 Page 5
 ACCOUNT NUMBER ENDING 0057
 133

GARRETSON SCHOOL
 GENERAL FUND/FOOD SERVICE
 PO BOX C
 GARRETSON SD 57030-0381

INTEREST CHECKING ENDING 0057 (Continued)

WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
8/31	TRACE# -091408441900043 MN Rev pay MN DEPT OF REVEN X416007162 20/08/31 TRACE# -042000015623522	70.59-

CHECKS IN NUMBER ORDER

DATE	CHECK #	AMOUNT	DATE	CHECK #	AMOUNT	DATE	CHECK #	AMOUNT
8/05	46531	85.00	8/17	46629	1,275.76	8/25	46660	55.39
8/12	46532	100.00	8/18	46630	4,155.16	8/13	46661	40.00
8/13	46533	1,006.42	8/24	46631	1,125.00	8/21	46662	60.00
8/13	46534	11,062.75	8/18	46632	26.76	8/17	46663	877.50
8/06	46535	85.00	8/17	46634*	79,145.20	8/18	46664	104.50
8/05	46536	50.00	8/14	46635	136.00	8/18	46665	12,070.00
8/18	46538*	85.00	8/14	46636	611.86	8/14	46666	674.95
8/25	46539	100.00	8/14	46637	84.70	8/18	46667	107.91
8/13	46540	1,006.42	8/14	46638	903.00	8/18	46668	1,737.49
8/13	46541	11,058.57	8/17	46639	17.39	8/17	46669	1,523.67
8/18	46542	85.00	8/21	46640	173.05	8/17	46670	450.00
8/19	46543	50.00	8/13	46641	336.48	8/17	46671	1,690.79
8/28	46547*	1,005.18	8/21	46642	2,430.00	8/19	46673*	760.00
8/28	46548	11,058.57	8/17	46643	14,882.55	8/17	46674	5,791.17
8/11	46554*	3.86	8/19	46644	114.00	8/18	46675	149.40
8/03	46558*	238.56	8/17	46645	1,989.91	8/24	46676	38.00
8/28	46578*	200.00	8/17	46646	750.00	8/17	46677	232.92
8/04	46582*	168.90	8/17	46647	38,881.00	8/18	46678	233.48
8/06	46598*	431.73	8/19	46648	752.20	8/18	46679	900.00
8/06	46617*	1,012.46	8/18	46649	149.47	8/17	46680	932.17
8/13	46618	511.84	8/20	46650	8,239.00	8/13	46682*	804.73
8/13	46619	5,355.95	8/17	46651	99.00	8/13	46683	11,092.60
8/06	46621*	131.92	8/17	46652	557.00	8/19	46685*	131.92
8/12	46622	679.00	8/18	46653	1,923.55	8/27	46687*	874.50
8/17	46623	65.95	8/18	46654	3,370.00	8/26	46688	949.85
8/17	46624	78,418.96	8/24	46655	2,942.50	8/24	46689	913.95
8/17	46625	402.60	8/17	46656	557.56	8/21	46690	241.96
8/17	46627*	6,400.00	8/19	46657	6,850.00	8/24	46691	771.03
8/19	46628	152.72	8/17	46659*	20.00	8/26	46692	931.87

* INDICATES MISSING CHECK NUMBER



First Bank & Trust

FIRST BANK & TRUST - SF
 PO BOX G
 GARRETSON, SD 57030-0385

(605) 594-3423

Date 8/31/20 Page 6
 ACCOUNT NUMBER ENDING 0057
 133

GARRETSON SCHOOL
 GENERAL FUND/FOOD SERVICE
 PO BOX C
 GARRETSON SD 57030-0381

INTEREST CHECKING ENDING 0057 (Continued)

CHECKS IN NUMBER ORDER

DATE	CHECK #	AMOUNT	DATE	CHECK #	AMOUNT	DATE	CHECK #	AMOUNT
8/27	46695*	896.03	8/21	46713	234.05	8/21	46730	896.03
8/20	46696	911.08	8/21	46715*	896.03	8/26	46731	896.03
8/26	46698*	896.03	8/24	46716	896.03	8/20	46732	896.03
8/25	46699	259.05	8/24	46717	259.05	8/26	46734*	259.05
8/21	46702*	896.03	8/24	46718	913.95	8/25	46735	774.85
8/26	46703	268.16	8/21	46719	931.87	8/21	46737*	400.52
8/25	46704	874.50	8/21	46720	277.05	8/20	46738	259.05
8/21	46706*	259.05	8/27	46722*	262.88	8/27	46739	853.00
8/28	46707	949.78	8/24	46723	863.95	8/21	46740	277.05
8/25	46709*	896.00	8/21	46724	259.05	8/19	46741	4,920.00
8/20	46710	874.50	8/21	46726*	259.05	8/28	46745*	388.69
8/21	46711	911.08	8/31	46728*	853.00	8/28	46746	5,381.06
8/31	46712	896.03	8/24	46729	853.00			

* INDICATES MISSING CHECK NUMBER

DAILY BALANCES

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
8/03	210,058.13	8/13	365,164.05	8/24	26,065.36
8/04	209,889.23	8/14	268,713.66	8/25	23,368.57
8/05	209,754.23	8/17	34,050.56	8/26	19,365.58
8/06	208,093.12	8/18	59,387.08	8/27	114,947.56
8/07	408,093.12	8/19	46,040.24	8/28	193,693.85
8/11	408,056.81	8/20	35,368.58	8/31	192,341.21
8/12	407,277.81	8/21	29,113.77		

DEPOSIT TICKET
FOR CLEAR COPY, PLEASE PRINT WITH BALL POINT PEN

DATE: 8-24-2020

CURRENCY: \$900
COIN: 110
CHECKS: 4800

TOTAL ITEMS: 530.10

GARRETSON SCHOOL
DISTRICT N. 49-4
MINNEHAHA COUNTY

39

Deposit Date: 08/24 Amount: \$530.10

DEPOSIT TICKET
FOR CLEAR COPY, PLEASE PRINT WITH BALL POINT PEN

DATE: 8-20-2020

CURRENCY: \$5000
COIN: 2000
CHECKS: 2000

TOTAL ITEMS: 335.00

GARRETSON SCHOOL
DISTRICT N. 49-4
MINNEHAHA COUNTY

39

Deposit Date: 08/24 Amount: \$3,355.00

DEPOSIT TICKET
FOR CLEAR COPY, PLEASE PRINT WITH BALL POINT PEN

DATE: 8-27-2020

CURRENCY: \$2000
COIN: 750
CHECKS: 3300

TOTAL ITEMS: 412.75

GARRETSON SCHOOL
DISTRICT N. 49-4
MINNEHAHA COUNTY

39

Deposit Date: 08/27 Amount: \$412.75

DEPOSIT TICKET
FOR CLEAR COPY, PLEASE PRINT WITH BALL POINT PEN

DATE: 8-26-2020

CURRENCY: \$1500
COIN: 400
CHECKS: 6150

TOTAL ITEMS: 769.20

GARRETSON SCHOOL
DISTRICT N. 49-4
MINNEHAHA COUNTY

39

Deposit Date: 08/27 Amount: \$769.20

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 07/30/2020

AMOUNT: 46531

PAY: Eighty Five And 00/100 Dollars

TO THE ORDER OF: ATTN: GROUP PLANS AMERICAN FUNDS SERVICE CO. PO BOX 6007 INDIANAPOLIS IN 46209-9109

Signature: *Kauf Hanaaz*
Jacob Schweitzer

Jacob Schweitzer

46531 Date: 08/05 Amount: \$85.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 07/30/2020

AMOUNT: 1,006.42

PAY: One Thousand Six And 42/100 Dollars

TO THE ORDER OF: GARRETSON SCHOOL DISTRICT FLEX ACCOUNT PO BOX C GARRETSON SD 57030

Signature: *Kauf Hanaaz*
Jacob Schweitzer

Jacob Schweitzer

46533 Date: 08/13 Amount: \$1,006.42

DEPOSIT TICKET
FOR CLEAR COPY, PLEASE PRINT WITH BALL POINT PEN

DATE: 8-21-2020

CURRENCY: \$800
COIN: 75
CHECKS: 6800

TOTAL ITEMS: 743.75

GARRETSON SCHOOL
DISTRICT N. 49-4
MINNEHAHA COUNTY

39

Deposit Date: 08/24 Amount: \$743.75

DEPOSIT TICKET
FOR CLEAR COPY, PLEASE PRINT WITH BALL POINT PEN

DATE: 8-19-2020

CURRENCY: \$9500
COIN: 9500

TOTAL ITEMS: 995.00

GARRETSON SCHOOL
DISTRICT N. 49-4
MINNEHAHA COUNTY

39

Deposit Date: 08/24 Amount: \$995.00

DEPOSIT TICKET
FOR CLEAR COPY, PLEASE PRINT WITH BALL POINT PEN

DATE: 8-25-2020

CURRENCY: \$700
COIN: 345
CHECKS: 3000

TOTAL ITEMS: 404.5

GARRETSON SCHOOL
DISTRICT N. 49-4
MINNEHAHA COUNTY

39

Deposit Date: 08/27 Amount: \$40.45

DEPOSIT TICKET
FOR CLEAR COPY, PLEASE PRINT WITH BALL POINT PEN

DATE: 8-28-2020

CURRENCY: \$200
COIN: 355
CHECKS: 750

TOTAL ITEMS: 371.55

GARRETSON SCHOOL
DISTRICT N. 49-4
MINNEHAHA COUNTY

39

Deposit Date: 08/28 Amount: \$371.55

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 07/30/2020

AMOUNT: 46532

PAY: One Hundred And 00/100 Dollars

TO THE ORDER OF: AMERICAN GENERAL LIFE INSURANCE PO BOX 305970 NASHVILLE TN 37230-5970

Signature: *Kauf Hanaaz*
Jacob Schweitzer

Jacob Schweitzer

46532 Date: 08/12 Amount: \$100.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 07/30/2020

AMOUNT: 11,062.75

PAY: Eleven Thousand Sixty Two And 75/100 Dollars

TO THE ORDER OF: GARRETSON SCHOOL TRUST & AGENCY

Signature: *Kauf Hanaaz*
Jacob Schweitzer

Jacob Schweitzer

46534 Date: 08/13 Amount: \$11,062.75

DATE 46535 07/30/2020

78.00
914
AMOUNT

PAY • Eighty Five And 00/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF
HORACE MANN LIFE INS. CO.
PO BOX 19219
SPRINGFIELD IL 62794-9219

Karl G. Hauas
Jacob Schweitzer CHIEFMAN
BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046535⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46535 Date: 08/06 Amount: \$85.00

DATE 46536 07/30/2020

78.00
914
AMOUNT

PAY • Fifty And 00/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF
SOUTH DAKOTA SUPPLEMENTAL RETIREMENT PLAN
P.O. BOX 1098
PIERRE SD 57501

Karl G. Hauas
Jacob Schweitzer CHIEFMAN
BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046536⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46536 Date: 08/05 Amount: \$50.00

DATE 46538 08/14/2020

78.00
914
AMOUNT

PAY • Eighty Five And 00/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF
ATTN: GROUP PLANS
AMERICAN FUNDS SERVICE CO.
PO BOX 6007
INDIANAPOLIS IN 46209-9109

Shawn H
Jacob Schweitzer CHIEFMAN
BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046538⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46538 Date: 08/18 Amount: \$85.00

DATE 46539 08/14/2020

78.00
914
AMOUNT

PAY • One Hundred And 00/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF
AMERICAN GENERAL LIFE INSURANCE
PO BOX 205970
NASHVILLE TN 37230-5970

Shawn H
Jacob Schweitzer CHIEFMAN
BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046539⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46539 Date: 08/25 Amount: \$100.00

DATE 46540 08/14/2020

78.00
914
AMOUNT

PAY • One thousand Six And 42/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF
GARRETSON SCHOOL DISTRICT FLEX ACCOUNT
PO BOX C
GARRETSON SD 57030

Shawn H
Jacob Schweitzer CHIEFMAN
BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046540⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46540 Date: 08/13 Amount: \$1,006.42

DATE 46541 08/14/2020

78.00
914
AMOUNT

PAY • Eleven thousand Fifty Eight And 57/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF
GARRETSON SCHOOL TRUST & AGENCY

Shawn H
Jacob Schweitzer CHIEFMAN
BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046541⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46541 Date: 08/13 Amount: \$11,058.57

DATE 46542 08/14/2020

78.00
914
AMOUNT

PAY • Eighty Five And 00/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF
HORACE MANN LIFE INS. CO.
PO BOX 19219
SPRINGFIELD IL 62794-9219

Shawn H
Jacob Schweitzer CHIEFMAN
BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046542⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46542 Date: 08/18 Amount: \$85.00

DATE 46543 08/14/2020

78.00
914
AMOUNT

PAY • Fifty And 00/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF
SOUTH DAKOTA SUPPLEMENTAL RETIREMENT PLAN
P.O. BOX 1098
PIERRE SD 57501

Shawn H
Jacob Schweitzer CHIEFMAN
BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046543⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46543 Date: 08/19 Amount: \$50.00

DATE 46547 08/28/2020

78.00
914
AMOUNT

PAY • One thousand Five And 18/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF
GARRETSON SCHOOL DISTRICT FLEX ACCOUNT
PO BOX C
GARRETSON SD 57030

Karl G. Hauas
Jacob Schweitzer CHIEFMAN
BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046547⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46547 Date: 08/28 Amount: \$1,005.18

DATE 46548 08/28/2020

78.00
914
AMOUNT

PAY • Eleven thousand Fifty Eight And 57/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF
GARRETSON SCHOOL TRUST & AGENCY

Karl G. Hauas
Jacob Schweitzer CHIEFMAN
BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046548⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46548 Date: 08/28 Amount: \$11,058.57

DATE 46554 07/13/2020

78.00
914
AMOUNT

PAY • Three And 86/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF
ARCUS LEADER MEDIA
PO BOX 512598
LOS ANGELES CA 90051-1598

Shawn H
Jacob Schweitzer CHIEFMAN
BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046554⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46554 Date: 08/11 Amount: \$3.86

DATE 46558 07/13/2020

78.00
914
AMOUNT

PAY • Two Hundred Thirty Eight And 56/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF
AWARD ENBLEH MFG. CO., INC.
P.O. BOX 7489
ROMEOVILLE IL 60446-0489

Shawn H
Jacob Schweitzer CHIEFMAN
BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046558⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46558 Date: 08/03 Amount: \$238.56

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GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 200808
07/13/2020

78-60
914

AMOUNT: 200.00

PAY - Two Hundred And 00/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: TONY MARTERS
48243 23700 ST
GARRETSON SD 57030

Shawn Hordt
Jacob Schweitzer

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046578⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46578 Date: 08/28 Amount: \$200.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW.

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 46598
07/15/2020

78-60
914

AMOUNT: 431.73

PAY - Four Hundred Thirty One And 73/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: DAVE VANDER GRIFT
501 SARAH C. STREET
GARRETSON SD 57030

Shawn Hordt
Jacob Schweitzer

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046598⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46598 Date: 08/06 Amount: \$431.73

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW.

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 46618
07/30/2020

78-60
914

AMOUNT: 511.84

PAY - Five Hundred Eleven And 84/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: GARRETSON SCHOOL DISTRICT FLEX ACCOUNT
PO BOX C
GARRETSON SD 57030

Kraig Klaus
Jacob Schweitzer

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046618⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46618 Date: 08/13 Amount: \$511.84

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW.

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 46621
07/30/2020

78-60
914

AMOUNT: 131.92

PAY - One Hundred Thirty One And 92/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: NEW YORK LIFE INSURANCE
75 REMITTANCE DRIVE
SUITE 302
CHICAGO IL 60675-3021

Kraig Klaus
Jacob Schweitzer

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046621⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46621 Date: 08/06 Amount: \$131.92

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW.

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 46623
08/10/2020

78-60
914

AMOUNT: 65.95

PAY - Sixty Five And 95/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: A-OX WELDING SUPPLY CO., INC.
PO BOX 86667
STOCK FALLS SD 57118

Shawn Hordt
Jacob Schweitzer

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046623⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46623 Date: 08/17 Amount: \$65.95

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW.

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 46625
08/10/2020

78-60
914

AMOUNT: 402.60

PAY - Four Hundred Two And 60/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: ASSOCIATED CONSULTING ENGINEERING, INC.
340 S. PHILLIPS AVE.
STOCK FALLS SD 57104

Shawn Hordt
Jacob Schweitzer

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046625⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46625 Date: 08/17 Amount: \$402.60

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW.

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 46582
07/13/2020

78-60
914

AMOUNT: 168.99

PAY - One Hundred Sixty Eight And 99/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: MICHELLE FLISKA
400 TANARAC AVE.
BRANSON SD 57003

Shawn Hordt
Jacob Schweitzer

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046582⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46582 Date: 08/04 Amount: \$168.99

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW.

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 46617
07/30/2020

78-60
914

AMOUNT: 1,012.46

PAY - One Thousand Twelve And 46/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: DAVE VANDER GRIFT
501 SARAH C. STREET
GARRETSON SD 57030

Kraig Klaus
Jacob Schweitzer

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046617⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46617 Date: 08/06 Amount: \$1,012.46

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW.

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 46619
07/30/2020

78-60
914

AMOUNT: 5,355.95

PAY - Five Thousand Three Hundred Fifty Five And 95/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: GARRETSON SCHOOL TRUST & AGENCY

Kraig Klaus
Jacob Schweitzer

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046619⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46619 Date: 08/13 Amount: \$5,355.95

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW.

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 46622
08/10/2020

78-60
914

AMOUNT: 679.00

PAY - Six Hundred Seventy Nine And 00/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: ALLIANCE COMMUNICATIONS
PO BOX 349
GARRETSON SD 57030-0349

Shawn Hordt
Jacob Schweitzer

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046622⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46622 Date: 08/12 Amount: \$679.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW.

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 46624
08/10/2020

78-60
914

AMOUNT: 78,418.96

PAY - Seventy Eight Thousand Four Hundred Eighteen And 96/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: APPLE, INC.
PO BOX 846095
DALLAS TX 75284-6095

Shawn Hordt
Jacob Schweitzer

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046624⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46624 Date: 08/17 Amount: \$78,418.96

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW.

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 46627
08/10/2020

78-60
914

AMOUNT: 6,400.00

PAY - Six Thousand Four Hundred And 00/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: ATTN: BUSINESS OFFICE
AUGUSTANA UNIVERSITY
2003 S. JIMMY AVE.
STOCK FALLS SD 57197

Shawn Hordt
Jacob Schweitzer

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046627⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46627 Date: 08/17 Amount: \$6,400.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46628

78-60
914

AMOUNT: 152.72

PAY • One Hundred Fifty Two And 72/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: ATEN: BMX BROADCAST MUSIC, INC. PO BOX 630993 CINCINNATI OH 45263-0993

Signature: *Shawn Hordeth* (Chairman), *Jacob Schweitzer* (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046628⑆ ⑆091400606⑆ 02⑆005⑆7⑆

46628 Date: 08/19 Amount: \$152.72

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/17/2020 46629

78-60
914

AMOUNT: 1,275.76

PAY • One Thousand Two Hundred Seventy Five And 76/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: DANIELA STOLVICZAK SUPPLY CO. PO BOX 60732 SIOUX FALLS SD 57106-0732

Signature: *Shawn Hordeth* (Chairman), *Jacob Schweitzer* (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046629⑆ ⑆091400606⑆ 02⑆005⑆7⑆

46629 Date: 08/17 Amount: \$1,275.76

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46630

78-60
914

AMOUNT: 4,155.16

PAY • Four Thousand One Hundred Fifty Five And 16/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: CASH-WA DISTRIBUTING CO. PO BOX 309 KEARNEY NE 68848-0309

Signature: *Shawn Hordeth* (Chairman), *Jacob Schweitzer* (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046630⑆ ⑆091400606⑆ 02⑆005⑆7⑆

46630 Date: 08/18 Amount: \$4,155.16

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46631

78-60
914

AMOUNT: 1,125.00

PAY • One Thousand One Hundred Twenty Five And 00/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: CO-OP ARCHITECTURE 1108 E. MAIN ST. SUITE 102 ANDERSEN SD 57401

Signature: *Shawn Hordeth* (Chairman), *Jacob Schweitzer* (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046631⑆ ⑆091400606⑆ 02⑆005⑆7⑆

46631 Date: 08/24 Amount: \$1,125.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46632

78-60
914

AMOUNT: 26.76

PAY • Twenty Six And 76/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: DAKOTA AUTO PARTS 115 W. GLETF AVE SIOUX FALLS SD 57103

Signature: *Shawn Hordeth* (Chairman), *Jacob Schweitzer* (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046632⑆ ⑆091400606⑆ 02⑆005⑆7⑆

46632 Date: 08/18 Amount: \$26.76

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46634

78-60
914

AMOUNT: 79,145.20

PAY • Seventy Nine Thousand One Hundred Forty Five And 20/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: DALSH, INC. 1008 W. DEWARRE ST. SIOUX FALLS SD 57104

Signature: *Shawn Hordeth* (Chairman), *Jacob Schweitzer* (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046634⑆ ⑆091400606⑆ 02⑆005⑆7⑆

46634 Date: 08/17 Amount: \$79,145.20

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46635

78-60
914

AMOUNT: 136.00

PAY • One Hundred Thirty Six And 00/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: DON'S AUTO & TIRE CO. P.O. BOX 7 GARRETSON SD 57030

Signature: *Shawn Hordeth* (Chairman), *Jacob Schweitzer* (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046635⑆ ⑆091400606⑆ 02⑆005⑆7⑆

46635 Date: 08/14 Amount: \$136.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46636

78-60
914

AMOUNT: 611.86

PAY • Six Hundred Eleven And 86/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: ELITE BUSINESS SYSTEMS PO BOX 88232 SIOUX FALLS SD 57109

Signature: *Shawn Hordeth* (Chairman), *Jacob Schweitzer* (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046636⑆ ⑆091400606⑆ 02⑆005⑆7⑆

46636 Date: 08/14 Amount: \$611.86

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46637

78-60
914

AMOUNT: 84.70

PAY • Eighty Four And 70/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: FIRST BANK & TRUST PO BOX 6000 BROOKINGS SD 57006-6000

Signature: *Shawn Hordeth* (Chairman), *Jacob Schweitzer* (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046637⑆ ⑆091400606⑆ 02⑆005⑆7⑆

46637 Date: 08/14 Amount: \$84.70

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46638

78-60
914

AMOUNT: 303.00

PAY • Three Hundred Three And 00/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: FIRST DAKOTA IDENTITY CO. PO BOX 869065 MINNEAPOLIS MN 55486-0665

Signature: *Shawn Hordeth* (Chairman), *Jacob Schweitzer* (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046638⑆ ⑆091400606⑆ 02⑆005⑆7⑆

46638 Date: 08/14 Amount: \$303.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46639

78-60
914

AMOUNT: 17.35

PAY • Seventeen And 35/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: G & R CONTROLS, INC. PO BOX 85661 SIOUX FALLS SD 57118-5661

Signature: *Shawn Hordeth* (Chairman), *Jacob Schweitzer* (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046639⑆ ⑆091400606⑆ 02⑆005⑆7⑆

46639 Date: 08/17 Amount: \$17.35

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46640

78-60
914

AMOUNT: 173.05

PAY • One Hundred Seventy Three And 05/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: GARRETSON GAZETTE PO BOX 327 GARRETSON SD 57030

Signature: *Shawn Hordeth* (Chairman), *Jacob Schweitzer* (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046640⑆ ⑆091400606⑆ 02⑆005⑆7⑆

46640 Date: 08/21 Amount: \$173.05

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46641

78-60 914 AMOUNT 336.48

PAY • Three Hundred Thirty Six And 48/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: GARRETSON SCHOOL DISTRICT TRUST & AGENCY ACCOUNT
PO BOX C
505 2ND ST.
GARRETSON SD 57030

CHAIRMAN: *Shawn Handt*
BUSINESS MANAGER: *Jacob Schweitzer*

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046641⑆ ⑆091400606⑆ ⑆02⑆005⑆7⑆

46641 Date: 08/13 Amount: \$336.48

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46643

78-60 914 AMOUNT 14,882.55

PAY • Fourteen Thousand Eight Hundred Eighty Two And 55/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: HAPPY MID-AMERICA SPORTS
3410 S BERNARD AVE
PO BOX 88710
SIOUX FALLS SD 57109

CHAIRMAN: *Shawn Handt*
BUSINESS MANAGER: *Jacob Schweitzer*

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046643⑆ ⑆091400606⑆ ⑆02⑆005⑆7⑆

46643 Date: 08/17 Amount: \$14,882.55

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46645

78-60 914 AMOUNT 1,989.91

PAY • One Thousand Nine Hundred Eighty Nine And 91/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: HILLIARD OF SIOUX FALLS
PO BOX 504925
KANSAS CITY MO 64180-4925

CHAIRMAN: *Shawn Handt*
BUSINESS MANAGER: *Jacob Schweitzer*

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046645⑆ ⑆091400606⑆ ⑆02⑆005⑆7⑆

46645 Date: 08/17 Amount: \$1,989.91

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46647

78-60 914 AMOUNT 38,891.00

PAY • Thirty Eight Thousand Eight Hundred Eighty One And 00/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: PRIER & BLAIN, INC.
PO BOX 356
SIOUX FALLS SD 57101

CHAIRMAN: *Shawn Handt*
BUSINESS MANAGER: *Jacob Schweitzer*

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046647⑆ ⑆091400606⑆ ⑆02⑆005⑆7⑆

46647 Date: 08/17 Amount: \$38,891.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46649

78-60 914 AMOUNT 149.47

PAY • One Hundred Forty Nine And 47/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: LAKE SHORE
2695 E. FORTINQUEZ ST.
CARSON CA 90893

CHAIRMAN: *Shawn Handt*
BUSINESS MANAGER: *Jacob Schweitzer*

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046649⑆ ⑆091400606⑆ ⑆02⑆005⑆7⑆

46649 Date: 08/18 Amount: \$149.47

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46651

78-60 914 AMOUNT 99.00

PAY • Ninety Nine And 00/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: ATTN: SAMUEL D. KERR
LYNN JACKSON, SHULTZ & LEBBUS, P.C.
509 ST. JOSEPH ST.
SUITE 800
RAPID CITY SD 57701-3301

CHAIRMAN: *Shawn Handt*
BUSINESS MANAGER: *Jacob Schweitzer*

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046651⑆ ⑆091400606⑆ ⑆02⑆005⑆7⑆

46651 Date: 08/17 Amount: \$99.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46642

78-60 914 AMOUNT 2,430.00

PAY • Two Thousand Four Hundred Thirty And 00/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: ATTN: TERRY HANSEN
GOODCARE, LLC
1407 N. SYCAMORE AVE.
SIOUX FALLS SD 57110

CHAIRMAN: *Shawn Handt*
BUSINESS MANAGER: *Jacob Schweitzer*

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046642⑆ ⑆091400606⑆ ⑆02⑆005⑆7⑆

46642 Date: 08/21 Amount: \$2,430.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46644

78-60 914 AMOUNT 114.00

PAY • One Hundred Fourteen And 00/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: HIGH PLAINS TECHNOLOGY, INC.
3708 S. BURNINGTON PLACE
SUITE 100
SIOUX FALLS SD 57108

CHAIRMAN: *Shawn Handt*
BUSINESS MANAGER: *Jacob Schweitzer*

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046644⑆ ⑆091400606⑆ ⑆02⑆005⑆7⑆

46644 Date: 08/19 Amount: \$114.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46646

78-60 914 AMOUNT 750.00

PAY • Seven Hundred Fifty And 00/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: ATTN: TRUST ACCOUNT
HOLMES, MURPHY & ASSOCIATES, LLC
PO BOX 8364
DES MOINES IA 50301

CHAIRMAN: *Shawn Handt*
BUSINESS MANAGER: *Jacob Schweitzer*

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046646⑆ ⑆091400606⑆ ⑆02⑆005⑆7⑆

46646 Date: 08/17 Amount: \$750.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46648

78-60 914 AMOUNT 752.20

PAY • Seven Hundred Fifty Two And 20/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: SUSAN KURTZ
428 S. BURBETTA LANE
SIOUX FALLS SD 57106

CHAIRMAN: *Shawn Handt*
BUSINESS MANAGER: *Jacob Schweitzer*

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046648⑆ ⑆091400606⑆ ⑆02⑆005⑆7⑆

46648 Date: 08/19 Amount: \$752.20

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46650

78-60 914 AMOUNT 8,239.00

PAY • Eight Thousand Two Hundred Thirty Nine And 00/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: LIFESCAPE- CHILDREN'S CARE HOSPITAL & SCHOOL
P.O. BOX 98236
SIOUX FALLS SD 57105-8236

CHAIRMAN: *Shawn Handt*
BUSINESS MANAGER: *Jacob Schweitzer*

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046650⑆ ⑆091400606⑆ ⑆02⑆005⑆7⑆

46650 Date: 08/20 Amount: \$8,239.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46652

78-60 914 AMOUNT 557.00

PAY • Five Hundred Fifty Seven And 00/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: MAC DOCTORS
1001 W RUSSELL ST
SIOUX FALLS SD 57104

CHAIRMAN: *Shawn Handt*
BUSINESS MANAGER: *Jacob Schweitzer*

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆046652⑆ ⑆091400606⑆ ⑆02⑆005⑆7⑆

46652 Date: 08/17 Amount: \$557.00

45288630
20200816010123162

Date: 08/15/2020

091400606
020057
046653

Check Accepted At MENARDS INC

\$1923.55

One thousand nine hundred and twenty-three and 55/100 Dollars

FIRST BANK TRUST
2220 6TH STREET
BROOKINGS, SD 57006-0000

NO SIGNATURE REQUIRED - Your account holder has authorized this payment to the payee listed above or has authorized this payment to the payee of the original check, who has endorsed the original check in back and transferred the check to MENARDS INC, a holder-in-due-course.

⑆046653⑆ ⑆091400606⑆ 020057⑆

⑆0000192355⑆

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46654

78-60
914

AMOUNT: 3,370.00

PAY - Three Thousand Three Hundred Seventy And 00/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: MIDWEST FIELDTURF
PO BOX 140
22 S. MAIN ST.
GERRISON IA 51442-0160

Signature: *Shawn Hordt* (Chairman), *Jacob Schweitzer* (Business Manager)

⑆046654⑆ ⑆091400606⑆ 020057⑆

46654 Date: 08/18 Amount: \$3,370.00

46653 Date: 08/18 Amount: \$1,923.55

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46655

78-60
914

AMOUNT: 2,942.50

PAY - Two Thousand Nine Hundred Forty Two And 50/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: MOSYLE CORPORATION
PO BOX 2317
WINTER PARK FL 32790

Signature: *Shawn Hordt* (Chairman), *Jacob Schweitzer* (Business Manager)

⑆046655⑆ ⑆091400606⑆ 020057⑆

46655 Date: 08/24 Amount: \$2,942.50

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46656

78-60
914

AMOUNT: 557.56

PAY - Five Hundred Fifty Seven And 56/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: PCS PRARSON, LLC
13136 COLLECTION CENTER DR.
CHICAGO IL 60693

Signature: *Shawn Hordt* (Chairman), *Jacob Schweitzer* (Business Manager)

⑆046656⑆ ⑆091400606⑆ 020057⑆

46656 Date: 08/17 Amount: \$557.56

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46657

78-60
914

AMOUNT: 6,850.00

PAY - Six Thousand Eight Hundred Fifty And 00/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: NWEA
121 NW BOVEMET ST.
PORTLAND OR 97209

Signature: *Shawn Hordt* (Chairman), *Jacob Schweitzer* (Business Manager)

⑆046657⑆ ⑆091400606⑆ 020057⑆

46657 Date: 08/19 Amount: \$6,850.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46659

78-60
914

AMOUNT: 20.00

PAY - Twenty And 00/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: ELLIADDES OIL CO.
25333 48TH AVENUE
GARRETSON SD 57030

Signature: *Shawn Hordt* (Chairman), *Jacob Schweitzer* (Business Manager)

⑆046659⑆ ⑆091400606⑆ 020057⑆

46659 Date: 08/17 Amount: \$20.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46660

78-60
914

AMOUNT: 55.39

PAY - Fifty Five And 39/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: PITNEY BOWES
PO BOX 371896
PITTSBURGH PA 15250-7896

Signature: *Shawn Hordt* (Chairman), *Jacob Schweitzer* (Business Manager)

⑆046660⑆ ⑆091400606⑆ 020057⑆

46660 Date: 08/25 Amount: \$55.39

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46661

78-60
914

AMOUNT: 40.00

PAY - Forty And 00/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: MICHELLE PLISKA
600 TAMARAC AVE.
BRANDON SD 57005

Signature: *Shawn Hordt* (Chairman), *Jacob Schweitzer* (Business Manager)

⑆046661⑆ ⑆091400606⑆ 020057⑆

46661 Date: 08/13 Amount: \$40.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46662

78-60
914

AMOUNT: 60.00

PAY - Sixty And 00/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: FOPPLERS MUSIC, INC.
1726 S. WASHINGTON ST.
GRAND FORKS ND 58001

Signature: *Shawn Hordt* (Chairman), *Jacob Schweitzer* (Business Manager)

⑆046662⑆ ⑆091400606⑆ 020057⑆

46662 Date: 08/21 Amount: \$60.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46663

78-60
914

AMOUNT: 877.50

PAY - Eight Hundred Seventy Seven And 50/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: ATTN: EAST SIDE JERSEY DAIRY, INC.
PRAIRIE FARMS DAIRY - SIOUX FALLS
PO BOX 779223
CHICAGO IL 60677-9123

Signature: *Shawn Hordt* (Chairman), *Jacob Schweitzer* (Business Manager)

⑆046663⑆ ⑆091400606⑆ 020057⑆

46663 Date: 08/17 Amount: \$877.50

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46664

78-60
914

AMOUNT: 104.50

PAY - One Hundred Four And 50/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: P&O-SD, INC.
PO BOX 679029
DALLAS TX 75267-9029

Signature: *Shawn Hordt* (Chairman), *Jacob Schweitzer* (Business Manager)

⑆046664⑆ ⑆091400606⑆ 020057⑆

46664 Date: 08/18 Amount: \$104.50

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46665

78-60
914

AMOUNT: 12,070.00

PAY - Twelve Thousand Seventy And 00/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: RUSTIC ACRES INDUSTRIES
450TH AVE.
MADISON SD 57042

Signature: *Shawn Hordt* (Chairman), *Jacob Schweitzer* (Business Manager)

⑆046665⑆ ⑆091400606⑆ 020057⑆

46665 Date: 08/18 Amount: \$12,070.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46666

78-00 914 AMOUNT 674.95

PAY - Six Hundred Seventy Four And 95/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: SANDERS PRINTING CO., PO BOX 160, GARRETSON SD 57030

Signature: Shawn Hendtke (Chairman), Jacob Schweitzer (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046667⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46666 Date: 08/14 Amount: \$674.95

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46667

78-00 914 AMOUNT 107.91

PAY - One Hundred Seven And 91/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: SCHOLASTIC INC., PO BOX 639852, CINCINNATI OH 45263-9852

Signature: Shawn Hendtke (Chairman), Jacob Schweitzer (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046667⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46667 Date: 08/18 Amount: \$107.91

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46668

78-00 914 AMOUNT 1,737.49

PAY - One Thousand Seven Hundred Thirty Seven And 49/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: SCHOLASTIC INC., PO BOX 639852, CINCINNATI OH 45263-9852

Signature: Shawn Hendtke (Chairman), Jacob Schweitzer (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046668⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46668 Date: 08/18 Amount: \$1,737.49

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46669

78-00 914 AMOUNT 1,523.67

PAY - One Thousand Five Hundred Twenty Three And 67/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: SCHOOL SPECIALTY, 32656 COLLETTON CENTER CR., CHICAGO IL 60693-0326

Signature: Shawn Hendtke (Chairman), Jacob Schweitzer (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046669⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46669 Date: 08/17 Amount: \$1,523.67

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46670

78-00 914 AMOUNT 450.00

PAY - Four Hundred Fifty And 00/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: SCHOLASTIC INC., 3212 E HIGHWAY 30, PO BOX 2110, FEARNEY NE 68948-2110

Signature: Shawn Hendtke (Chairman), Jacob Schweitzer (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046670⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46670 Date: 08/17 Amount: \$450.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46671

78-00 914 AMOUNT 1,690.79

PAY - One Thousand Six Hundred Ninety And 79/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: ATTN: REEMPLOYMENT ASSISTANCE DIV., SD DEPT OF LABOR & REGULATORY, 420 S. ROOSEVELT ST., PO BOX 4730, ABERDEEN SD 57402-4730

Signature: Shawn Hendtke (Chairman), Jacob Schweitzer (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046671⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46671 Date: 08/17 Amount: \$1,690.79

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46673

78-00 914 AMOUNT 760.00

PAY - Seven Hundred Sixty And 00/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: KEVIN STECKLER, PO BOX 83, GARRETSON SD 57030

Signature: Shawn Hendtke (Chairman), Jacob Schweitzer (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046673⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46673 Date: 08/19 Amount: \$760.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46674

78-00 914 AMOUNT 5,791.17

PAY - Five Thousand Seven Hundred Ninety One And 17/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: STEVE'S ELECTRIC & PLUMBING, INC., PO BOX 367, GARRETSON SD 57030

Signature: Shawn Hendtke (Chairman), Jacob Schweitzer (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046674⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46674 Date: 08/17 Amount: \$5,791.17

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46675

78-00 914 AMOUNT 149.40

PAY - One Hundred Forty Nine And 40/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: ATTN: A DIVISION OF SUPER PAPER, INC, SUPER PAPER PUBLICATIONS, PO BOX 24997, GREENVILLE SC 29616-2497

Signature: Shawn Hendtke (Chairman), Jacob Schweitzer (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046675⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46675 Date: 08/18 Amount: \$149.40

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46676

78-00 914 AMOUNT 38.00

PAY - Thirty Eight And 00/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: SUPERIOR-SHOWBOARD CO., 103 N. 32ND ST., LOOSEVILLE KY 40212

Signature: Shawn Hendtke (Chairman), Jacob Schweitzer (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046676⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46676 Date: 08/24 Amount: \$38.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46677

78-00 914 AMOUNT 232.92

PAY - Two Hundred Thirty Two And 92/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: SUPREMS SCHOOL SUPPLY CO., PO BOX 220, 625 DEVLIN DR., ALCADIA WI 54612

Signature: Shawn Hendtke (Chairman), Jacob Schweitzer (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046677⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46677 Date: 08/17 Amount: \$232.92

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL
DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020 46678

78-00 914 AMOUNT 233.48

PAY - Two Hundred Thirty Three And 48/100 Dollars -

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: TEACHING TREASURES, 1133 N. 11ST ST., STOUX FALLS SD 57105

Signature: Shawn Hendtke (Chairman), Jacob Schweitzer (Business Manager)

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046678⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46678 Date: 08/18 Amount: \$233.48

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/10/2020

78.00
914

AMOUNT: 900.00

PAY • Nine Hundred And 00/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: THE MANAGEMENT SYSTEMS, INC.
4030 STANHAM DRIVE
SIOUX CITY IA 51106

Shawn A. Schweitzer
Jacob Schweitzer, CHAIRMAN
Jacob Schweitzer, BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046679⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46679 Date: 08/18 Amount: \$900.00

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/14/2020

78.00
914

AMOUNT: 932.17

PAY • Nine Hundred Thirty Two And 17/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: DAVE WILSON CREDIT
501 SAKAH C. STREET
GARRETSON SD 57030

Shawn A. Schweitzer
Jacob Schweitzer, CHAIRMAN
Jacob Schweitzer, BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046680⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46680 Date: 08/17 Amount: \$932.17

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/14/2020

78.00
914

AMOUNT: 804.73

PAY • Eight Hundred Four And 73/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: GARRETSON SCHOOL DISTRICT FLEX ACCOUNT
PO BOX C
GARRETSON SD 57030

Shawn A. Schweitzer
Jacob Schweitzer, CHAIRMAN
Jacob Schweitzer, BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046682⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46682 Date: 08/13 Amount: \$804.73

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/17/2020

78.00
914

AMOUNT: 11,092.60

PAY • Eleven Thousand Ninety Two And 60/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: GARRETSON SCHOOL TRUST & AGENCY

Shawn A. Schweitzer
Jacob Schweitzer, CHAIRMAN
Jacob Schweitzer, BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046683⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46683 Date: 08/13 Amount: \$11,092.60

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/14/2020

78.00
914

AMOUNT: 131.92

PAY • One Hundred Thirty One And 92/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: NEW YORK LIFE INSURANCE
75 RIVERFRONT DRIVE
SUITE 302
CHICAGO IL 60675-3021

Shawn A. Schweitzer
Jacob Schweitzer, CHAIRMAN
Jacob Schweitzer, BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046685⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46685 Date: 08/19 Amount: \$131.92

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/17/2020

78.00
914

AMOUNT: 874.50

PAY • Eight Hundred Seventy Four And 50/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: EMILY KAY BACKER
323 SWITCHGRASS TRAIL
BRANDON SD 57005

Shawn A. Schweitzer
Jacob Schweitzer, CHAIRMAN
Jacob Schweitzer, BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046687⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46687 Date: 08/27 Amount: \$874.50

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/17/2020

78.00
914

AMOUNT: 949.85

PAY • Nine Hundred Forty Nine And 85/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: ANGELA K. BLY
4818 251ST STREET
GARRETSON SD 57030

Shawn A. Schweitzer
Jacob Schweitzer, CHAIRMAN
Jacob Schweitzer, BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046688⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46688 Date: 08/26 Amount: \$949.85

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/17/2020

78.00
914

AMOUNT: 913.95

PAY • Nine Hundred Thirteen And 95/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: JASON L. BOHL
PO BOX 244
GARRETSON SD 57030

Shawn A. Schweitzer
Jacob Schweitzer, CHAIRMAN
Jacob Schweitzer, BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046689⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46689 Date: 08/24 Amount: \$913.95

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/17/2020

78.00
914

AMOUNT: 241.96

PAY • Two Hundred Forty One And 96/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: KATHI S BRADY
48846 251ST ST
GARRETSON SD 57030

Shawn A. Schweitzer
Jacob Schweitzer, CHAIRMAN
Jacob Schweitzer, BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046690⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46690 Date: 08/21 Amount: \$241.96

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/17/2020

78.00
914

AMOUNT: 771.03

PAY • Seven Hundred Seventy One And 03/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: ERIKA BROWN
521 CENTER AVE
GARRETSON SD 57030

Shawn A. Schweitzer
Jacob Schweitzer, CHAIRMAN
Jacob Schweitzer, BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046691⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46691 Date: 08/24 Amount: \$771.03

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/17/2020

78.00
914

AMOUNT: 931.87

PAY • Nine Hundred Thirty One And 87/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: SAMANTHA R BRUNS
590 W BARTOCELLER LANE
SIOUX FALLS SD 57105

Shawn A. Schweitzer
Jacob Schweitzer, CHAIRMAN
Jacob Schweitzer, BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046692⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46692 Date: 08/26 Amount: \$931.87

THIS DOCUMENT HAS A TRUE WATERMARK IN THE PAPER - HOLD TO LIGHT TO VIEW

GARRETSON SCHOOL DISTRICT NO. 49-4
MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA
GARRETSON, SOUTH DAKOTA 57030

DATE: 08/17/2020

78.00
914

AMOUNT: 896.03

PAY • Eight Hundred Ninety Six And 03/100 Dollars •

FIRST BANK AND TRUST
Garretson, SD

TO THE ORDER OF: LISA M DAIFORTH
48062 253RD ST
GARRETSON SD 57030

Shawn A. Schweitzer
Jacob Schweitzer, CHAIRMAN
Jacob Schweitzer, BUSINESS MANAGER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈046695⑈ ⑆091400606⑆ 02⑈005⑈7⑈

46695 Date: 08/27 Amount: \$896.03

Garretson School District No. 49-4, Minnehaha County, State of South Dakota. Payable to Teddy Dainen, \$911.08. Signed by Jacob Schweitzer.

Garretson School District No. 49-4, Minnehaha County, State of South Dakota. Payable to Elizabeth Etheim, \$896.03. Signed by Jacob Schweitzer.

46696 Date: 08/20 Amount: \$911.08

46698 Date: 08/26 Amount: \$896.03

Garretson School District No. 49-4, Minnehaha County, State of South Dakota. Payable to Jodi Gloe, \$259.05. Signed by Jacob Schweitzer.

Garretson School District No. 49-4, Minnehaha County, State of South Dakota. Payable to Jacob L. Shadles, \$896.03. Signed by Jacob Schweitzer.

46699 Date: 08/25 Amount: \$259.05

46702 Date: 08/21 Amount: \$896.03

Garretson School District No. 49-4, Minnehaha County, State of South Dakota. Payable to Peyton Heitkamp, \$268.16. Signed by Jacob Schweitzer.

Garretson School District No. 49-4, Minnehaha County, State of South Dakota. Payable to Jacob Heuniller, \$874.50. Signed by Jacob Schweitzer.

46703 Date: 08/26 Amount: \$268.16

46704 Date: 08/25 Amount: \$874.50

Garretson School District No. 49-4, Minnehaha County, State of South Dakota. Payable to Christine Houseka, \$259.05. Signed by Jacob Schweitzer.

Garretson School District No. 49-4, Minnehaha County, State of South Dakota. Payable to Beverly A. Howe, \$949.78. Signed by Jacob Schweitzer.

46706 Date: 08/21 Amount: \$259.05

46707 Date: 08/28 Amount: \$949.78

Garretson School District No. 49-4, Minnehaha County, State of South Dakota. Payable to Anthony H. Johnson, \$259.05. Signed by Jacob Schweitzer.

Garretson School District No. 49-4, Minnehaha County, State of South Dakota. Payable to Alysha Riehtopf, \$874.50. Signed by Jacob Schweitzer.

46709 Date: 08/25 Amount: \$896.00

46710 Date: 08/20 Amount: \$874.50

Garretson School District No. 49-4, Minnehaha County, State of South Dakota. Payable to Jeana Lantz, \$911.08. Signed by Jacob Schweitzer.

Garretson School District No. 49-4, Minnehaha County, State of South Dakota. Payable to Jacki L. Lieser, \$874.50. Signed by Jacob Schweitzer.

46711 Date: 08/21 Amount: \$911.08

46712 Date: 08/31 Amount: \$896.03

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$234.05. Payee: Leslie A Loncheny, 912 Oak Drive, Garretson SD 57030. Signature: Jacob Schweitzer.

46713 Date: 08/21 Amount: \$234.05

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$896.03. Payee: Darcy Hodge, 2121 Hopkins Glory Ave, Harrisburg SD 57032. Signature: Jacob Schweitzer.

46716 Date: 08/24 Amount: \$896.03

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$913.95. Payee: David J. Mudder, 912 3rd St, Garretson SD 57030. Signature: Jacob Schweitzer.

46718 Date: 08/24 Amount: \$913.95

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$277.05. Payee: Reid Nelson, 4833 252nd St, Garretson SD 57030. Signature: Jacob Schweitzer.

46720 Date: 08/21 Amount: \$277.05

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$863.95. Payee: Michelle Pliska, 609 Tanagac Ave, Brandon SD 57005. Signature: Jacob Schweitzer.

46723 Date: 08/24 Amount: \$863.95

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$259.05. Payee: Kristin Sands, 25531 46th Ave, Garretson SD 57030. Signature: Jacob Schweitzer.

46726 Date: 08/21 Amount: \$259.05

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$896.03. Payee: Kim Macziewski, 128 S. Leslie Dr, Garretson SD 57030. Signature: Jacob Schweitzer.

46715 Date: 08/21 Amount: \$896.03

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$259.05. Payee: Lisa R McKersiey, 403 N. 12th St, Dell Rapids SD 57022. Signature: Jacob Schweitzer.

46717 Date: 08/24 Amount: \$259.05

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$931.87. Payee: Julie M Mueller, 2837n 487th Ave, PO Box 142, Garretson SD 57030. Signature: Jacob Schweitzer. Includes 'NIGHT DROP' stamp.

46719 Date: 08/21 Amount: \$931.87

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$262.88. Payee: Dennis Northrup, 1116 3rd Street, Garretson SD 57030. Signature: Jacob Schweitzer.

46722 Date: 08/27 Amount: \$262.88

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$259.05. Payee: Tiffany Lynn Radford, 920 N. Joslyn Drive, Apt. #3, Brandon SD 57005. Signature: Jacob Schweitzer.

46724 Date: 08/21 Amount: \$259.05

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$853.00. Payee: Sherril L Schornetsh, 403 Dows Apt. #1, Garretson SD 57030. Signature: Jacob Schweitzer.

46728 Date: 08/31 Amount: \$853.00

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$853.00. Pay to: Carley Shockman, 1617 Farview Blvd, Brandon SD 57005. Signature: Jacob Schweitzer.

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$873.00. Pay to: Nicholas S. Eitigs, 2704 E. Sunflower St., Brandon SD 57005. Signature: Jacob Schweitzer.

46729 Date: 08/24 Amount: \$853.00

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$853.00. Pay to: Kevin J. Steckler, PO Box 83, Garretson SD 57030. Signature: Jacob Schweitzer.

46730 Date: 08/21 Amount: \$896.03

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$896.03. Pay to: Kari J. Stolteberg, 48887 253RD ST., GARRETSON SD 57030. Signature: Jacob Schweitzer.

46731 Date: 08/26 Amount: \$896.03

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$896.03. Pay to: Sonya Swanson, 412 CENTER AVE., GARRETSON SD 57030. Signature: Jacob Schweitzer.

46732 Date: 08/20 Amount: \$896.03

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$896.03. Pay to: Andrew C. Ternee, 1629 Cherry Ave, Larchwood IA 51241. Signature: Jacob Schweitzer.

46734 Date: 08/26 Amount: \$259.05

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$259.05. Pay to: Trista L. Vandersnick, PO Box 641, Garretson SD 57030. Signature: Jacob Schweitzer.

46735 Date: 08/25 Amount: \$774.85

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$774.85. Pay to: Carissa White, 349 Center Ave., Apt. 66, Garretson SD 57030. Signature: Jacob Schweitzer.

46737 Date: 08/21 Amount: \$400.52

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$400.52. Pay to: Amber Williamson, PO Box 145, 508 Center Avenue, Garretson SD 57030. Signature: Jacob Schweitzer.

46738 Date: 08/20 Amount: \$259.05

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$259.05. Pay to: Gary Winterton, 24791 464TH AVE., SHERBORN SD 57030. Signature: Jacob Schweitzer.

46739 Date: 08/27 Amount: \$853.00

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$853.00. Pay to: South Dakota Retirement System, Box 968, Sioux Falls SD 57101-0968. Signature: Jacob Schweitzer.

46740 Date: 08/21 Amount: \$277.05

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/28/2020. Amount: \$277.05. Pay to: Garretson School District Flex Account, PO Box C, 505 2nd St., Garretson SD 57030. Signature: Jacob Schweitzer.

46741 Date: 08/19 Amount: \$4,920.00

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/17/2020. Amount: \$4,920.00. Pay to: South Dakota Retirement System, Box 968, Sioux Falls SD 57101-0968. Signature: Jacob Schweitzer.

46745 Date: 08/28 Amount: \$388.69

Garretson School District No. 49-4, Minnehaha County, State of South Dakota, Garretson, South Dakota 57030. Date: 08/28/2020. Amount: \$388.69. Pay to: Garretson School District Flex Account, PO Box C, 505 2nd St., Garretson SD 57030. Signature: Jacob Schweitzer.

THIS DOCUMENT HAS A FINE WATERMARK IN THE PAPER • HOLD TO LIGHT TO VIEW

	<p>GARRETSON SCHOOL DISTRICT NO. 49-4 MINNEHAHA COUNTY, STATE OF SOUTH DAKOTA GARRETSON, SOUTH DAKOTA 57030</p>	<p>DATE 46746 08/28/2020</p>	<p>28-00 912 AMOUNT 5,381.06</p>
<p>PAY • Five Thousand Three Hundred Eighty One And 06/100 Dollars •</p>			
<p style="text-align: right;">FIRST BANK AND TRUST GARRETSON, SD</p>			
<p>TO THE ORDER OF: GARRETSON SCHOOL DISTRICT TRUST & AGENCY PO BOX C 505 2ND ST. GARRETSON SD 57030</p>			
<p style="text-align: right;"><i>Kelli J. Hansen</i> <i>Jared B. Schmitzer</i></p>			
<p style="text-align: center; font-size: x-small;">SECURITY FEATURES INCLUDED. DETAILS ON BACK.</p>			
<p style="text-align: center; font-size: x-small;">⑈046746⑈ ⑆091400606⑆ 02⑈005⑈7⑈</p>			

46746 Date: 08/28 Amount: \$5,381.06

FOR A CHANGE OF NAME OR ADDRESS, PLEASE COMPLETE THE FORM BELOW.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ PHONE NUMBER _____ DATE _____

CLIP AND RETURN TO BANK.

HOW TO BALANCE YOUR ACCOUNT		NEW BALANCE		\$
1. Subtract from your check register any service, miscellaneous, or automatic charge(s) posted on this statement. 2. Mark (✓) your register after each check listed on front of the statement. 3. Check off deposits shown on the statement against those shown in your check register. 4. Complete the form at the right. 5. The final "balance" in the form at the right should agree with your check register balance. If it does not, read "HINTS FOR FINDING DIFFERENCES" below.		ADD		
		DEPOSIT(S) MADE SINCE ENDING DATE ON STATEMENT		
		SUBTOTAL		\$
HINTS FOR FINDING DIFFERENCES		CHECKS NOT LISTED ON THIS OR PRIOR STATEMENTS		
		NUMBER	AMOUNT	
<ul style="list-style-type: none"> • Recheck all additions and subtractions or corrections. • Verify the carryover balance from page to page in your check register. • Make sure you have subtracted any service or miscellaneous charge(s) from your check register balance. • For information or help on electronic transactions, call the telephone number on the front of this statement. 				
INFORMATION REGARDING YOUR DEPOSIT ACCOUNT				
FOR CONSUMER ACCOUNTS AND TRANSACTIONS ONLY: IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS If you think your statement or receipt is incorrect, or if you need more information about a transfer on the statement or receipt, telephone us or write us at the telephone number or address on the reverse side of this statement as soon as possible. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. (1) Tell us your name and account number. (2) Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need information. (3) Tell us the dollar amount of the suspected error. We will investigate your complaint and will correct any error promptly. If we take more than ten business days to do this, we will credit your account the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.				
INFORMATION ON YOUR OVERDRAFT PROTECTION PLAN				
FOR CONSUMER ACCOUNTS ONLY: IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILLING STATEMENT If you think your billing statement is incorrect, or if you need more information about a transaction on your billing statement, write us on a separate sheet at the address shown on your billing statement as soon as possible. We must hear from you no later than 60 days after we sent you the first billing statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, please include the following information: <ul style="list-style-type: none"> • Your name and account number. • The dollar amount of the suspected error. • Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your billing statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.				
COMPUTATION OF INTEREST CHARGE				
Interest charges begin to accrue immediately upon each advance made under the line of credit agreement. The interest charge on your account is calculated by multiplying the balance subject to interest rate by the annual percentage rate and dividing that by 365 then multiplying that by the number of days in the billing cycle. (To determine the balance subject to interest rate on which each daily interest charge is computed, we take the beginning balance on your account each day, add any new purchases/advances, and subtract any payments, credits, and unpaid interest charges.)		TOTAL OF CHECKS NOT LISTED →		
		Subtract "TOTAL OF CHECKS NOT LISTED" from "SUBTOTAL" above. <div style="text-align: right;">BALANCE</div>		\$
		This should agree with your check register balance.		



First Bank & Trust

FIRST BANK & TRUST - SF
 PO BOX G
 GARRETSON, SD 57030-0385

(605) 594-3423

Date 8/31/20 Page 1
 ACCOUNT NUMBER ENDING 0131
 8

GARRETSON SCHOOL
 DISTRICT TRANSFER
 PO BOX C
 GARRETSON SD 57030-0381

CHECKING ACCOUNT

Account Title: GARRETSON SCHOOL
 DISTRICT TRANSFER

INTEREST CHECKING		NUMBER OF ENCLOSURES	8
ACCOUNT NUMBER	ENDING 0131	Statement Dates	8/03/20 thru 8/31/20
PREVIOUS BALANCE	1,849,074.82	DAYS IN THE STATEMENT PERIOD	29
10 DEPOSITS	101,408.97	AVERAGE LEDGER BALANCE	1,635,699.98
8 CHECKS/DEBITS	409,341.04	AVERAGE COLLECTED BAL	1,635,699.98
SERVICE CHARGE	.00	Interest Earned	584.81
INTEREST PAID	584.81	Annual Percentage Yield Earned	0.45%
NEW BALANCE	1,541,727.56	2020 Interest Paid	7,308.49

	Total For This Period	Total Year-to-Date
TOTAL OVERDRAFT FEES	\$.00	\$.00
TOTAL NSF RETURNED ITEM FEES	\$.00	\$.00

DEPOSITS

DATE	DESCRIPTION	AMOUNT
8/13	Deposit	118.82
8/14	HCCLAIMPMT SD MMIS 9083010000 20/08/14 TRACE# -091408597452137 TRN*1*515103082582422*14660003 64\	814.19
8/20	Deposit	27,660.81

DEPOSIT TICKET 78-00914
 GARRETSON SCHOOL DISTRICT
 TRANSFER ACCOUNT

DATE: 8/13/2020

CHECKS (BY NUMBER):
 1 9999
 2 5897

TOTAL FROM OTHER SIDE: 118.82

NET DEPOSIT: \$ 118.82

Deposit Date: 08/13 Amount: \$118.82

FIRST BANK & TRUST SF CHECKING DEPOSIT

DATE: AUG 20 2020

NAME: Garretson School

ACCOUNT NUMBER: 27,660.81

NET DEPOSIT: \$ 27,660.81

Deposit Date: 08/20 Amount: \$27,660.81

DEPOSIT TICKET 78-00914
 GARRETSON SCHOOL DISTRICT
 TRANSFER ACCOUNT

DATE: 8/25/2020

CHECKS (BY NUMBER):
 1 500

TOTAL FROM OTHER SIDE: 520.00

NET DEPOSIT: \$ 520.00

Deposit Date: 08/26 Amount: \$520.00

DEPOSIT TICKET 78-00914
 GARRETSON SCHOOL DISTRICT
 TRANSFER ACCOUNT

DATE: 8/25/2020

CHECKS (BY NUMBER):
 1 3774

TOTAL FROM OTHER SIDE: 167.00

NET DEPOSIT: \$ 167.00

Deposit Date: 08/26 Amount: \$167.00

DEPOSIT TICKET 78-00914
 GARRETSON SCHOOL DISTRICT
 TRANSFER ACCOUNT

DATE: 8/26/2020

CHECKS (BY NUMBER):
 1 10984
 2 9389
 3 11934

TOTAL FROM OTHER SIDE: 163.16

NET DEPOSIT: \$ 163.16

Deposit Date: 08/26 Amount: \$163.16

DEPOSIT TICKET 78-00914
 GARRETSON SCHOOL DISTRICT
 TRANSFER ACCOUNT

DATE: 8/26/2020

CHECKS (BY NUMBER):
 1 3769

TOTAL FROM OTHER SIDE: 375.00

NET DEPOSIT: \$ 375.00

Deposit Date: 08/26 Amount: \$375.00

DEPOSIT TICKET 78-00914
 GARRETSON SCHOOL DISTRICT
 TRANSFER ACCOUNT

DATE: 8/28/2020

CHECKS (BY NUMBER):
 1 1006952
 2 702512

TOTAL FROM OTHER SIDE: 70,025.12

NET DEPOSIT: \$ 70,025.12

Deposit Date: 08/28 Amount: \$70,025.12

DEPOSIT TICKET 78-00914
 GARRETSON SCHOOL DISTRICT
 TRANSFER ACCOUNT

DATE: 8/28/2020

CHECKS (BY NUMBER):
 1 2488
 2 1488
 3 1488
 4 1488
 5 1488
 6 1488
 7 1488

TOTAL FROM OTHER SIDE: 1,248.00

NET DEPOSIT: \$ 1,248.00

Deposit Date: 08/28 Amount: \$1,248.00

FOR A CHANGE OF NAME OR ADDRESS, PLEASE COMPLETE THE FORM BELOW.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ PHONE NUMBER _____ DATE _____

CLIP AND RETURN TO BANK.

HOW TO BALANCE YOUR ACCOUNT		NEW BALANCE		\$
1. Subtract from your check register any service, miscellaneous, or automatic charge(s) posted on this statement. 2. Mark (✓) your register after each check listed on front of the statement. 3. Check off deposits shown on the statement against those shown in your check register. 4. Complete the form at the right. 5. The final "balance" in the form at the right should agree with your check register balance. If it does not, read "HINTS FOR FINDING DIFFERENCES" below.		ADD		
		DEPOSIT(S) MADE SINCE ENDING DATE ON STATEMENT		
		SUBTOTAL		\$
HINTS FOR FINDING DIFFERENCES		CHECKS NOT LISTED ON THIS OR PRIOR STATEMENTS		
		NUMBER	AMOUNT	
<ul style="list-style-type: none"> • Recheck all additions and subtractions or corrections. • Verify the carryover balance from page to page in your check register. • Make sure you have subtracted any service or miscellaneous charge(s) from your check register balance. • For information or help on electronic transactions, call the telephone number on the front of this statement. 				
INFORMATION REGARDING YOUR DEPOSIT ACCOUNT				
FOR CONSUMER ACCOUNTS AND TRANSACTIONS ONLY: IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS If you think your statement or receipt is incorrect, or if you need more information about a transfer on the statement or receipt, telephone us or write us at the telephone number or address on the reverse side of this statement as soon as possible. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. (1) Tell us your name and account number. (2) Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need information. (3) Tell us the dollar amount of the suspected error. We will investigate your complaint and will correct any error promptly. If we take more than ten business days to do this, we will credit your account the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.				
INFORMATION ON YOUR OVERDRAFT PROTECTION PLAN				
FOR CONSUMER ACCOUNTS ONLY: IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILLING STATEMENT If you think your billing statement is incorrect, or if you need more information about a transaction on your billing statement, write us on a separate sheet at the address shown on your billing statement as soon as possible. We must hear from you no later than 60 days after we sent you the first billing statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, please include the following information: <ul style="list-style-type: none"> • Your name and account number. • The dollar amount of the suspected error. • Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your billing statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.				
COMPUTATION OF INTEREST CHARGE				
Interest charges begin to accrue immediately upon each advance made under the line of credit agreement. The interest charge on your account is calculated by multiplying the balance subject to interest rate by the annual percentage rate and dividing that by 365 then multiplying that by the number of days in the billing cycle. (To determine the balance subject to interest rate on which each daily interest charge is computed, we take the beginning balance on your account each day, add any new purchases/advances, and subtract any payments, credits, and unpaid interest charges.)		TOTAL OF CHECKS NOT LISTED		
		Subtract "TOTAL OF CHECKS NOT LISTED" from "SUBTOTAL" above. BALANCE		\$
		This should agree with your check register balance.		



First Bank & Trust

FIRST BANK & TRUST - SF
 PO BOX G
 GARRETSON, SD 57030-0385

(605) 594-3423

Date 8/31/20 Page 1
 ACCOUNT NUMBER ENDING 0444
 21

GARRETSON SCHOOL
 TRUST & AGENCY
 PO BOX C
 GARRETSON SD 57030-0381

CHECKING ACCOUNT

Account Title: GARRETSON SCHOOL
 TRUST & AGENCY

FREE CHECKING		NUMBER OF ENCLOSURES	21
ACCOUNT NUMBER	ENDING 0444	Statement Dates	8/03/20 thru 8/31/20
PREVIOUS BALANCE	37,866.48	DAYS IN THE STATEMENT PERIOD	29
9 DEPOSITS	63,024.50	AVERAGE LEDGER BALANCE	50,142.12
30 CHECKS/DEBITS	53,570.27	AVERAGE COLLECTED BAL	50,142.12
SERVICE CHARGE	.00		
INTEREST PAID	.00		
NEW BALANCE	47,320.71		

	Total For This Period	Total Year-to-Date
TOTAL OVERDRAFT FEES	\$.00	\$.00
TOTAL NSF RETURNED ITEM FEES	\$.00	\$.00

DEPOSITS

DATE	DESCRIPTION	AMOUNT
8/10	T5142426-2 PayFlex 1911774434 20/08/10 TRACE# -104000850839631	106.40
8/13	Deposit	42,385.76
8/26	Deposit	139.50
8/26	Deposit	206.90
8/26	Deposit	340.25
8/26	Deposit	1,392.19

DEPOSIT TICKET 78-60914
 GARRETTSON SCHOOL DISTRICT
 STUDENT ACTIVITY ASSOCIATION

DATE: 8/13/2020

CURRENCY	COIN	DOLLARS	CENTS
1		42385	76
2		150	00
3		42535	76
4		100	00
5		42635	76
6		50	00
7		42685	76
8		100	00
9		42785	76
10		100	00
11		42885	76
12		100	00
13		42985	76
14		100	00
15		43085	76
16		100	00
17		43185	76
18		100	00
19		43285	76
20		100	00
21		43385	76
22		100	00
23		43485	76
24		100	00
25		43585	76
26		100	00
27		43685	76
28		100	00
29		43785	76
30		100	00
31		43885	76
32		100	00
33		43985	76
34		100	00
35		44085	76
36		100	00
37		44185	76
38		100	00
39		44285	76
40		100	00
41		44385	76
42		100	00
43		44485	76
44		100	00
45		44585	76
46		100	00
47		44685	76
48		100	00
49		44785	76
50		100	00
51		44885	76
52		100	00
53		44985	76
54		100	00
55		45085	76
56		100	00
57		45185	76
58		100	00
59		45285	76
60		100	00
61		45385	76
62		100	00
63		45485	76
64		100	00
65		45585	76
66		100	00
67		45685	76
68		100	00
69		45785	76
70		100	00
71		45885	76
72		100	00
73		45985	76
74		100	00
75		46085	76
76		100	00
77		46185	76
78		100	00
79		46285	76
80		100	00
81		46385	76
82		100	00
83		46485	76
84		100	00
85		46585	76
86		100	00
87		46685	76
88		100	00
89		46785	76
90		100	00
91		46885	76
92		100	00
93		46985	76
94		100	00
95		47085	76
96		100	00
97		47185	76
98		100	00
99		47285	76
100		100	00

TOTAL FROM OTHER SOURCES: 42385.76

DEPOSIT TOTAL: 42385.76

AMOUNT: \$ 42385.76

Deposit Date: 08/13 Amount: \$42,385.76

DEPOSIT TICKET 78-60914
 GARRETTSON SCHOOL DISTRICT
 STUDENT ACTIVITY ASSOCIATION

DATE: 8/26/2020

CURRENCY	COIN	DOLLARS	CENTS
1		340	25
2		0	00
3		340	25
4		0	00
5		340	25
6		0	00
7		340	25
8		0	00
9		340	25
10		0	00
11		340	25
12		0	00
13		340	25
14		0	00
15		340	25
16		0	00
17		340	25
18		0	00
19		340	25
20		0	00
21		340	25
22		0	00
23		340	25
24		0	00
25		340	25
26		0	00
27		340	25
28		0	00
29		340	25
30		0	00
31		340	25
32		0	00
33		340	25
34		0	00
35		340	25
36		0	00
37		340	25
38		0	00
39		340	25
40		0	00
41		340	25
42		0	00
43		340	25
44		0	00
45		340	25
46		0	00
47		340	25
48		0	00
49		340	25
50		0	00
51		340	25
52		0	00
53		340	25
54		0	00
55		340	25
56		0	00
57		340	25
58		0	00
59		340	25
60		0	00
61		340	25
62		0	00
63		340	25
64		0	00
65		340	25
66		0	00
67		340	25
68		0	00
69		340	25
70		0	00
71		340	25
72		0	00
73		340	25
74		0	00
75		340	25
76		0	00
77		340	25
78		0	00
79		340	25
80		0	00
81		340	25
82		0	00
83		340	25
84		0	00
85		340	25
86		0	00
87		340	25
88		0	00
89		340	25
90		0	00
91		340	25
92		0	00
93		340	25
94		0	00
95		340	25
96		0	00
97		340	25
98		0	00
99		340	25
100		0	00

TOTAL FROM OTHER SOURCES: 340.25

DEPOSIT TOTAL: 340.25

AMOUNT: \$ 340.25

Deposit Date: 08/26 Amount: \$340.25

DEPOSIT TICKET 78-60914
 GARRETTSON SCHOOL DISTRICT
 STUDENT ACTIVITY ASSOCIATION

DATE: 8/26/2020

CURRENCY	COIN	DOLLARS	CENTS
1		139	50
2		0	00
3		139	50
4		0	00
5		139	50
6		0	00
7		139	50
8		0	00
9		139	50
10		0	00
11		139	50
12		0	00
13		139	50
14		0	00
15		139	50
16		0	00
17		139	50
18		0	00
19		139	50
20		0	00
21		139	50
22		0	00
23		139	50
24		0	00
25		139	50
26		0	00
27		139	50
28		0	00
29		139	50
30		0	00
31		139	50
32		0	00
33		139	50
34		0	00
35		139	50
36		0	00
37		139	50
38		0	00
39		139	50
40		0	00
41		139	50
42		0	00
43		139	50
44		0	00
45		139	50
46		0	00
47		139	50
48		0	00
49		139	50
50		0	00
51		139	50
52		0	00
53		139	50
54		0	00
55		139	50
56		0	00
57		139	50
58		0	00
59		139	50
60		0	00
61		139	50
62		0	00
63		139	50
64		0	00
65		139	50
66		0	00
67		139	50
68		0	00
69		139	50
70		0	00
71		139	50
72		0	00
73		139	50
74		0	00
75		139	50
76		0	00
77		139	50
78		0	00
79		139	50
80		0	00
81		139	50
82		0	00
83		139	50
84		0	00
85		139	50
86		0	00
87		139	50
88		0	00
89		139	50
90		0	00
91		139	50
92		0	00
93		139	50
94		0	00
95		139	50
96		0	00
97		139	50
98		0	00
99		139	50
100		0	00

TOTAL FROM OTHER SOURCES: 139.50

DEPOSIT TOTAL: 139.50

AMOUNT: \$ 139.50

Deposit Date: 08/26 Amount: \$139.50

DEPOSIT TICKET 78-60914
 GARRETTSON SCHOOL DISTRICT
 STUDENT ACTIVITY ASSOCIATION

DATE: 8/26/2020

CURRENCY	COIN	DOLLARS	CENTS
1		1392	19
2		0	00
3		1392	19
4		0	00
5		1392	19
6		0	00
7		1392	19
8		0	00
9		1392	19
10		0	00
11		1392	19
12		0	00
13		1392	19
14		0	00
15		1392	19
16		0	00
17		1392	19
18		0	00
19		1392	19
20		0	00
21		1392	19
22		0	00
23		1392	19
24		0	00
25		1392	19
26		0	00
27		1392	19
28		0	00
29		1392	19
30		0	00
31		1392	19
32		0	00
33		1392	19
34		0	00
35		1392	19
36		0	00
37		1392	19
38		0	00
39		1392	19
40		0	00
41		1392	19
42		0	00
43		1392	19
44		0	00
45		1392	19
46		0	00
47		1392	19
48		0	00
49		1392	19
50		0	00
51		1392	19
52		0	00
53		1392	19
54		0	00
55		1392	19
56		0	00
57		1392	19
58		0	00
59		1392	19
60		0	00
61		1392	19
62		0	00
63		1392	19
64		0	00
65		1392	19
66		0	00
67		1392	19
68		0	00
69		1392	19
70		0	00
71		1392	19
72		0	00
73		1392	19
74		0	00
75		1392	19

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

GARRETSON SCHOOL DISTRICT NO. 49-4
TRUST AND AGENCY FUNDS
P.O. BOX C
GARRETSON, SD 57030

DATE: 07/31/2020 **19394**

78.60
914

AMOUNT: **519.36**

PAY: Five Hundred Nineteen And 36/100 Dollars

FIRST BANK & TRUST
Garretson, SD

STUDENT ACTIVITY ASSOCIATION

TO THE ORDER OF: VISION SERVICE PLAN
PO BOX 742788
LOS ANGELES CA 90074-2788

ATTN: JACOB SCHWITZER
1932 WYRINTON ROAD
COLUMBUS GA 31909-0797

Jacob Schwitzer
BUSINESS MANAGER

THE BACK OF THIS DOCUMENT CONTAINS CHECK SECURITY WATERMARK AND COIN READING

#019394# #091400606# 04004444#

19394 Date: 08/04 Amount: \$519.36

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

GARRETSON SCHOOL DISTRICT NO. 49-4
TRUST AND AGENCY FUNDS
P.O. BOX C
GARRETSON, SD 57030

DATE: 08/13/2020 **19396**

78.60
914

AMOUNT: **810.75**

PAY: Eight Hundred Ten And 75/100 Dollars

FIRST BANK & TRUST
Garretson, SD

STUDENT ACTIVITY ASSOCIATION

TO THE ORDER OF: CHESTERMAN CO.
2301 S. MINNESOTA AVE
SIOUX FALLS SD 57101

ATTN: JACOB SCHWITZER
1932 WYRINTON ROAD
COLUMBUS GA 31909-0797

Jacob Schwitzer
BUSINESS MANAGER

THE BACK OF THIS DOCUMENT CONTAINS CHECK SECURITY WATERMARK AND COIN READING

#019396# #091400606# 04004444#

19396 Date: 08/24 Amount: \$810.75

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

GARRETSON SCHOOL DISTRICT NO. 49-4
TRUST AND AGENCY FUNDS
P.O. BOX C
GARRETSON, SD 57030

DATE: 08/13/2020 **19398**

78.60
914

AMOUNT: **437.13**

PAY: Four Hundred Thirty Seven And 13/100 Dollars

FIRST BANK & TRUST
Garretson, SD

STUDENT ACTIVITY ASSOCIATION

TO THE ORDER OF: FIRST BANK & TRUST
80 BOX 6000
BROOKINGS SD 57006-6000

ATTN: JACOB SCHWITZER
1932 WYRINTON ROAD
COLUMBUS GA 31909-0797

Jacob Schwitzer
BUSINESS MANAGER

THE BACK OF THIS DOCUMENT CONTAINS CHECK SECURITY WATERMARK AND COIN READING

#019398# #091400606# 04004444#

19398 Date: 08/17 Amount: \$437.13

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

GARRETSON SCHOOL DISTRICT NO. 49-4
TRUST AND AGENCY FUNDS
P.O. BOX C
GARRETSON, SD 57030

DATE: 08/13/2020 **19400**

78.60
914

AMOUNT: **41,750.45**

PAY: Forty One Thousand Seven Hundred Fifty And 45/100 Dollars

FIRST BANK & TRUST
Garretson, SD

STUDENT ACTIVITY ASSOCIATION

TO THE ORDER OF: ATTN: BRICE CHRISTENSEN
NORTHERN PLAINS INSURANCE POOL
2821 E. 14TH ST. RM 410
SIOUX FALLS SD 57103-0010

ATTN: JACOB SCHWITZER
1932 WYRINTON ROAD
COLUMBUS GA 31909-0797

Jacob Schwitzer
BUSINESS MANAGER

THE BACK OF THIS DOCUMENT CONTAINS CHECK SECURITY WATERMARK AND COIN READING

#019400# #091400606# 04004444#

19400 Date: 08/24 Amount: \$41,750.45

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

GARRETSON SCHOOL DISTRICT NO. 49-4
TRUST AND AGENCY FUNDS
P.O. BOX C
GARRETSON, SD 57030

DATE: 08/27/2020 **19403**

78.60
914

AMOUNT: **140.00**

PAY: One Hundred Forty And 00/100 Dollars

FIRST BANK & TRUST
Garretson, SD

STUDENT ACTIVITY ASSOCIATION

TO THE ORDER OF: ALYXA HOFFERT-VELDHUIZEN
2905 E. 14TH ST.
SIOUX FALLS SD 57103

ATTN: JACOB SCHWITZER
1932 WYRINTON ROAD
COLUMBUS GA 31909-0797

Jacob Schwitzer
BUSINESS MANAGER

THE BACK OF THIS DOCUMENT CONTAINS CHECK SECURITY WATERMARK AND COIN READING

#019403# #091400606# 04004444#

19403 Date: 08/31 Amount: \$140.00

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

GARRETSON SCHOOL DISTRICT NO. 49-4
TRUST AND AGENCY FUNDS
P.O. BOX C
GARRETSON, SD 57030

DATE: 08/13/2020 **19395**

78.60
914

AMOUNT: **2,108.02**

PAY: Two Thousand One Hundred Eight And 02/100 Dollars

FIRST BANK & TRUST
Garretson, SD

STUDENT ACTIVITY ASSOCIATION

TO THE ORDER OF: ATTN: REMITTANCE PROCESSING
AFZAC
1932 WYRINTON ROAD
COLUMBUS GA 31909-0797

ATTN: JACOB SCHWITZER
1932 WYRINTON ROAD
COLUMBUS GA 31909-0797

Jacob Schwitzer
BUSINESS MANAGER

THE BACK OF THIS DOCUMENT CONTAINS CHECK SECURITY WATERMARK AND COIN READING

#019395# #091400606# 04004444#

19395 Date: 08/20 Amount: \$2,108.02

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

GARRETSON SCHOOL DISTRICT NO. 49-4
TRUST AND AGENCY FUNDS
P.O. BOX C
GARRETSON, SD 57030

DATE: 08/13/2020 **19397**

78.60
914

AMOUNT: **618.81**

PAY: Six Hundred Eighteen And 81/100 Dollars

FIRST BANK & TRUST
Garretson, SD

STUDENT ACTIVITY ASSOCIATION

TO THE ORDER OF: ATTN: FIRST BANK & TRUST
CITY OF GARRETSON
PO BOX C
GARRETSON SD 57030-0385

ATTN: JACOB SCHWITZER
1932 WYRINTON ROAD
COLUMBUS GA 31909-0797

Jacob Schwitzer
BUSINESS MANAGER

THE BACK OF THIS DOCUMENT CONTAINS CHECK SECURITY WATERMARK AND COIN READING

#019397# #091400606# 04004444#

19397 Date: 08/17 Amount: \$618.81

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

GARRETSON SCHOOL DISTRICT NO. 49-4
TRUST AND AGENCY FUNDS
P.O. BOX C
GARRETSON, SD 57030

DATE: 08/13/2020 **19399**

78.60
914

AMOUNT: **252.28**

PAY: Two Hundred Fifty Two And 28/100 Dollars

FIRST BANK & TRUST
Garretson, SD

STUDENT ACTIVITY ASSOCIATION

TO THE ORDER OF: GARRETSON MUSIC BOOSTERS
GARRETSON SD 57030

ATTN: JACOB SCHWITZER
1932 WYRINTON ROAD
COLUMBUS GA 31909-0797

Jacob Schwitzer
BUSINESS MANAGER

THE BACK OF THIS DOCUMENT CONTAINS CHECK SECURITY WATERMARK AND COIN READING

#019399# #091400606# 04004444#

19399 Date: 08/18 Amount: \$252.28

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

GARRETSON SCHOOL DISTRICT NO. 49-4
TRUST AND AGENCY FUNDS
P.O. BOX C
GARRETSON, SD 57030

DATE: 08/13/2020 **19401**

78.60
914

AMOUNT: **183.00**

PAY: One Hundred Eighty Three And 00/100 Dollars

FIRST BANK & TRUST
Garretson, SD

STUDENT ACTIVITY ASSOCIATION

TO THE ORDER OF: UNUM LIFE INSURANCE COMPANY OF AMERICA
PO BOX 406955
ATLANTA GA 30384-6955

ATTN: JACOB SCHWITZER
1932 WYRINTON ROAD
COLUMBUS GA 31909-0797

Jacob Schwitzer
BUSINESS MANAGER

THE BACK OF THIS DOCUMENT CONTAINS CHECK SECURITY WATERMARK AND COIN READING

#019401# #091400606# 04004444#

19401 Date: 08/19 Amount: \$183.00

FOR A CHANGE OF NAME OR ADDRESS, PLEASE COMPLETE THE FORM BELOW.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ PHONE NUMBER _____ DATE _____

CLIP AND RETURN TO BANK.

HOW TO BALANCE YOUR ACCOUNT	NEW BALANCE		\$	
	TRANSFER AMOUNT FROM THE OTHER SIDE			
1. Subtract from your check register any service, miscellaneous, or automatic charge(s) posted on this statement. 2. Mark (✓) your register after each check listed on front of the statement. 3. Check off deposits shown on the statement against those shown in your check register. 4. Complete the form at the right. 5. The final "balance" in the form at the right should agree with your check register balance. If it does not, read "HINTS FOR FINDING DIFFERENCES" below.	ADD			
	DEPOSIT(S) MADE			
	SINCE ENDING DATE			
	ON STATEMENT			
	SUBTOTAL		\$	
HINTS FOR FINDING DIFFERENCES <ul style="list-style-type: none"> • Recheck all additions and subtractions or corrections. • Verify the carryover balance from page to page in your check register. • Make sure you have subtracted any service or miscellaneous charge(s) from your check register balance. • For information or help on electronic transactions, call the telephone number on the front of this statement. 	CHECKS NOT LISTED ON THIS OR PRIOR STATEMENTS			
	NUMBER	AMOUNT		
INFORMATION REGARDING YOUR DEPOSIT ACCOUNT				
FOR CONSUMER ACCOUNTS AND TRANSACTIONS ONLY: IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS If you think your statement or receipt is incorrect, or if you need more information about a transfer on the statement or receipt, telephone us or write us at the telephone number or address on the reverse side of this statement as soon as possible. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.				
(1) Tell us your name and account number. (2) Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need information. (3) Tell us the dollar amount of the suspected error.				
We will investigate your complaint and will correct any error promptly. If we take more than ten business days to do this, we will credit your account the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.				
INFORMATION ON YOUR OVERDRAFT PROTECTION PLAN				
FOR CONSUMER ACCOUNTS ONLY: IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILLING STATEMENT If you think your billing statement is incorrect, or if you need more information about a transaction on your billing statement, write us on a separate sheet at the address shown on your billing statement as soon as possible. We must hear from you no later than 60 days after we sent you the first billing statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.				
In your letter, please include the following information: <ul style="list-style-type: none"> • Your name and account number. • The dollar amount of the suspected error. • Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your billing statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.				
COMPUTATION OF INTEREST CHARGE				
Interest charges begin to accrue immediately upon each advance made under the line of credit agreement. The interest charge on your account is calculated by multiplying the balance subject to interest rate by the annual percentage rate and dividing that by 365 then multiplying that by the number of days in the billing cycle. (To determine the balance subject to interest rate on which each daily interest charge is computed, we take the beginning balance on your account each day, add any new purchases/advances, and subtract any payments, credits, and unpaid interest charges.)				
TOTAL OF CHECKS NOT LISTED		→		
Subtract "TOTAL OF CHECKS NOT LISTED" from "SUBTOTAL" above.		BALANCE	\$	
This should agree with your check register balance.				

September 2020 Surplus

SN:

29CLJ31
H09254956MJ
SC02FR4LSDHJF
SC02FRPZUDHJF
SC17FQDGDHJF
SC02FRR5GDHJF

Product Details:

Dell Desktop Computer 2002
2009 iMac
2011 iMac
2011 iMac
2011 iMac

2UA32517BF
2UA32517B1
2UA32517DC
2UA32517B7
2UA325179X
2UA32517B5
2UA32517B1

HP Compaq Elite 8300 Convertible MicroTower 2013
HP Compaq Elite 8300 Convertible MicroTower 2013

HP LV2311 Monitor
HP LV2311 Monitor

HP LV2311 Monitor
HP LV2311 Monitor
HP LV2311 Monitor
HP LV2311 Monitor
HP LV2311 Monitor
HP LV2311 Monitor
HP LV2311 Monitor

T8X131720726
CNC 818L2R9

Viewsonic Monitor
HP Monitor
HP Monitor
Digital Computer 1997
iPad Gen1
iPad Gen1
iPad Gen1
iPad Gen1
iPad Gen1
iPad Gen1
iPad Gen1

1k71120078
DMPJJ0Y0DVD2
DMPKXADRF183
DMPKXBVMF183
DMPKXARNF183
DMPKWTFYF183
DMPKXAFRF183
DMPKX9LJF183

Vtel interactive board

LaserJet CP3525M
HP 4015 DN (4-8 Mini Lab)

2009
2009

Garretson School District #49-4

RESOLUTION 2020-2021-1

ADOPTION OF ANNUAL BUDGET:

Let it be resolved, that the School Board of the Garretson School District, after duly considering the proposed budget and its changes thereto, to be published in accordance with SDCL- 13-11-2 hereby approves and adopts its proposed budget and changes thereto, to be its Annual Budget for the fiscal year July 1, 2020 through June 30, 2021. The adopted Annual Budget totals are as follows:

General Fund: \$4,245,144; Capital Outlay Fund: \$959,762; Special Education Fund: \$910,816; Bond Redemption Fund: \$0.00; Food Service Fund: \$287,070; Driver's Education Fund: \$8,319; Preschool Fund: \$100,476.

Tax Levy Request

General Fund	\$1.443/per \$1,000 of agricultural valuation \$3.229/per \$1,000 of owner-occupied valuation \$6.682/per \$1,000 of non-agricultural valuation
Capital Outlay	\$959,762
Special Education	\$1.684/per \$1000 of total valuation
Bond Redemption	\$0.00
Opt Out	\$350,000.00

The budget adopted is as follows:

**NOTICE OF HEARING
FOR THE FISCAL YEAR
2020-2021 BUDGET**

Jacob Schweitzer
Business Manager
Garretson School District #49-4
Garretson, South Dakota

2020-2021 MEANS OF FINANCE - FINAL								
	GENERAL FUND	CAPITAL OUTLAY	SPECIAL EDUCATION	PENSION FUND	BOND REDEMPTION	SCHOOL LUNCH	DRIVER'S ED	PRESCHOOL
USE OF CASH ON HAND (June 30, 2020)	\$ 484,947.00	\$ -	\$ 50,000.00	\$ -	\$ -	\$ -	\$ 8,319.00	\$ -
1110 Taxes	\$ 922,161.00	\$ 955,612.00	\$ 525,786.00	--	--	--	--	--
1120 Prior Taxes	--	\$ 2,750.00	\$ 1,250.00	--	--	--	--	--
1140 Gross Receipts	\$ 76,000.00	--	--	--	--	--	--	--
1190 Interest on Taxes	--	\$ 1,400.00	\$ 450.00	--	--	--	--	--
1310 Tuition	--	--	--	--	--	--	--	\$ 15,000.00
1330 Drivers Ed	--	--	--	--	--	--	--	--
1510 Earned Interest	\$ 10,000.00	--	--	--	--	--	--	--
1610 Sales	--	--	--	--	--	\$ 130,080.00	--	--
1620 Adult Sales	--	--	--	--	--	\$ 3,890.00	--	--
1630 Milk Sales	--	--	--	--	--	\$ 7,340.00	--	--
1690 Other Misc.	--	--	--	--	--	\$ 48,760.00	--	--
1710 Admissions	\$ 30,000.00	--	--	--	--	--	--	--
1910 Rentals	\$ 4,000.00	--	--	--	--	--	--	--
1972 Medicaid Admin. Direct	--	--	\$ 27,519.00	--	--	--	--	--
1973 Medicaid Admin. Indirect	\$ 6,000.00	--	\$ 1,400.00	--	--	--	--	--
1990 Miscellaneous	\$ 17,500.00	--	--	--	--	--	--	--
1991 Carl Perkins	\$ 4,500.00	--	--	--	--	--	--	--
TOTAL LOCAL SOURCES	\$ 1,070,161.00	\$ 959,762.00	\$ 556,405.00	\$ -	\$ -	\$ 190,070.00	\$ -	\$ 15,000.00
2110 County Apportionment	\$ 20,000.00	--	--	--	--	--	--	--
TOTAL COUNTY SOURCES	\$ 20,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3111 State Aid	\$ 1,963,306.00	--	\$ 41,171.00	--	--	--	--	--
3112 State Apportionment	--	--	--	--	--	--	--	--
3114 Bank Franchise	\$ 65,000.00	--	--	--	--	--	--	--
3129 TCAP/Shared Services	--	--	--	--	--	--	--	--
3900 Miscellaneous	--	--	--	--	--	\$ 1,000.00	--	--
Extraordinary Costs	--	--	\$ 171,890.00	--	--	--	--	--
TOTAL STATE SOURCES	\$ 2,028,306.00	\$ -	\$ 213,061.00	\$ -	\$ -	\$ 1,000.00	\$ -	\$ -
4153 Title I	\$ 19,547.00	--	--	--	--	--	--	--
4158 Small Rural School	\$ 32,000.00	--	--	--	--	--	--	--
4159 Class Size Reduction	\$ 10,000.00	--	--	--	--	--	--	--
4175 Other	--	--	--	--	--	\$ 21,500.00	--	\$ 20,000.00
4186 Preschool Special Ed.	--	--	\$ 2,850.00	--	--	\$ 3,000.00	--	--
4810 Federal Reimbursement	--	--	\$ 88,500.00	--	--	\$ 71,500.00	--	--
TOTAL FEDERAL SOURCES	\$ 61,547.00	\$ -	\$ 91,350.00	\$ -	\$ -	\$ 96,000.00	\$ -	\$ 20,000.00
OPT-OUT FUNDS	\$ 350,000.00	--	--	--	--	--	--	--
TRANSFER IN FROM C.O.	\$ 230,183.00	--	--	--	--	--	--	--
SPED FUND	--	--	--	--	--	--	--	--
TRANSFER IN FROM G.F.	--	--	--	--	--	--	--	\$ 65,476.00
TOTAL REVENUE AND USE OF CASH	\$ 4,245,144.00	\$ 959,762.00	\$ 910,816.00	\$ -	\$ -	\$ 287,070.00	\$ 8,319.00	\$ 100,476.00

2020-2021 EXPENDITURES - FINAL								
	GENERAL FUND	CAPITAL OUTLAY	SPECIAL EDUCATION	PENSION FUND	BOND REDEMPTION	SCHOOL LUNCH	DRIVER'S ED	PRESCHOOL
Instruction								
1111 Elementary	\$ 920,683.00	\$ 50,000.00	--	--	--	--	--	--
1121 Middle School	\$ 479,121.00	\$ 5,000.00	--	--	--	--	--	--
1131 High School	\$ 723,812.00	\$ -	--	--	--	--	--	--
1132 Drivers Education	--	--	--	--	--	--	\$ 8,319.00	--
1141 Head Start Program	\$ 3,500.00	--	--	--	--	--	--	--
1190 Drug/Alcohol Prevention	\$ 5,500.00	--	--	--	--	--	--	--
1221 Mild	--	\$ 3,000.00	\$ 387,045.00	--	--	--	--	--
1222 Severe	--	--	--	--	--	--	--	--
1223 Day Program	--	--	\$ 157,500.00	--	--	--	--	--
1224 Residential	--	--	\$ 17,500.00	--	--	--	--	--
1226 Early Childhood	--	--	\$ 36,247.00	--	--	--	--	\$ 100,476.00
1227 Birth to Three	--	--	--	--	--	--	--	--
1273 Title I	\$ 50,882.00	--	--	--	--	--	--	--
1298 Career Academy	\$ 8,100.00	\$ 2,000.00	--	--	--	--	--	--
1299 Garretson Academy	\$ 30,914.00	\$ 2,000.00	--	--	--	--	--	--
TOTAL INSTRUCTION	\$ 2,222,512.00	\$ 62,000.00	\$ 598,292.00	\$ -	\$ -	\$ -	\$ 8,319.00	\$ 100,476.00
Support Services								
2121 Counseling	\$ 138,427.00	--	--	--	--	--	--	--
2131 Health	\$ 8,750.00	--	--	--	--	--	--	--
2142 Co-op Psych. Testing	--	--	\$ 21,600.00	--	--	--	--	--
2151 ESY Speech	--	--	\$ 910.00	--	--	--	--	--
2159 Speech	--	--	\$ 71,083.00	--	--	--	--	--
2171 Physical Therapy	--	--	\$ 19,500.00	--	--	--	--	--

2172 Occupational Therapy	--	--	\$ 43,500.00	--	--	--	--	--	--
2212 Instructor & Development Service	\$ 10,000.00	--	--	--	--	--	--	--	--
2213 Title II	\$ 26,507.00	--	\$ 500.00	--	--	--	--	--	--
2222 Library	\$ 52,478.00	\$ 5,000.00	--	--	--	--	--	--	--
2226 ITV	--	--	--	--	--	--	--	--	--
2227 Technology Services	\$ 111,858.00	\$ 70,000.00	--	--	--	--	--	--	--
2311 Board of Education	\$ 14,413.00	--	--	--	--	--	--	--	--
2314 Election	\$ 1,200.00	--	--	--	--	--	--	--	--
2315 Legal Services	\$ 6,500.00	--	--	--	--	--	--	--	--
2317 Audit	\$ 9,600.00	--	--	--	--	--	--	--	--
2319 Other	\$ 14,000.00	--	--	--	--	--	--	--	--
2321 Superintendent	\$ 150,889.00	\$ 2,000.00	--	--	--	--	--	--	--
2329 Cooperative	\$ 1,200.00	--	--	--	--	--	--	--	--
2410 MS/SR High Principal	\$ 123,352.00	\$ 2,000.00	--	--	--	--	--	--	--
2411 Elementary Principal	\$ 97,194.00	\$ 2,000.00	--	--	--	--	--	--	--
2490 Medicaid Admin. Fee	\$ 1,500.00	--	--	--	--	--	--	--	--
2529 Business Office	\$ 168,213.00	\$ 4,000.00	--	--	--	--	--	--	--
2535 Building Repairs	--	\$ 500,949.00	--	--	--	--	--	--	--
2542 Utilities	\$ 173,561.00	\$ -	--	--	--	--	--	--	--
2549 Operation & Maintenance	\$ 410,736.00	\$ 16,500.00	--	--	--	--	--	--	--
2559 Transportation	\$ 201,044.00	\$ 32,000.00	--	--	--	--	--	--	--
2560 Food Service	--	--	--	--	--	\$ 287,070.00	--	--	--
2642 Background Checks	\$ 1,050.00	--	--	--	--	--	--	--	--
2712 Emotionally Disturbed	--	--	\$ 1,350.00	--	--	--	--	--	--
2713 Mentally Handicapped	--	--	\$ 1,250.00	--	--	--	--	--	--
2715 Learning Disabled	--	--	\$ 1,500.00	--	--	--	--	--	--
2716 Sp. Ed Director	--	--	\$ 51,994.00	--	--	--	--	--	--
2720 Speech/Language	--	--	\$ 2,000.00	--	--	--	--	--	--
2722 Autism	--	--	\$ 2,000.00	--	--	--	--	--	--
2724 Preschool	--	--	\$ 12,500.00	--	--	--	--	--	--
2736 Transportation Services	--	--	\$ 18,637.00	--	--	--	--	--	--
2756 Multiple Disabilities-Other	--	--	\$ 64,200.00	--	--	--	--	--	--
TOTAL SUPPORT SERVICES	\$ 1,722,472.00	\$ 634,449.00	\$ 312,524.00	\$ -	\$ -	\$ 287,070.00	\$ -	\$ -	\$ -
5000 DEBT SERVICES	--	--	--	--	--	--	--	--	--
6000 CO-CURRICULAR	\$ 212,534.00	\$ 27,500.00	--	--	--	--	--	--	--
7000 CONTINGENCIES	\$ 22,150.00	--	--	--	--	--	--	--	--
8000 TRANSFER OUT TO G.F.	--	\$ 235,813.00	--	--	--	--	--	--	--
8000 TRANSFER OUT TO PRESCHOOL	\$ 65,476.00	--	--	--	--	--	--	--	--
TOTAL EXPENDITURES	\$ 4,245,144.00	\$ 959,762.00	\$ 910,816.00	\$ -	\$ -	\$ 287,070.00	\$ 8,319.00	\$ 100,476.00	--

**Garretson School District #49-4
2020-2021 Budget
Budget by Function**

General Fund	2018-2019 BUDGET	2019-2020 BUDGET	2020-2021 BUDGET	INCREASE DECREASE (-)	PERCENT CHANGE
Elementary	\$ 775,429.25	\$ 839,162.90	\$ 920,683.00	\$ 81,520.10	9.71%
Middle School	\$ 441,717.32	\$ 425,405.93	\$ 479,120.00	\$ 53,714.07	12.63%
High School	\$ 627,642.35	\$ 647,029.10	\$ 723,812.00	\$ 76,782.90	11.87%
Head Start Program	\$ 3,000.00	\$ 3,000.00	\$ 3,500.00	\$ 500.00	16.67%
Drug & Alcohol	\$ 5,000.00	\$ 5,000.00	\$ 5,500.00	\$ 500.00	10.00%
Title I	\$ 45,597.06	\$ 43,525.26	\$ 50,882.00	\$ 7,356.74	16.90%
Career Academy	\$ 7,500.00	\$ 7,800.00	\$ 8,100.00	\$ 300.00	3.85%
Garretson Academy	\$ 30,661.63	\$ 30,613.15	\$ 30,915.00	\$ 301.85	0.99%
Counseling	\$ 127,842.51	\$ 134,464.25	\$ 138,427.00	\$ 3,962.75	2.95%
Health	\$ 4,932.00	\$ 5,750.00	\$ 8,750.00	\$ 3,000.00	52.17%
Insturctor & Dev Service	\$ -	\$ 10,000.00	\$ 10,000.00	\$ -	0.00%
Title II	\$ 27,858.00	\$ 16,429.12	\$ 26,507.00	\$ 10,077.88	61.34%
Library	\$ 36,468.22	\$ 37,884.39	\$ 52,478.00	\$ 14,593.61	38.52%
ITV	\$ -	\$ -	\$ -	\$ -	0.00%
Technology Services	\$ 104,160.52	\$ 107,249.67	\$ 111,858.00	\$ 4,608.33	4.30%
Board of Education	\$ 17,709.00	\$ 17,642.00	\$ 14,413.00	\$ (3,229.00)	-18.30%
Elections	\$ 900.00	\$ 900.00	\$ 1,200.00	\$ 300.00	33.33%
Legal Services	\$ 300.00	\$ 6,000.00	\$ 6,500.00	\$ 500.00	8.33%
Audit	\$ 9,400.00	\$ 9,400.00	\$ 9,600.00	\$ 200.00	2.13%
Other Board	\$ 17,329.92	\$ 13,380.00	\$ 14,000.00	\$ 620.00	4.63%
Superintendent	\$ 140,655.79	\$ 146,195.72	\$ 150,889.00	\$ 4,693.28	3.21%
Cooperative Services	\$ 1,200.00	\$ 1,200.00	\$ 1,200.00	\$ -	0.00%
MS/HS Principal	\$ 116,323.46	\$ 120,491.77	\$ 123,352.00	\$ 2,860.23	2.37%
Elementary Principal	\$ 91,967.92	\$ 94,480.94	\$ 97,194.00	\$ 2,713.06	2.87%
Medicaid Admin. Exp.	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00	\$ -	0.00%
Business Office	\$ 156,234.35	\$ 160,050.21	\$ 168,213.00	\$ 8,162.79	5.10%
Utilities	\$ 181,908.20	\$ 184,390.62	\$ 173,561.00	\$ (10,829.62)	-5.87%
Operations & Maintenance	\$ 349,142.72	\$ 349,340.06	\$ 410,736.00	\$ 61,395.94	17.57%
Transportation	\$ 190,013.00	\$ 194,076.29	\$ 201,044.00	\$ 6,967.71	3.59%
Background Checks	\$ 100.00	\$ 1,020.00	\$ 1,050.00	\$ 30.00	2.94%
Co-Curricular	\$ 174,935.04	\$ 204,849.72	\$ 212,534.00	\$ 7,684.28	3.75%
Contingencies	\$ 40,000.00	\$ 40,000.00	\$ 22,150.00	\$ (17,850.00)	-44.63%
Transfer to Preschool	\$ 44,735.00	\$ 59,888.18	\$ 65,476.00	\$ 5,587.82	9.33%
TOTAL	\$ 3,772,163.26	\$ 3,918,119.28	\$ 4,245,144.00	\$ 327,024.72	9.25%
Capital Outlay	\$ 828,498.00	\$ 941,979.28	\$ 959,762.00	\$ 17,782.72	1.97%
Special Education	\$ 828,410.16	\$ 852,363.39	\$ 910,816.00	\$ 58,452.61	8.39%
Pension Fund	\$ -	\$ -	\$ -	\$ -	0.00%
Bond Redemption	\$ 361,836.00	\$ 386,760.00	\$ -	\$ (386,760.00)	-113.98%
School Lunch	\$ 280,238.00	\$ 284,249.00	\$ 287,070.00	\$ 2,821.00	0.88%
Driver's Ed	\$ 7,441.45	\$ 7,551.45	\$ 8,319.00	\$ 767.55	10.55%
Preschool	\$ 92,235.27	\$ 94,888.18	\$ 100,476.00	\$ 5,587.82	6.58%
Total All Funds/Change In Funds	\$ 6,170,822.14	\$ 6,485,910.58	\$ 6,511,587.00	\$ (301,348.30)	-5.06%

SCHOOL DISTRICTS AND CRITICAL INFRASTRUCTURE WORKERS

Memorandum prepared by ASBSD and SD Council of School Attorneys
August 24, 2020

ASBSD and SD COSA Board of Directors have joined to develop this document to assist public school boards, as they work with their superintendent, when considering whether to deem some or all school employees (positions) as critical infrastructure workers. ASBSD and the COSA Board of Directors request that it be shared with all school board members.

The information presented in this memorandum is given as a general service to ASBSD member school boards, and the information provided is not intended to constitute for and should not be interpreted or used as a substitute for a legal opinion from your school attorney. Before making legal decisions, school boards and administrators should consult with their school attorney.

The template for the document is Cybersecurity & Infrastructure Security Agency (CISA) ***Frequently Asked Questions*** related to critical infrastructure and critical infrastructure workers. The full CISA document and all of the questions and answers can be found at <https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19>.

What is critical infrastructure? [CISA FAQ # 5]

As defined by USA Patriot Act of 2001 (42 U.S.C. 5195c(e)), critical infrastructure includes any “systems and assets, whether physical or virtual, so vital to the United States that the incapacity or destruction of such systems and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters.” This definition is appropriately broad to include a wide range of stakeholders who either directly or indirectly enable the functionality of infrastructure systems.¹

* ASBSD/COSA comment: There are 16 critical infrastructure sectors, one being the Government Facilities sector. See Appendix A. **K-12 public education is identified as a critical infrastructure as a subsector within the Government Facilities sector.**

The Education Facilities Subsector covers pre-kindergarten through 12th grade schools, institutions of higher education, and business and trade schools. The subsector includes facilities that are owned by both government and private sector entities.

<https://www.cisa.gov/government-facilities-sector>

¹ **16 Critical Infrastructure Sector** <https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19>

* ASBSD/COSA comment: On August 18, 2020, CISA issued new Essential Critical Worker guidance (Version 4.0). <https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce> . The new guidelines did not add K-12 education as a new 17th critical infrastructure sector. The new guidelines state

“While earlier versions were primarily intended to help officials and organizations identify essential work functions in order to allow them access to their workplaces during times of community restrictions, Version 4.0 identifies those essential workers that require specialized risk management strategies to ensure that they can work safely. It can also be used to begin planning and preparing for the allocation of scarce resources used to protect essential workers against COVID-19.”

The new guidelines go on to state “[w]e recommend that jurisdictions and organizations use the essential critical infrastructure worker list as a tool to begin engaging with the essential worker community in the planning for the allocation of potential scarce resources should COVID-19 cases continue to increase or enter a second wave.”

* ASBSD/COSA comment: On August 18, 2020, CISA issued new *Essential Critical Worker Guidance (Version 4.0)*. <https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce>

- An Education section was added to the list of identified essential critical infrastructure workers. Previous versions of the list did not include essential workers in critical infrastructure work settings, such as schools, that were presumed to be closed at the time of publication. Reflecting ongoing national discussions around reopening, this version includes these workers. <https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19>

* ASBSD/COSA comment: The new guidelines includes an *Advisory Memorandum On Ensuring Critical Infrastructure Workers Ability to Work During the COVID-19 Response*. https://www.cisa.gov/sites/default/files/publications/Version_4.0_CISA_Guidance_on_Essential_Critical_Infrastructure_Workers_FINAL%20AUG%2018v2_0.pdf .

The *Advisory Memorandum* states

This list is advisory in nature. It is not, nor should it be considered, a federal directive or standard. Additionally, this advisory list is not intended to be the exclusive list of critical infrastructure sectors, workers, and functions that should continue to work safely during the COVID-19 response across all jurisdictions. ...

IDENTIFYING ESSENTIAL CRITICAL INFRASTRUCTURE WORKERS

The following list of identified essential critical infrastructure workers is intended to be overly inclusive reflecting the diversity of industries across the United States.

The CISA *Advisory Memorandum* then identifies Essential Critical Infrastructure Workers in EDUCATION (in addition to workers in other sectors). The same language and list is found in , CISA’s new *Essential Critical Worker Guidance (Version 4.0)*. (<https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce>).

- Workers who support the education of pre-school, K-12, college, university, career and technical education, and adult education students, including professors, teachers, teacher aides, special education and special needs teachers, ESOL teachers, para-educators, apprenticeship supervisors, and specialists.
- Workers who provide services necessary to support educators and students, including but not limited to, administrators, administrative staff, IT specialists, media specialists, librarians, guidance counselors, school psychologists and other mental health professions, school nurses and other health professionals, and school safety personnel.
- Workers who support the transportation and operational needs of schools, including bus drivers, crossing guards, cafeteria workers, cleaning and maintenance workers, bus depot and maintenance workers, and those that deliver food and supplies to school facilities.
- Workers who support the administration of school systems including, school superintendents and their management and operational staff.
- Educators and operational staff facilitating and supporting distance learning.

https://www.cisa.gov/sites/default/files/publications/Version_4.0_CISA_Guidance_on_Essential_Critical_Infrastructure_Workers_FINAL%20AUG%2018v2_0.pdf

* ASBSD/COSA: Should school boards consider identifying which school employees (positions) are critical infrastructure employees?

Answer: Yes, it is recommended that school boards consider and determine whether their school employees are to be deemed as critical infrastructure employees, and if so, which employees. As just noted, the Government Facilities sector, Education Facilities Subsector, includes pre-kindergarten through 12th grade public schools as critical infrastructure. ASBSD and the COSA Board of Directors submit that the local school board has the sole responsibility and authority to decide whether school employees/positions are deemed to be critical infrastructure workers, and furthermore formal school board action (motion, second, discussion and vote) would be required in order for the Board to designate any employee/position to be a critical infrastructure worker.

* ASBSD/COSA: Why is it important for school boards to consider identifying whether school employees (positions) are critical infrastructure employees?

Answer: Determining whether school employees (positions) are critical infrastructure employees has significant ramifications in the school setting, for employees in positions deemed to be critical infrastructure employees, and also for students, parents, co-employees, school administrators, and the school district as a whole.

CDC guidance states “[t]o ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.”

<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

CISA guidance states “CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.” <https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19>

The SD Department of Health has stated “CDC advises that critical infrastructure workers may continue working even if identified as a close contact to a positive COVID case, provided they remain asymptomatic and take necessary precautions.” (Emphasis added). <https://doe.sd.gov/coronavirus/documents/DOE-DOH-073020.pdf> (power point, slide 9).

The guidance uses the term “may” and not “should” or must.” As indicated above, it is up to local school boards to determine whether their school employees are to be deemed as critical infrastructure employees, and if so, which employees.

* ASBSD/COSA: Why/how is the CDC/CISA/SD DOH guidance that critical infrastructure workers may continue working even if identified as a close contact to a positive COVID case (as long as the employee remains asymptomatic and takes necessary precautions) important?

Answer: According to the CDC, Public Health Guidance for Community-Related Exposure, Updated July 31, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>, a person is identified as having “close contact” if the person, even if the person having the close contact or the other person with confirmed or symptoms of COVID-19 was wearing a mask, or whether the person having the contact was wearing respiratory personal protective equipment (PPE),

- was within 6 feet of another person for at least 15 minutes when the other person had COVID-19 symptoms (including the period from 2 days before symptom onset until the other person met criteria for discontinuing home isolation;), or
- with 6 feet of another person for at least 15 minutes if the other person tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation.

Under the guidance by CDC, CISA and the SD Dept. of Health, if a person is identified as a “close contact” to a positive COVID case, the person having “close contact” should stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times, self-monitor for symptoms, check temperature twice a day, watch for fever, cough, or shortness of breath, or other symptoms of COVID-19, avoid contact with people at higher risk for severe illness from COVID-19, and follow CDC guidance if symptoms develop. <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

HOWEVER, if a person is a critical infrastructure employee, the general guidance does not apply. If the person having “close contact” is a critical infrastructure employee, the CDC guidelines state

To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.

A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

Critical Infrastructure workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

- Pre-Screen: Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.
- Regular Monitoring: As long as the employee doesn't have a temperature or symptoms, they should self-monitor under the supervision of their employer's occupational health program.
- Wear a Mask: The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages.
- Social Distance: The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.
- Disinfect and Clean work spaces: Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

If the employee becomes sick during the day, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled. Others at the facility with close contact within 6 feet of the employee during this time would be considered exposed.

<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html> April 20, 2020

* ASBSD/COSA comment: The SD Department of Health determines through tracing which persons were in "close contact" for purposes of self-quarantining under the guidelines. It is not for the school or a person who thinks they had been in close contact to make the determination there had been "close contact."

* ASBSD/COSA: If K-12 public education is deemed critical infrastructure, aren't all school employees automatically critical infrastructure workers?

Answer: No. Being considered critical infrastructure does not automatically mean that all school employees are critical infrastructure workers. CISA's *Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response Version 3.1 (May 19, 2020)* states that the guidance is "intended to

support state, local, tribal, territorial and industry partners in identifying the critical infrastructure sectors and the essential workers needed to maintain the services and functions Americans depend on daily and that need to be able to operate resiliently during the COVID-19 pandemic response.” (Emphasis added). Appendix C.
https://www.cisa.gov/sites/default/files/publications/Version_4.0_CISA_Guidance_on_Essential_Critical_Infrastructure_Workers_FINAL%20AUG%2018v2_0.pdf

The guidance goes on to state “[t]his document gives advisory guidance on defining essential critical infrastructure workers. Promoting the ability of such workers to continue to work during periods of community restriction, access management, social distancing, or closure orders/ directives is crucial to community resilience and continuity of essential functions. The term ‘workers’ as used in this guidance is intended to apply to both employees and contractors performing the described functions.”

CISA guidance then lists a number of considerations when identifying/defining critical infrastructure workers. The full list of CISA guidance considerations can be found on Appendix C. Below are several of the considerations which are very applicable to public schools:

- Employers **must** comply with applicable Occupational Safety and Health Administration (OSHA) requirements for protecting critical infrastructure workers who remain on or return to the job during the COVID-19 pandemic. (Emphasis added).
- Businesses and government agencies may continue to implement organization-specific measures, which protect the workforce while meeting mission needs.
- Workers should be encouraged to work remotely when possible and focus on core business activities. In person, non-mandatory activities should be delayed until the resumption of normal operations.
- When continuous remote work is not possible, businesses should enlist strategies to reduce the likelihood of spreading the disease. This includes, but is not limited to, physically separating staff, staggering work shift hours or days, and other social distancing measures. While the CDC recommends that everyone wear a cloth face cover to contain respiratory droplets when around others, critical infrastructure employers must consider how best to implement this public health recommendation for source control in the workplace. For example, employers may provide disposable facemasks (e.g., surgical masks) instead of cloth face coverings when workers would need to wear masks for extended periods of time (e.g., the duration of a work shift) or while performing tasks in which the face covering could become contaminated.

* ASBSD/COSA: So how does a school board decide which employees/positions are critical infrastructure workers?

Answer: One place to start is to review and consider the school district’s essential functions, and then review and consider the job descriptions for the various staff positions within the school district. It may be that every staff position within the school district is held by an employee who is a critical infrastructure worker, which would mean that the employee may be at the worksite even though she/he had close contact with someone who exhibited symptoms of or had tested positive for COVID-19.

While the CISA guidance is there to assist school boards is significant, it is guidance and not a requirement. It is up to the school board to determine whether individual employees/positions are critical infrastructure workers. Also, even if the employee/position would be deemed a critical infrastructure worker/position, whether the person is at the worksite (and following the CDC guidance), works remote, or is on leave, after having has close contact, would be a decision for the school board (and school administration, within the parameters set by the school board). If the employee was not designated as a critical infrastructure worker, the employee would automatically be off-site for at least the required 14 calendar days.

Should the school board designate certain positions as critical infrastructure workers, the Board should definitely consider including within the designation that the position so designated maintains that designation until further notice by the Superintendent. Because some districts may move from on-site educational services to remote service, it is important to have the flexibility to change the designation off of the “critical infrastructure worker” designation.

The question is ultimately whether it is essential that an employee in a specific position to be working on-site in order for the school district to fulfill its essential function. The Board should make that decision on a position-by-position basis.

* ASBSD/COSA FAQ: Are there other considerations which a school board should think about as it considers whether an employee/position is or is not a critical infrastructure worker?

Answer: Yes, a number of them. In addition to keeping in mind the CDC guidelines related to critical infrastructure workers who have had an exposure but remain asymptomatic adhering to the practices prior to and during their work shift,² there may be employee, substitute employee, collective bargaining/negotiations, public response to having employees designated critical infrastructure workers, and also potential liability considerations.

The decision as to whether or not an employee/position is deemed a critical infrastructure worker likely would not be considered a mandatory subject of bargaining with the bargaining unit. However, should the school board deem an employee/position a critical infrastructure worker it is quite possible that certain related topics could be mandatory subjects of bargaining. Examples of topics that may be deemed mandatory topics of bargaining include, but certainly not limited to, such things as additional sick leave or personal leave days, district provided PPE (personal protective equipment), the district

² The CDC guidelines related to critical infrastructure workers who have had an exposure but remain asymptomatic adhering to the practices prior to and during their work shift: pre-screening, regular monitoring, wearing a mask, social distancing and disinfecting and cleaning work spaces, sending home immediately an employee who becomes sick during the day, cleaning and disinfecting surfaces in the employee’s workspace, getting information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms, and recognizing that others who that others who had been in close contact with the employee would be considered exposed. (See p. 3).

paying for testing should an employee have close contact with anyone showing COVID-19 symptoms or who tested positive as having COVID-19, whether employees who have had close contact are required to self-report to their supervisor after the close contact (and the consequences for the employee for failure to self-report), and even having to negotiate hazardous duty pay. While not subject to mandatory negotiations, those same considerations could apply to all employees/positions designated as critical infrastructure workers, not only those employees in a bargaining unit.

- School boards and administrators should keep in mind that the Emergency Paid Sick Leave Act (EPSLA) applies to all persons employed by the school district even if they are designated as critical infrastructure workers. 29 CFR § 826.30(a). The Emergency Family Medical Leave Expansion Act (EFMLEA)³ applies to all school employees designated as critical infrastructure workers if the person has been employed at least thirty calendar days. 29 CFR § 826.30(b).
- Under EPSLA, schools must provide up to 80 hours of paid sick leave to an employee who is unable to work because the employee (1) is subject to a quarantine or isolation order, (2) has been advised by a health care provider to self-quarantine, (3) is experiencing symptoms and seeking medical diagnosis, (4) is caring for an individual who is subject to an order as described in (1), (5) is caring for a son or daughter whose childcare has been closed or is unavailable because of COVID-19; or (6) the employee has a substantially similar condition specified by the Secretary of Health and Human Services. 29 CFR § 826.20(a).
- The Extended Family Medical Leave Emergency Act (EFMLEA) adds as a qualifying FMLA reason when parents can't be at work because their child's school or childcare services are closed due to the pandemic. 29 CFR § 826.20(a).

Another important consideration is whether to do the designation on a position-by-position basis or an individual employee basis. While it definitely would be easier to do it on a position-by-position basis, there would certainly be exceptions to the general rule. The employee's age and underlying health condition are the two primary examples where there could and likely would be exceptions.

Written notice to employees if they are designated critical infrastructure employees should be given to those employees.

School boards also may want to consider and evaluate the availability of substitute employees in each position (i.e., not only teachers, but paraprofessionals, custodians, support staff, etc.) should staff members have close contact with someone who has been exposed to or tested positive for COVID-19, and balance that consideration with the potential health risks to the employee, students and co-workers (and the families of both) should the critical infrastructure worker remain at the worksite instead of self-quarantining. On a related note, school boards should consider the public response to the school board designating positions as critical infrastructure workers, especially if the designated position is a teacher or classroom aide, with

³ Both EPSLA and EFMLEA are provisions within the Family First Coronavirus Response Act (FFRCA) passed into law earlier this year. The EPSLA and EFMLEA federal regulations are found at <https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-07237.pdf> .

the result being that the employee, who has been in close contact with a symptomatic person or person who has tested positive, is in the classroom and not self-quarantining. .

The last consideration is potential liability arising out of the decision to designate employees as critical infrastructure employees. Districts should consult with their school attorneys and insurance carriers on the issue of liability. While the issue of causation would be a large hurdle for a plaintiff to overcome, it is not a large hurdle for filing a lawsuit against the school district. The Plaintiff's theory would be that if self-quarantining is recommended for someone who had close contact with a person who had symptoms or had tested positive and the school allowed (or required) that same person to work on-site because of their status as a critical infrastructure worker and the school was therefore responsible for someone being infected because schools are not required to follow the guidance.

CONCLUSION: Whether or not to deem school employees as critical infrastructure employees is not a decision to be made lightly. As indicated above, there are a number of considerations when deciding whether someone in a specific position is a critical infrastructure employee. As there is no specific federal or state rule on what school employees are critical infrastructure workers, or how to designate them, it is left to local school boards to make those decisions. *It is strongly recommended that public school districts consult with their school attorney when making decisions related to school employees being designated critical infrastructure workers.*

APPENDIX A

I. CYBERSECURITY AND INFRASTRUCTURE SECURITY ADMINISTRATION (CISA): CRITICAL INFRASTRUCTURE SECTORS Original release date: March 05, 2013 | Last revised: March 24, 2020 <https://www.cisa.gov/critical-infrastructure-sectors>

16 Critical Infrastructure Sectors

There are 16 critical infrastructure sectors whose assets, systems, and networks, whether physical or virtual, are considered so vital to the United States that their incapacitation or destruction would have a debilitating effect on security, national economic security, national public health or safety, or any combination thereof. Presidential Policy Directive 21 (PPD-21): PPD-21 identifies 16 critical infrastructure sectors.

Chemical Sector

Commercial Facilities Sector

Communications Sector

Critical Manufacturing Sector

Dams Sector

Defense Industrial Base Sector

Emergency Services Sector

Energy Sector

Financial Services Sector

Food and Agriculture Sector

Government Facilities Sector

Healthcare and Public Health Sector

Information Technology Sector

Nuclear Reactors, Materials, and Waste Sector

Transportation Systems Sector

Water and Wastewater Systems Sector

APPENDIX B

GOVERNMENT FACILITIES SECTOR <https://www.cisa.gov/government-facilities-sector> Original release date: June 12, 2014 | Last revised: December 04, 2018

The Government Facilities Sector includes a wide variety of buildings, located in the United States and overseas, that are owned or leased by federal, state, local, and tribal governments. Many government facilities are open to the public for business activities, commercial transactions, or recreational activities while others that are not open to the public contain highly sensitive information, materials, processes, and equipment. These facilities include general-use office buildings and special-use military installations, embassies, courthouses, national laboratories, and structures that may house critical equipment, systems, networks, and functions. In addition to physical structures, the sector includes cyber elements that contribute to the protection of sector assets (e.g., access control systems and closed-circuit television systems) as well as individuals who perform essential functions or possess tactical, operational, or strategic knowledge.

Sector Overview

The Education Facilities Subsector covers pre-kindergarten through 12th grade schools, institutions of higher education, and business and trade schools. The subsector includes facilities that are owned by both government and private sector entities. (Emphasis added).

The National Monuments and Icons Subsector encompasses a diverse array of assets, networks, systems, and functions located throughout the United States. Many National Monuments and Icons assets are listed in either the National Register of Historic Places or the List of National Historic Landmarks.

The Election Infrastructure Subsector covers a wide range of physical and electronic assets such as storage facilities, polling places, and centralized vote tabulations locations used to support the election process, and information and communications technology to include voter registration databases, voting machines, and other systems to manage the election process and report and display results on behalf of state and local governments.

Sector-Specific Plan

The Government Facilities Sector-Specific Plan details how the National Infrastructure Protection Plan risk management framework is implemented within the context of the unique characteristics and risk landscape of the sector. Each Sector-Specific Agency develops a sector-specific plan through a coordinated effort involving its public and private sector partners. The National Monuments and Icons Sector was consolidated within the Government Facilities Sector in 2013 under Presidential Policy Directive 21. The Department of Homeland Security and the General Services Administration are designated as the Co-Sector-Specific Agencies for the Government Facilities Sector.

Sector Resources

For resources available to Government Facilities Sector partners, visit the [Interagency Security Committee website](https://www.cisa.gov/isc) [<https://www.cisa.gov/isc>] or the [General Services Administration website](https://www.gsa.gov).

APPENDIX C

https://www.cisa.gov/sites/default/files/publications/Version_4.0_CISA_Guidance_on_Essential_Critical_Infrastructure_Workers_FINAL%20AUG%2018v2_0.pdf

Version 4.0 (August 18, 2020) **ENSURING ESSENTIAL CRITICAL INFRASTRUCTURE WORKERS HAVE THE ABILITY TO WORK SAFELY**

Functioning critical infrastructure is imperative during the response to the COVID-19 emergency for both public health and security as well as community well-being. While stopping the spread of the virus and protecting the most vulnerable among us rightfully remain national priorities, a degradation of infrastructure operations and resilience only makes achieving those missions more difficult. Recognizing this, CISA published guidance identifying Essential Critical Infrastructure Workers at the outset of the COVID-19 pandemic. This guidance was adopted broadly across the country and was subsequently updated as the response evolved. This update, Version 4.0, continues to advance the guidance considering developments in pandemic response to support a risk-based approach towards worker safety to ensure the continuity of critical functions.

CISA appreciates the partnership with the critical infrastructure community in developing the guidance. The Nation's infrastructure resilience was undoubtedly enhanced by a common approach to, and prioritization of, essential critical infrastructure workers being able to work during periods of community restrictions. As with previous guidance, this list is advisory in nature. It is not, nor should it be considered, a federal directive or standard. Additionally, this advisory list is not intended to be the exclusive list of critical infrastructure sectors, workers, and functions that should continue during the COVID-19 response across all jurisdictions. Individual jurisdictions and critical infrastructure owners and operators should add or subtract essential workforce categories based on their own requirements and discretion.

Central to the value of the guidance in the early months of the pandemic was the discrete problem it was intended to support solutions for – enabling essential workers to work during community restrictions. While CISA continues to engage with stakeholders to identify workforce limitations that may impact infrastructure resilience, it is our assessment that, for the most part, essential workers are able to work – what is now most important is that essential workers are able to work in a safe environment.

Recognizing this, the Essential Critical Infrastructure Workers guidance can add the most value going forward by illuminating the universe of workers that require particularly thoughtful and deliberate risk management strategies so that they can continue to work safely.

CISA recognizes that states and localities across the country have undergone a phased re-opening of businesses, public lands, and other places of community and civic importance. Previous versions of the list did not include essential workers in critical infrastructure work settings, such as schools, that were presumed to be closed at the time of publication. Reflecting ongoing national discussions around reopening, this version includes these workers, in addition to other adjustments. As we enter the next stage in the pandemic response and schools and additional businesses reopen, CISA encourages jurisdictions and critical infrastructure owners to use the list to assist in prioritizing the ability of essential workers to work safely to ensure ongoing infrastructure operations and resilience. [Emphasis original.]

Doing so will require looking at the universe of workers on the Essential Critical Infrastructure Workforce list and identifying tailored risk mitigation strategies for specific workplace settings. These could include:

Creating a Risk Categorization Methodology for Worker Safety. We recommend that organizations continue to categorize their employees against a risk factor matrix so that mitigation strategies can be implemented to enhance safety. The risk categorization factors that should be considered include:

Setting: Are workers indoors or outdoors?

Proximity: How physically close are workers (and customers) to each other?

Type of contact: Do workers touch shared surfaces, common items, and other workers or customers?

Duration: How long does an average interaction last?

Number of different contacts: How many interactions occur daily?

Employee risk factors: Which workers face heightened risk due to their age or underlying medical conditions?

Capability to assess possible infection: Are there screening protocols that protect workers (and customers) from interactions with contagious people?

Cleaning: How frequently can the facility be sanitized and cleaned?

Based on the responses to these risks, organizations can categorize the conditions that their workers face and continue to implement measures to increase worker well-being. In other words, increased protective measures should be based on those with high risk factors. Risk categorization guidance assistance can be found at OSHA.

Identifying those workers that can potentially transition to working from home based on the lessons learned over the past few months from the unprecedented number of teleworkers. We encourage employers to take a fresh look at the job functions of their workforce to determine if it is necessary for workers to be in the office given the technology breakthroughs that have eased some of the roadblocks to working remotely.

Determining the criticality, uniqueness, or specialty of a worker's role to reduce the need to be at the workplace or working together in close proximity. There are some functions that are either so essential to supporting the national critical functions and other lifeline support, such as first responders or utility workers, or that are unique or require a special skill set, that these workers must often be at the same workplace or together out in the field. We recommend that organizations re-examine whether these job functions can be conducted from home and if not, if shift work or remaining with a cohort can be conducted to allow for more social distancing.

Determining the allocation of scarce resources for workers, such as personal protective equipment (PPE), other protection, access to medical evaluation, testing, and vaccines. We recommend that jurisdictions and organizations use the essential critical infrastructure worker list as a tool to begin engaging with the essential worker community in the planning for the allocation of potential scarce resources should COVID-19 cases continue to increase or enter a second wave. Planning is critical to ensuring that workers are able to continue performing essential tasks supporting critical infrastructure. Furthermore, it will be critical that workers who perform essential tasks and/or have consistent interactions with at-risk populations (e.g., the elderly or those with pre-existing conditions) obtain the necessary resources to reduce the transmission of the virus.

In addition to the aforementioned characteristics of the worker and workplace, there may be local factors that influence COVID-19 risk mitigation plans including, infection rate and trends, the availability and

timeliness of testing, the criticality of the business and worker to the local or state economy, and the need to prepare and respond to other localized events such as hurricanes, wildfires, or tornadoes.

The following links can provide additional guidance on health, workplace, and worker safety issues related to the pandemic:

- CDC Safety Practices for Critical Infrastructure Workers: Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19
- OSHA/HHS Workplace Guidance: Guidance for Preparing Workplaces for COVID-19
- CISA Telework Guidance: Telework Guidance and Resources
- CISA General Guidance: CISA Information & Updates on COVID-19

CISA will continually solicit and accept feedback on the list and will evolve the list in response to stakeholder feedback. We will also use our various stakeholder engagement mechanisms to work with partners on how they are using this list and share those lessons learned and best practices broadly. Feedback can be sent to CISA.CAT@CISA.DHS.GOV.

CONSIDERATIONS FOR GOVERNMENT AND BUSINESS

This list was developed in consultation with federal agency partners, industry experts, and State and local officials, and is based on several key principles:

1. Response efforts to the COVID-19 pandemic are locally executed, state managed, and federally supported.
2. Critical infrastructure workers and employers should follow guidance from the Centers for Disease Control and Prevention (CDC), as well as state and local government officials, regarding strategies to limit disease spread.
3. Employers must comply with applicable Occupational Safety and Health Administration (OSHA) requirements for protecting critical infrastructure workers who remain on or return to the job during the COVID-19 pandemic. As the nation relies on these workers to protect public health, safety, and community well-being, they must be protected from exposure to and infection with the virus so that they can continue to carry out their responsibilities. OSHA has guidance and enforcement information for workplaces at www.osha.gov/coronavirus.
4. Businesses and government agencies may continue to implement organization-specific measures, which protect the workforce while meeting mission needs.
5. Workers should be encouraged to work remotely when possible and, organizations are encouraged to identify alternative methods for safely engaging in activities that typically required in-person, non-mandatory interactions.
6. When continuous remote work is not possible, businesses should enlist strategies to reduce the likelihood of spreading the disease. This includes, but is not limited to, physically separating staff, staggering work shift hours or days, and other social distancing measures. While the CDC recommends that everyone wear a cloth face cover to contain respiratory droplets when around others, critical infrastructure employers must consider how best to implement this public health recommendation for

source control in the workplace. For example, employers may provide disposable facemasks (e.g., surgical masks) instead of cloth face coverings when workers would need to wear masks for extended periods of time (e.g., the duration of a work shift) or while performing tasks in which the face covering could become contaminated.

7. Consider the impact of workplace sick leave policies that may contribute to an employee decision to delay reporting medical symptoms. Sick employees should not return to the workplace until they meet the criteria to stop home isolation. CDC has the following guidance on when it is safe to stop home isolation at <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

8. Critical infrastructure employers have an obligation to limit to the extent possible the reintegration of in person workers who have experienced an exposure to COVID-19 but remain asymptomatic in ways that best protect the health of the worker, their co-workers, and the general public. An analysis of core job tasks and workforce availability at worksites can allow the employer to match core activities to other equally skilled and available in-person workers who have not experienced an exposure. CDC guidance on safety practices for critical infrastructure workers is maintained at <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>.

9. All organizations should implement their business continuity and pandemic plans or put plans in place if they do not exist. Delaying implementation is not advised and puts at risk the viability of the business and the health and safety of the workers. The CDC and OSHA have guidance for workplaces and businesses to assist them plan, prepare, and respond to the pandemic at <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html> and <https://www.osha.gov/SLTC/covid-19>.

10. Ensure that certain workers have consistent access to specific sites, facilities, and assets to ensure continuity of functions. Most of our economy relies on technology and therefore information technology (IT) and operational technology (OT) workers for critical infrastructure operations are essential. This includes workers in many roles, including workers focusing on management systems, control systems, and Supervisory Control and Data Acquisition (SCADA) systems, and data centers; cybersecurity engineering; and cybersecurity risk management.

11. Government workers, such as emergency managers, and the business community need to establish and maintain the practice of openly communicating with one another on such issues as workforce needs and safety as well as the continuity of critical functions.

12. Ensure that essential critical infrastructure workers have continued and unimpeded access to sites, facilities, and equipment within quarantine zones, containment areas, areas under curfew restrictions, or other areas where access or movement is limited, in order to perform functions for community relief and stability; for public safety, security and health; for maintaining essential supply chains for maintaining critical information technology services, and preserving local, regional, and national economic well-being.

13. Whenever possible, local governments should consider adopting specific state guidance on essential workers to reduce potential complications of workers crossing jurisdictional boundaries. When this is not possible, local jurisdictions should consider aligning access and movement control policies with neighboring jurisdictions to reduce the burden of cross-jurisdictional movement of essential critical infrastructure workers.

**GARRETSON SCHOOL DISTRICT 49-4
FLEXIBLE BENEFITS PLAN**

AND ALL SUPPORTING FORMS HAVE BEEN PRODUCED FOR

HEALTH EQUITY INC

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**GARRETSON SCHOOL DISTRICT 49-4
FLEXIBLE BENEFITS PLAN**

NOTE: THIS DOCUMENT SHOULD BE REVIEWED AND APPROVED BY THE EMPLOYER'S LEGAL COUNSEL PRIOR TO BEING ADOPTED (SIGNED AND IMPLEMENTED). ANY CHANGES SUGGESTED DURING THAT REVIEW ARE THE RESPONSIBILITY OF THE EMPLOYER.

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**GARRETSON SCHOOL DISTRICT 49-4
FLEXIBLE BENEFITS PLAN**

INTRODUCTION

The Employer has adopted this Plan effective September 1, 2020, 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. The Plan shall be known as Garretson School District 49-4 Flexible Benefits Plan (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 the self-funded plan for purposes of that plan 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, 2020.

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 Garretson School District 49-4 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 **"Insurer"** means any insurance company that underwrites a Benefit under this Plan or, with respect to any self-funded benefits, the Employer.
- 1.15 **"Key Employee"** means an Employee described in Code Section 416(i)(1) and the Treasury regulations thereunder.
- 1.16 **"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.
- 1.17 **"Plan"** means this instrument, including all amendments thereto.
- 1.18 **"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.
- 1.19 **"Premium Expenses" or "Premiums"** mean the Participant's cost for the self-funded Benefits described in Section 4.1.
- 1.20 **"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 may be paid or reimbursed. If more than one type of insured or self-funded Benefit is elected, sub-accounts shall be established for each type of insured or self-funded Benefit.
- 1.21 **"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.
- 1.22 **"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.
- 1.23 **"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 the date he satisfies the eligibility conditions for the Employer's group medical plan, the provisions of which are specifically incorporated herein by reference.

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.

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 provided under Section 4.1, the Participant's participation in the Plan shall cease, subject to the Participant's right to continue coverage under any Insurance Contract or self-funded benefit 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 up to the date of termination and submitted within 90 days after termination, 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 11.13 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
- (3) Insurance Premium Payment Plan
 - (i) Health Insurance Benefit
 - (ii) Dental Insurance Benefit
 - (iii) Vision Insurance Benefit
 - (iv) Other 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 Contract for the Participant, his or her Spouse, and his or her Dependents.
- (b) **Employer selects contracts.** The Employer may select suitable health 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 Contract shall be determined therefrom, and such 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 VISION INSURANCE BENEFIT

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

(b) **Employer selects contracts.** The Employer may select suitable vision Insurance Contracts for use in providing this vision 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 vision Insurance Contract shall be determined therefrom, and such vision Insurance Contract shall be incorporated herein by reference.

4.7 OTHER INSURANCE BENEFIT

(a) **Employer selects contracts.** The Employer may select additional health or other policies allowed under Code Section 125 or allow the purchase of additional health or other policies by and for Participants, which policies will provide uniform benefits for all Participants electing this Benefit.

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

4.8 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, reject any election 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. 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.

4.10 OTHER INSURANCE BENEFIT

(a) Employer selects contracts. The Employer may select additional health or other policies allowed under Code Section 125 or allow the purchase of additional health or other policies by and for Participants, which policies will provide uniform benefits for all Participants electing this Benefit.

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

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.

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 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.

Over-the-counter medications and menstrual care products as allowed under IRS regulations are reimbursable under this Plan.

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, excluding any carryover) 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 of salary reductions that may be allocated to the Health Flexible Spending Account by a Participant in or on account of any Plan Year is the statutory amount under Code Section 125(i)(2), as adjusted for increases in the cost of living. The cost of living adjustment in effect for a calendar year applies to any Plan Year beginning with or within such calendar year. The dollar increase in effect on January 1 of any calendar year shall be effective for the Plan Year beginning with or within such calendar year. For any short Plan Year, the limit shall be an amount equal to the limit for the calendar year in which the Plan Year begins multiplied by the ratio obtained by dividing the number of full months in the short Plan Year by twelve (12).

(b) **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.

(c) **Carryover.** A Participant in the Health Flexible Spending Account may roll over up to \$500 of unused amounts in the Health Flexible Spending Account remaining at the end of one Plan Year to the immediately following Plan Year. These amounts can be used during the following Plan Year for expenses incurred in that Plan Year. Amounts carried over do not affect the maximum amount of salary redirection contributions for the Plan Year to which they are carried over. Unused amounts are those remaining after expenses have been reimbursed during the runout period. These amounts may not be cashed out or converted to any other taxable or nontaxable benefit. Amounts in excess of \$500 will be forfeited. The Plan is allowed, but not required, to treat claims as being paid first from the current year amounts, then from the carryover amounts.

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. 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. However, if a Participant terminates employment during the Plan Year, claims for the reimbursement of Medical Expenses must be submitted within 90 days after termination of employment.

6.8 DEBIT AND CREDIT CARDS

Participants may, subject to a procedure established by the Administrator and applied in a uniform nondiscriminatory manner, use debit and/or credit (stored value) cards ("cards") provided by the Administrator and the Plan for payment of Medical Expenses, subject to the following terms:

(a) **Card only for medical expenses.** Each Participant issued a card shall certify that such card shall only be used for Medical Expenses. The Participant shall also certify that any Medical Expense paid with the card has not already been reimbursed by any other plan covering health benefits and that the Participant will not seek reimbursement from any other plan covering health benefits.

(b) **Card issuance.** Such card shall be issued upon the Participant's Effective Date of Participation and reissued for each Plan Year the Participant remains a Participant in the Health Flexible Spending Account. Such card shall be automatically cancelled upon the Participant's death or termination of employment, or if such Participant has a change in status that results in the Participant's withdrawal from the Health Flexible Spending Account.

(c) **Maximum dollar amount available.** The dollar amount of coverage available on the card shall be the amount elected by the Participant for the Plan Year. The maximum dollar amount of coverage available shall be the maximum amount for the Plan Year as set forth in Section 6.4.

(d) **Only available for use with certain service providers.** The cards shall only be accepted by such merchants and service providers as have been approved by the Administrator following IRS guidelines.

(e) **Card use.** The cards shall only be used for Medical Expense purchases at these providers, including, but not limited to, the following:

- (1) Co-payments for doctor and other medical care;
- (2) Purchase of drugs prescribed by a health care provider, menstrual care products and over-the-counter medications as allowed under IRS regulations;
- (3) Purchase of medical items such as eyeglasses, syringes, crutches, etc.

(f) **Substantiation.** Such purchases by the cards shall be subject to substantiation by the Administrator, usually by submission of a receipt from a service provider describing the service, the date and the amount. The Administrator shall also follow the requirements set forth in Revenue Ruling 2003-43 and Notice 2006-69. All charges shall be conditional pending confirmation and substantiation.

(g) **Correction methods.** If such purchase is later determined by the Administrator to not qualify as a Medical Expense, the Administrator, in its discretion, shall use one of the following correction methods to make the Plan whole. Until the amount is repaid, the Administrator shall take further action to ensure that further violations of the terms of the card do not occur, up to and including denial of access to the card.

- (1) Repayment of the improper amount by the Participant;
- (2) Withholding the improper payment from the Participant's wages or other compensation to the extent consistent with applicable federal or state law;
- (3) Claims substitution or offset of future claims until the amount is repaid; and
- (4) if subsections (1) through (3) fail to recover the amount, consistent with the Employer's business practices, the Employer may treat the amount as any other business indebtedness.

6.9 QUALIFIED RESERVIST DISTRIBUTIONS

(a) **Qualified Reservist Distribution.** A Participant may request a Qualified Reservist Distribution, provided the following provisions are satisfied. "Qualified Reservist Distribution" means any distribution to a Participant of all or a portion of the balance in the Participant's Health Flexible Spending Account if:

- (1) Such Participant was an individual who was (by reason of being a member of a reserve component (as defined in Section 101 of Title 37, United States Code)) ordered or called to active duty for a period of 180 days or more or for an indefinite period.
- (2) A Participant may have been called prior to June 18, 2008, provided the individual's active duty continues after June 18, 2008 and the period of duty complies with subsection (a).
- (3) The distribution is made during the period beginning on the date of the order or call that applies to the Participant and ending on the last day of the Plan Year which includes the date of such order or call.
- (4) The Qualified Reservist Distribution option is offered to all Participants who qualify under this Article.
- (5) Qualified Reservist Distributions may only be made if the Participant is ordered or called to active duty, not the Participant's spouse or dependents.
- (6) Under Section 101 of the Title 37 of the United States Code, "reserve component" means: (1) the Army National Guard, (2) the Army Reserve, (3) the Navy Reserve, (4) the Marine Corps Reserve, (5) the Air National Guard, (6) the Air Force Reserve, (7) the Coast Guard Reserve, or (8) the Reserve Corps of the Public Health Service.

(b) **Conditions:** The following conditions apply:

- (1) The Employer must receive a copy of the order or call to active duty and may rely on the order or call to determine the period that the Participant has been ordered or called to duty.
- (2) Eligibility for a Qualified Reservist Distribution is not affected if the order or call is for 180 days or more or is indefinite, but the actual period of active duty is less than 180 days or is changed otherwise from the order or call.
- (3) If the original order is less than 180 days, then no Qualified Reservist Distribution is allowed. However, if subsequent calls or orders increase the total days of active duty to 180 or more, then a Qualified Reservist Distribution will be allowed.

(c) **Amount:** The amount a Participant may be reimbursed from the Health Flexible Spending Account is the amount contributed by the Participant to the Health Flexible Spending Account as of the date of the distribution request, less any reimbursements received as of the date of the distribution request.

(d) **Procedure.** The Employer must specify a process for requesting the distribution. The Employer may limit the number of distributions processed for a Participant to 2 per Plan Year. The distribution request must be made on or after the call or order and before the last day of the Plan Year. The QRD shall be paid within a reasonable time but in no event more than 60 days after the date of the request.

(e) **Claims.** Claims incurred prior to the date of the request of the distribution shall be paid as any other claim. Claims incurred after the date of the distribution shall be paid on submission as any other claim.

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) **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. 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. However, if a Participant terminates employment during the Plan Year, claims for reimbursement must be submitted within 90 days after termination of employment.

ARTICLE VIII BENEFITS AND RIGHTS

8.1 CLAIM FOR BENEFITS

- (a) **Insurance claims.** Any claim for Benefits underwritten by the self-funded plan shall be made to the Employer. If the Employer denies any claim, the Participant or beneficiary shall follow the Employer'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. However, if a Participant terminates employment during the Plan Year, claims for the reimbursement of Medical Expenses must be submitted within 90 days after termination of employment. 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. However, if a Participant terminates employment during the Plan Year, claims for reimbursement must be submitted within 90 days after termination of employment. 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.
- (f) **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 and Grace Period (if applicable) 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. If the Plan Administrator is unable to make payment to any Participant or other person to whom a payment is due under the Plan because it cannot ascertain the identity or whereabouts of such Participant or other person after reasonable efforts have been made to identify or locate such person, then such payment and all subsequent payments otherwise due to such Participant or other person shall be forfeited and returned to the Employer following a reasonable time after the date any such payment first became due.

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 (excepting any carryover); 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 Contract shall be paid in accordance with the terms of the 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 11.11.

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 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.

11.8 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.

11.9 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.

11.10 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 South Dakota.

11.11 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.

11.12 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.

11.13 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.

11.14 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.

11.15 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.

11.16 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.

11.17 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.

11.18 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 11.17.

11.19 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.

11.20 GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)

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

11.21 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.

11.22 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 10 day of August.

Garretson School District 49-4

By *Jacob Schweitzer*
Jacob Schweitzer (Aug 10, 2020 08:45 CDT)

**GARRETSON SCHOOL DISTRICT 49-4
FLEXIBLE BENEFITS PLAN**

SUMMARY PLAN DESCRIPTION

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**XI
SUMMARY**

**GARRETSON SCHOOL DISTRICT 49-4
FLEXIBLE BENEFITS PLAN**

INTRODUCTION

We are pleased to announce that we have established a "Flexible Benefit Plan" 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 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 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 Plan.

2. What are the eligibility requirements for our Plan?

You will be eligible to join the Plan once you have satisfied the conditions for coverage under our group medical plan.

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.

**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, you may elect to have us contribute on your behalf enough of your compensation to pay for the 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. In addition, you should also note that any previous benefit payments made from any Account under the Plan that are unclaimed (e.g., uncashed benefit checks) by the end of the Plan Year following the period of coverage in which the qualifying expense was incurred will be forfeited to the Employer.

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.

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 or self-funded 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 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.

Drug costs, including insulin, may be reimbursed.

Over-the-counter medications and menstrual care products as allowed under IRS regulations are reimbursable under this Plan. 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.

For 2020, the most you can contribute is \$2,750. After 2020, the dollar limit may increase for cost of living adjustments. In addition, you will be eligible to carryover amounts left in your Health Flexible Spending Account, up to \$500. This means that amounts you do not use during a Plan Year can be carried over to the next Plan Year and used for expenses incurred in the next Plan Year.

In order to be reimbursed for a health care expense, you must submit to the Administrator an itemized bill from the service provider. We will also provide you with a debit or credit card to use to pay for medical expenses. The Administrator will provide you with further details. 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. 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 self-funded medical plan.
- Dental insurance premiums.
- Vision insurance premiums.
- Other insurance coverage that we may provide.

Under our Plan, we will establish sub-accounts for you for each different type of 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 contracts providing benefits described above. Also, your coverage will end when you leave employment, are no longer eligible under the terms of any coverage, or when coverage 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. The provisions of the insurance contracts will control what benefits will be paid and when. 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, except for \$500 that can be carried over into the next Plan Year for the Health Flexible Spending Account. 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 prior to your date of termination 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 termination.
- (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.

7. Qualified Reservist Distributions

If you are a member of a reserve unit and if you are ordered or called to active duty, then you may request a Qualified Reservist Distribution (QRD). A Qualified Reservist Distribution is a distribution of all or a portion of the amounts remaining in your Health Flexible Spending Account. You can only request this distribution if you are called to active duty for a period of 180 days or more or for an indefinite period. The distribution must be made during the period beginning on the date of the call and ending on the last date that reimbursements could otherwise be made under the Plan for the Plan Year which includes the date of the call.

You can receive the amount you have actually contributed minus any reimbursements you have already received (or are in process). The amount you request may be adjusted if needed to conform with your actual account balance. You must request the QRD before the last day of the Plan Year. You can only request 2 QRDs for a Plan Year.

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

Garretson School District 49-4 Flexible Benefits Plan is the name of the Plan.

Your Employer has assigned Plan Number 501 to your Plan.

The provisions of the Plan become effective on September 1, 2020, which is called the Effective Date of the Plan.

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:

Garretson School District 49-4
505 2nd Street
Garretson, South Dakota 57030
46-6002580

3. Plan Administrator Information

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

Garretson School District 49-4
505 2nd Street
Garretson, South Dakota 57030
605-594-3451

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:

Garretson School District 49-4
505 2nd Street
Garretson, South Dakota 57030

5. Type of Administration

The type of Administration is Employer Administration.

6. Claims Submission

Claims for expenses should be submitted to:

HealthEquity Inc.
15 W Scenic Pointe Drive, Suite 100
Draper, UT 84020

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. However, if you terminate employment during the Plan Year, you must submit your Health Flexible Spending Account claims within 90 days after your termination of employment. For the Dependent Care Flexible Spending Account, you must submit claims no later than 90 days after the end of the Plan Year. However, if you terminate employment during the Plan Year, you must submit your Dependent Care Flexible Spending Account claims within 90 days after your termination of employment. Any claims submitted after that time will not be considered.

Claims that are insured or self-funded will be handled in accordance with procedures contained in the insurance policies or contracts. 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.
- **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.

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:

Garretson School District 49-4
505 2nd Street
Garretson, South Dakota 57030

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 including any carryover amounts 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.

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.

Please initial below for acknowledgement of this document.

ADOPTING RESOLUTION

The undersigned authorized representative of Garretson School District 49-4 (the Employer) hereby certifies that the following resolutions were duly adopted by the Employer on 08/10/2020, and that such resolutions have not been modified or rescinded as of the date hereof:

RESOLVED, that the form of Cafeteria Plan including a Health Flexible Spending Account and Dependent Care Flexible Spending Account effective September 1, 2020, 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 Garretson School District 49-4 Flexible Benefits Plan, and the Summary Plan Description approved and adopted in the foregoing resolutions.

Date: 08/10/2020

Signed: *Jacob Schweitzer*
Jacob Schweitzer (Aug 10, 2020 08:45 CDT)

Leslie Longhenry

Garretson School District 2020 Flex Plan Documents

Final Audit Report

2020-08-10

Created:	2020-08-09
By:	Monica Hill (monica.hill@ntalife.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAMUTRCizNB_v4kKul8sPhJI7trLSWWxF7

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Classified Staffing Report: 2020-2021

Employee	Position	Pay Rate
Jodi Gloe	Study Hall EA	\$14.75
Tiffany Radford	Library EA	\$15.38
Christine Houska	SPED EA	\$14.00
Lisa McKenney	SPED EA	\$15.25
Kathi Nolz	SPED EA	\$16.11
Sonya Swanson	SPED EA	\$15.00
Carissa White	SPED EA	\$15.00
Peyton Heitkamp	SPED EA	\$14.00
JoAnn Sargent	SPED EA	\$17.17
Kris Sands	Garretson Academy	\$17.26
Trista Vandernick	Preschool EA	\$17.18
Leslie Longhenry	Executive Admin Assistant	\$16.50
Norinda Sandbulte	Principals' Admin Assistant	\$16.50
Tim Nelson	Transportation Director	\$50,338
Reid Nelson	Bus Driver	\$43.50/route
Tom Godbey	Bus Driver	\$43.50/route
Gary Winterton	Bus Driver	\$43.50/route
Dennis Northrup	SPED minibus	\$15.00 per hour
Joel Swenson	Head Custodian	\$43,796
Mike Gray	Custodian	\$15.42
Keith Swenson	Custodian	\$14.50
Mike Jensen	Custodian	\$14.50
Ron Bly	PT Custodian	\$14.05
Jerry Christianson	PT Custodian	\$16.03
Not hired yet	FT Custodian	\$14.00
Jerry Weiland	Asst Football	\$3,000
Tad Heitkamp	Head BBB / Asst FB	\$4,600; \$3,600
Dennis Northrup	Head VB / Asst Track	\$5,600; \$3,000
Cory Buchholz	Asst BBB	\$3,000
Betsy Howe	Nurse	\$25.00
Jenny Braun	Nurse	\$25.00

EQUAL EDUCATIONAL OPPORTUNITIES

All students of the district will have equal educational opportunities. The board will not discriminate on the basis of race, color, creed, religion, sex, handicap, economic status, national origin, or ancestry in its policies or programs.

To accomplish this policy on nondiscrimination, the board will make every effort to provide all students equal access with respect to admission or membership in school-sponsored organizations, clubs, or activities; access to facilities; distribution of funds; academic evaluations; or any other aspect of school-sponsored programs or activities.

The board recognizes, however, that in implementing this policy children vary widely in capabilities, interests, and social and economic background, and that no two children can be treated exactly alike if the fullest development of each is to be achieved.

LEGAL REFS.: Civil Rights Act of 1964, as amended in 1972, Title VI,
Title VII Executive Order 11246, 1965, amended by Executive
Order 11375 Education Amendments of 1972, Title IX (P.L. 92-
318) 45 CFR, Parts 81, 86 (Federal Register, June 4, 1975,
August 11, 1975)
The American Disabilities Act, July 26, 1990
Education for All Handicapped Children Act (P.L. 94-142)
Section 504 of the Vocational Rehabilitation Act of 1973
SDCL 13-28-5; 13-28-6; 13-28-14

CROSS REFS.: AC, Nondiscrimination
IGBA, Programs for Handicapped Students
JFA, Student Due Process Rights

COMPULSORY ATTENDANCE AGES

Under South Dakota law, children between the ages of six (6) and eighteen (18) are of compulsory school age. It is the responsibility of every person having under their control a child between those ages to see to the child's regular attendance at a public or nonpublic school until the child has reached the age of eighteen (18), unless the child has graduated or is excused.

All children shall attend kindergarten prior to age six (6). Any child who transfers from another state may proceed in a continuous educational program without interruption if the child has not previously attended kindergarten.

Any person who does not see to the school attendance of a child in their care will be guilty of a misdemeanor and if convicted, will be subject to a fine as established by law.

No student will be denied the right of attending school without due process of law.

GED Exemption

Students aged sixteen (16) years of age or older will be exempt from compulsory attendance provided they are enrolled and participating in a school-based or school-contracted Graduate Equivalency Degree program and meets one (1) or more of the following five (5) conditions:

1. Verification from a school administrator that the child will not graduate with the child's cohort class because of credit deficiency;
2. Authorization from a court services officer;
3. A court order requiring the child to enter the program;
4. Verification that the child is under the direction of the Department of Corrections; or
5. Verification that the child is enrolled in Job Corps as authorized by Title I-C of the Workforce Investment Act of 1998, as amended to January 1, 2009.

Parents or guardians of the child must also give written consent to the GED exemption.

Established by law

LEGAL REFS.: SDCL 13-27-1; 13-27-2; 13-27-11; 13-27-12; 13-27-16
13-32-4.1

CROSS REF.: JEG, Exclusions and Exemptions from School Attendance

Note: SDCL 13-27-1 will require children ages not younger than five (5) or older than six (6) as of September 1, 2010 to be enrolled in some public or nonpublic kindergarten program.

Adoption date: January 11, 2010

STUDENTS ALTERNATIVE INSTRUCTION

A. Excuse from School

State law requires that children of compulsory school age (at least six (6) years old by the first day of September and not yet eighteen (18) years old and/or GED exempt) must regularly attend some public or nonpublic school, unless excused from school attendance by the school board. All requests for excused absences from school must be in writing. A child will be excused from school attendance if a child is provided with alternative instruction for an equivalent period of time as in the public schools in the basic skills of language arts and mathematics. Any parent or guardian of a child of compulsory school age may request that the child be excused from school attendance. The form for requests for a child to be provided with alternative instruction is provided by the State Department and may be obtained from the superintendent. The request for alternative instruction must be filed annually.

The Garretson School Board hereby authorizes the board president to approve any request for alternative instruction if approval is recommended by the superintendent. Any person seeking an excuse from school attendance for alternative instruction which is not recommended for approval by the superintendent may present the request at the next regularly scheduled or special school board meeting. The superintendent or board president may refer any requests for excuse from school to the full board for action.

A child so excused from school shall take any test(s) required by state law. Any student who has reached eighteen (18) years of age need not be excused from school in order to receive alternative instruction. A permanent record of all certificates of excuse shall be kept in a safe place as designated by the school board.

B. Reenrollment in School

1. **Elementary Students:** Any child of compulsory school age, who has been receiving alternative instruction in an unaccredited setting, seeking enrollment in the Garretson School District, shall be placed at the child's demonstrated level of proficiency established by the district's standardized tests. The child's placement may not be at a grade level higher than warranted by the child's chronological age, assuming entry to the first grade at age six (6) years and annual grade advancement thereafter. The standardized test shall be administered by school personnel and scored as required by the test protocols.
2. **Secondary Students:** Any student who has been receiving alternative instruction in an unaccredited setting and seeks enrollment in the Garretson School District in grades nine (9) or above, shall be placed in the grade level established by standardized English and mathematics tests, to be administered by the district. The student shall be assigned the minimum passing credit for the grade levels associated with the standardized tests.

The student may request credit for any other subject equivalent to a subject provided by the Garretson School District. The high school principal shall review the student's alternative instruction transcript and may award credits based upon the student's performance on teacher-made tests provided to students in similar courses in the schools. Any such credits so awarded shall count towards the student's required credits for graduation.

C. Appeals of Decisions

Any parent, guardian, or eighteen (18) year old student aggrieved by a grade or credit determination may, pursuant to this policy, appeal the determination to the school board. Decisions made by the school board under this policy may be appealed to the Secretary of the Department of Education and Cultural Affairs, pursuant to SDCL 13-27-8.

LEGAL REFS.: SDCL 13-27-3, 7, 8, 9, and 29.

CROSS REF.: JECAA

PERSONNEL RECORDS

A file of personnel records shall be maintained in the superintendent's office for each employee of the Garretson School District. A file shall be kept for all resigned or retired employees, including such essential information as shall seem appropriate to the administration as specified by state and federal laws.

Confidentiality

Personnel information concerning district employees is generally confidential. ~~and may be reviewed only on a "need to know" basis under conditions which guarantee management's right of access to information necessary to make judgments and the protection of the employees of the district against unnecessary invasion of privacy.~~ Some personnel information is "public record" and must be released to any person upon request:

1. Salaries,
2. routine directory information, consisting of employee's name and address, and subject to the employee's right to direct that his/her address not be disclosed, and;
3. employment applications and related materials submitted by individuals hired into executive or policymaking positions within the District.

However, any current or prior contract with any public employee and any related document that specifies the consideration to be paid to the employee is, by law, a public document and to which the public has the right to examine and make memoranda and abstracts therefrom during regular school hours.

Pursuant to state law, any record of document, regardless of physical form, created by the District in connection with the evaluation of the Superintendent constitutes personnel information and is not open to inspection or copying.

~~The superintendent shall notify an employee and a collective bargaining representative, if any, in writing when a request is made for disclosure of the employee's personnel, medical, or similar files, if the superintendent reasonably believes disclosure would invade the employee's privacy. The records will be disclosed unless written objection is received from the employee or the employee's collective bargaining representative, within seven (7) business days from the receipt by the employee or the collective bargaining representative.~~

Records of an employee's evaluation shall not be released without the written consent of the employee **unless authorized or required by law.**

Files containing medical information regarding an employee, **including employment accommodations pursuant to the Americans with Disabilities Act (ADA) and Rehabilitation Act Section 504,** will be kept separate from other personnel files **and shall not be released without the written consent of the employee unless authorized or required by law.**

Types of Information

It shall be the responsibility of each certificated employee to see that there is filed with the district any record of prior teaching experience. In addition, if the teacher has rendered military service, the proof of discharge from the service must be furnished. It is the obligation of the employee to see that information, which will maintain the employee's personnel file on a complete and up-to-date basis, is sent to the superintendent's office. The records shall contain the following information:

1. The correct name and the current address and telephone number of the employee;
2. An accurate record of the work experience of the employee;
3. Current data on education completed, including the transcripts of all academic work;
4. Proof of requirements fulfilled in order to be eligible for salary;
5. Current data on credentials **and certification**;
6. ~~Any current data requested concerning the health of the employee, or medical examinations which the employee may have undergone;~~
7. Records of assignment;
8. Evaluations of performance;
9. Letters of commendation, reprimand, or omission of duty;
10. ~~Other materials mutually agreed upon between the principal and the teacher or supervisor and employee.~~

Use of Personnel Records

All the contents of the personnel records file, with the exception of evaluations, comments, or recommendations provided to the district on a confidential basis by universities, colleges, or persons not connected with the district, shall be available

~~File: GBL~~
~~Page 2 of 2~~

for inspection by the employee concerned. The district reserves the right to have a member of the superintendent's office staff present at the time the employee inspects his or her personnel file for the purpose of explaining and interpreting the information therein. Similarly, at the time the record is reviewed, the employee shall have the right to have present a representative of his or her own choosing, if desired.

The employee shall have the right to respond **in writing** to all materials contained in the personnel file. ~~and to any materials to be placed in the file in the future.~~ Responses shall become part of the file.

Any complaints directed towards an employee, which are placed in the personnel file, are to be promptly called to the employee's attention in writing.

Parental Notice

If the school district receives Title I funds, ~~the No Child Left Behind Act requires~~ the district shall inform the parents of children attending school that the parents may request information regarding the professional qualifications of their children's teachers. Upon receipt of a parental request for this information, the District shall provide the following information: ~~to provide parents with notice that they may request information about the professional qualifications of classroom teachers. The notice to parents must include the following:~~

1. Whether the teacher has met state qualifications **and licensing criteria** for the grade levels and subject areas taught;
2. Whether the teacher is teaching under ~~emergency or other provisional~~ **plan of intent** status;
3. The baccalaureate degree of the teacher and any other graduate certification or degree held by the teacher, and the subject area(s) of the certification or degree;
4. Whether the child is provided services by paraprofessionals, and, if so, their qualifications.

If a parent requests the above-listed information, the district is required to provide the information in a timely manner. If the district has hired a teacher who is not highly qualified and the teacher has taught a child for four (4) or more weeks, the district is required to provide the parents notice that their child has been taught by a teacher who is not highly qualified.

~~LEGAL REFS.: P.L. 107-110, No Child Left Behind Act of 2001
The Americans with Disabilities Act
SDCL 60-4-12~~

Revised: October 12, 2020

Delete.

**~~PERMISSION FOR THE TRANSFER AND/OR RELEASE OF
CONFIDENTIAL EMPLOYEE INFORMATION~~**

I, _____, employee of the Garretson School District,
_____ (Name)

request that the following part of the above employee's records be made available to
_____ for the purpose of _____
_____ (Name)

Part(s) of employee's records to be made available: _____

Signature _____ Date _____

Please send me a copy of the records released to the following address:

Name: _____

Address: _____

City, State, Zip: _____

Enclosed is \$ _____ for reproduction and mailing costs.

Delete

~~NOTICE OF RELEASE OF PERSONNEL RECORD~~

~~This is to advise you, _____, that a subpoena or other
_____ (Employee)
order has been received requesting your records (copy attached) and that they will be
released in two (2) business days or earlier, if so ordered, unless you get a court order
prohibiting the release.~~

~~Superintendent, Garretson School District~~