



Independent School District #146
Regular School Board Meeting
7:00 PM on June 16, 2025
Barnesville High School
302 3rd Street South
Barnesville, MN 56514

1. Call to Order
 2. Roll Call
- Jeremy Cossette: Present
Marla Field: Present
Crystal Henderson: Present
Sara Hough: Present
Andrew Maier: Present
Josh Schroeder: Present
Jacob Thompson: Present

Present: 7, Absent 0

Dr. Jon Ellerbusch - Superintendent: Absent
Mr. Bryan Strand - HS Principal: Absent
Mr. Todd Henrickson - Elementary Principal: Present
Mr. Aaron Schindler - Director of Student Activities and Community Education Coordinator: Present
Ms. Jodi Samuelson - Finance Officer: Present

Guests Present: Ley Bouchard and Chris Messer

3. Pledge of Allegiance
4. Approval of Agenda
5. Approval of Minutes

1. Call to Order

2. Roll Call

Jeremy Cossette: Present
Marla Field: Present
Crystal Henderson: Present
Sara Hough: Absent
Andrew Maier: Present
Josh Schroeder: Present
Jacob Thompson: Present (arrived at 7:06 PM)

Present: 6, Absent 1

Dr. Jon Ellerbusch - Superintendent: Present
Mr. Bryan Strand - HS Principal: Present
Mr. Todd Henrickson - Elementary Principal: Absent
Mr. Aaron Schindler - Director of Student Activities and Community Education
Coordinator: Absent
Ms. Jodi Samuelson - Finance Officer: Present

Guests Present: Ley Bouchard

3. Pledge of Allegiance

4. Approval of Agenda

Vote to approve the agenda as presented/amended. This motion, made by Marla Field and seconded by Crystal Henderson, Passed.

Sara Hough: Absent, Jacob Thompson: Absent, Jeremy Cossette: Yea, Marla Field: Yea, Crystal Henderson: Yea, Andrew Maier: Yea, Josh Schroeder: Yea
Yea: 5, Nay: 0, Absent: 2

5. Approval of Minutes

Vote to approve the minutes of the regular school board meeting on April 21, 2025 as presented/amended. This motion, made by Marla Field and seconded by Crystal Henderson, Passed.

Sara Hough: Absent, Jacob Thompson: Absent, Jeremy Cossette: Yea, Marla Field: Yea, Crystal Henderson: Yea, Andrew Maier: Yea, Josh Schroeder: Yea
Yea: 5, Nay: 0, Absent: 2

6. Claims, Accounts and Financial

Vote to approve claims, wires and all other financial reports as presented. This motion, made by Jeremy Cossette and seconded by Josh Schroeder, Passed.

Sara Hough: Absent, Jacob Thompson: Absent, Jeremy Cossette: Yea, Marla Field: Yea, Crystal

Henderson: Yea, Andrew Maier: Yea, Josh Schroeder: Yea
Yea: 5, Nay: 0, Absent: 2

7. Appreciation, Recognition and Presentations
None

8. Recognition of Citizens for Input Purposes

9. Reports/News

9.A. High School Principal's Report

9.B. Elementary Principal's Report

9.C. Director of Student Activities and Community Education Coordinator's Report

9.D. Superintendent's Report

9.E. Board Committee Reports

10. Removal of Consent Items for Discussion

11. Approval of Consent Items

Vote to approve the consent agenda items as presented/amended. This motion, made by Jeremy Cossette and seconded by Marla Field, Passed.

Sara Hough: Absent, Jeremy Cossette: Yea, Marla Field: Yea, Crystal Henderson: Yea, Andrew Maier: Yea, Josh Schroeder: Yea, Jacob Thompson: Yea
Yea: 6, Nay: 0, Absent: 1

11.A. Personnel

11.A.1) Sierra Christensen as Elementary Music Teacher

11.A.2) Lois Vorachek as Elementary Special Education Teacher

11.A.3) Liam Andres as Summer 2025 Student Custodian

11.A.4) Gabe Hook as Summer 2025 Student Custodian

11.A.5) Logan Olson as Summer 2025 Student Custodian

11.A.6) Henry Peterson as Summer 2025 Student Custodian

11.A.7) Mara Schommer's Resignation as Special Education Teacher

11.A.8) Alli Honrud's Resignation as JV Girls' Basketball Coach

11.A.9) Alli Honrud's Resignation as 7th Grade Volleyball Coach

11.B. Donations

11.B.1) \$1,050 Donation from Sara Hough for the "Your Life Speaks" Presentation
Featuring Speaker Nathan Harmon

11.B.2) \$250 Donation from Dean's Bulk Service for the "Your Life Speaks" Presentation
Featuring Speaker Nathan Harmon

11.B.3) \$100 Donation from Heart of Behavior, LLC (Crystal Henderson) for the “Your Life Speaks” Presentation Featuring Speaker Nathan Harmon

11.B.4) \$100 Donation from Jenna Crabtree Insurance Agency, Inc. for the “Your Life Speaks” Presentation Featuring Speaker Nathan Harmon

11.B.5) \$100 Donation from Mainline Bar & Grill for the “Your Life Speaks” Presentation Featuring Speaker Nathan Harmon

11.B.6) \$100 Donation from Nelson Insurance & Financial Services, Inc. for the “Your Life Speaks” Presentation Featuring Speaker Nathan Harmon

11.B.7) \$100 Donation from Christina and Joel Voxland for the “Your Life Speaks” Presentation Featuring Speaker Nathan Harmon

11.B.8) \$50 Donation from Barnesville Drug & Hardware, Inc. for the “Your Life Speaks” Presentation Featuring Speaker Nathan Harmon

11.B.9) \$160 Donation from Creative Traveler FM (Laura Ronngren) for 2025 Summer Field Trips for Elementary Students

11.B.10) \$100 Donation from Michele & Andy Cassady for 2025 Summer Field Trips for Elementary Students

11.B.11) \$100 Donation from Stephanie and Andy Maier for 2025 Summer Field Trips for Elementary Students

11.B.12) \$40 Donation from Julia and Brandon Gerner for 2025 Summer Field Trips for Elementary Students

11.B.13) \$30 Donation from Carissa Cuypers for 2025 Summer Field Trips for Elementary Students

11.B.14) \$20 Donation from Erin Volk for 2025 Summer Field Trips for Elementary Students

11.B.15) \$20 Donation from Jamie Zettel for 2025 Summer Field Trips for Elementary Students

11.B.16) \$400.00 Donation from Barnesville PTO for Kindergarten Field Trip

11.B.17) \$400.00 Donation from Barnesville PTO for 2nd Grade Field Trip

11.B.18) \$550.00 Donation from Barnesville PTO for 3rd Grade Field Trip

11.B.19) \$250.00 Donation from Charlton Construction for Fishing Team Jerseys

11.B.20) \$300.00 Donation from J-Tech Mechanical for Fishing Team Jerseys

11.B.21) \$100.00 Donation from Barnesville Bus Company for Summer Rec t-shirts

11.B.22) \$100.00 Donation from Barnesville Record Review for Summer Rec t-shirts

11.B.23) \$17,500 Donation from City of Barnesville for Summer Rec Baseball and Softball

12. New Business

12.A. Budget Revisions for FY25

Vote to approve budget revisions for FY25. This motion, made by Josh Schroeder and seconded by Andrew Maier, Passed.

Sara Hough: Absent, Jeremy Cossette: Yea, Marla Field: Yea, Crystal Henderson: Yea, Andrew Maier: Yea, Josh Schroeder: Yea, Jacob Thompson: Yea

Yea: 6, Nay: 0, Absent: 1

12.B. MNSync Online Agreement with Rochester Public Schools for 2025–2026

Vote to approve the agreement between Barnesville Public School and Rochester Public Schools for participation in the MNSync Online program for the 2025-2026 school year. This motion, made by Jacob Thompson and seconded by Andrew Maier, Passed.

Sara Hough: Absent, Jeremy Cossette: Yea, Marla Field: Yea, Crystal Henderson: Yea, Andrew Maier: Yea, Josh Schroeder: Yea, Jacob Thompson: Yea

Yea: 6, Nay: 0, Absent: 1

12.C. Girls Basketball Tournament at Wisconsin Dells

Vote to approve overnight travel for the girls basketball tournament at Wisconsin Dells on June 16-18. This motion, made by Jeremy Cossette and seconded by Crystal Henderson, Passed.

Sara Hough: Absent, Jeremy Cossette: Yea, Marla Field: Yea, Crystal Henderson: Yea, Andrew Maier: Yea, Josh Schroeder: Yea, Jacob Thompson: Yea

Yea: 6, Nay: 0, Absent: 1

12.D. Membership in the Minnesota State High School League (MSHSL)

Vote to approve 2025-2026 Resolution for membership in the MSHSL. This motion, made by Marla Field and seconded by Andrew Maier, Passed.

Sara Hough: Absent, Jeremy Cossette: Yea, Marla Field: Yea, Crystal Henderson: Yea, Andrew Maier: Yea, Josh Schroeder: Yea, Jacob Thompson: Yea

Yea: 6, Nay: 0, Absent: 1

12.E. Items for Remaining Voter Approved Authority

Vote to approve presented list of items using dollars made available by remaining voter approved authority. This motion, made by Jeremy Cossette and seconded by Josh Schroeder, Passed.

Sara Hough: Absent, Jeremy Cossette: Yea, Marla Field: Yea, Crystal Henderson: Yea, Andrew Maier: Yea, Josh Schroeder: Yea, Jacob Thompson: Yea

Yea: 6, Nay: 0, Absent: 1

13. Addendum

13.A. Group Term Life Insurance with National Insurance Services

Vote to approve the underwriting offer for group term life insurance with National Insurance Services. This motion, made by Marla Field and seconded by Jacob Thompson, Passed.

Sara Hough: Absent, Jeremy Cossette: Yea, Marla Field: Yea, Crystal Henderson: Yea,

Andrew Maier: Yea, Josh Schroeder: Yea, Jacob Thompson: Yea
Yea: 6, Nay: 0, Absent: 1

14. Discussion/Information

15. Enrollment Update

16. Dates to Remember

16.A. Regular School Board Meeting

16.A.1) Monday, June 16, 2025, 7:00 PM, Barnesville High School

17. Adjournment

Vote to adjourn the meeting at 7:55 PM. This motion, made by Andrew Maier and seconded by Crystal Henderson, Passed.

Sara Hough: Absent, Jeremy Cossette: Yea, Marla Field: Yea, Crystal Henderson: Yea, Andrew Maier: Yea, Josh Schroeder: Yea, Jacob Thompson: Yea

Yea: 6, Nay: 0, Absent: 1

TREASURER'S REPORT

		<u>2024-25</u>	<u>2023-24</u>
Book Balance 5/1/25		\$538,974.39	\$807,054.85
Receipts			
5/1/2025	2,277.00		
5/2/2025	2,473.37		
5/5/2025	2,875.56		
5/6/2025	6,156.02		
5/7/2025	1,004.03		
5/8/2025	3,606.71		
5/9/2025	11,585.53		
5/12/2025	1,361.18		
5/13/2025	7,324.75		
5/14/2025	3,799.01		
5/15/2025	1,482.50		
5/16/2025	502,366.66		
5/19/2025	30,828.26		
5/20/2025	4,215.22		
5/21/2025	830.69		
5/22/2025	2,593.34		
5/23/2025	1,242.01		
5/27/2025	1,174.30		
5/28/2025	13,633.64		
5/29/2025	483,464.05		
5/30/2025	307,293.27		
5/31/2025	247.91		
Net In Transit	(4,481.00)	<u>\$1,387,354.01</u>	<u>\$1,473,802.79</u>
		\$1,926,328.40	\$2,280,857.64
Disbursements		<u>\$1,293,315.41</u>	<u>\$1,495,237.01</u>
Book Balance	5/31/2025	\$633,012.99	\$785,620.63
Student Activities		\$180,015.10	\$180,352.10
MSDLAF Investment		\$5,451,616.55	\$5,122,008.16
Midwest Money Market		<u>\$687,807.95</u>	<u>\$662,793.94</u>
Actual Balance		<u><u>\$6,952,452.59</u></u>	<u><u>\$6,750,774.83</u></u>

FUND	BEGINNING BALANCE	RECEIPTS	DISBURSEMENTS	BALANCE	BALANCE
General	\$4,595,475.86	\$2,020,541.35	\$1,970,317.61	\$4,645,699.60 *	\$4,331,921.89 ^
Student Activities	\$200,627.40	\$26,288.42	\$46,900.72	\$180,015.10	\$180,352.10
Food Service	\$230,574.38	\$71,781.43	\$86,750.38	\$215,605.43	\$213,135.87
Community Service	(\$128,536.28)	\$77,450.47	\$37,884.52	(\$88,970.33)	(\$60,530.39)
Building Construction	\$1,444,129.55	\$5,205.25	\$1,066.00	\$1,448,268.80	\$1,461,543.95
Debt Service	\$248,066.17	\$303,767.82	\$0.00	\$551,833.99	\$624,351.41
Total	<u>\$6,590,337.08</u>	<u>\$2,505,034.74</u>	<u>\$2,142,919.23</u>	<u>\$6,952,452.59</u>	<u>\$6,750,774.83</u>

* General Fund balance includes \$1,865,585 of restricted/committed funds.

^ General Fund balance includes \$1,667,880 of restricted/committed funds.

Minnesota School District Liquid Asset Fund Plus
May 2025

Max Account	\$3,046,496.08
Liquid Account	\$5,851.67
2023 Bond Proceeds Investment Account	\$1,448,268.80
Certificate of Deposit	\$951,000.00

Investment Date	Institution	Maturity Date	Rate	Investment Amount	Value at Maturity	
6/5/2024	Farmers & Merchants Union Bank, WI	6/5/2025	5.40%	\$237,000.00	\$249,798.00	
4/7/2025	Bank of China, NY	4/7/2026	4.40%	\$239,000.00	\$249,516.00	
8/1/2024	Solera National Bank, CO	8/1/2025	5.50%	\$236,000.00	\$248,980.00	
7/16/2024	Cornerstone Bank, NE	11/5/2025	4.50%	\$239,000.00	\$249,755.00	
Total Minnesota School District Liquid Asset Fund Plus						\$5,451,616.55

Barnesville Public Schools #146
Revenue Guideline by Source
Period Ending May 31, 2025

Sequence: Fd, O/S

		B25					%	%	%
Description		Annual Budget	Period 202511	Year To Date	% YTD	Encumbrances	+ Enc	Remaining Balance	
01	General Fund								
001	Levies	(1,332,220.00)	(169,544.10)	(1,005,722.45)	75%	0.00	75%	(326,497.55)	
004	Tax Increment Finance Revenue	(2,000.00)	0.00	(664.50)	33%	0.00	33%	(1,335.50)	
010	County Apport	(22,490.00)	(59.64)	(26,473.84)	118%	0.00	118%	3,983.84	
019	Misc Local	(20,810.00)	(262.63)	(8,308.57)	40%	0.00	40%	(12,501.43)	
021	Revenue from MN Dist	(105,400.00)	0.00	(105,400.61)	100%	0.00	100%	0.61	
050	Fees from Patrons	(78,150.00)	(555.00)	(74,570.00)	95%	0.00	95%	(3,580.00)	
060	Student Activity	(121,700.00)	(7,348.59)	(107,294.41)	88%	0.00	88%	(14,405.59)	
061	Entry Fee	(9,500.00)	(3,675.00)	(7,100.00)	75%	0.00	75%	(2,400.00)	
071	Med Assist Fr Dept of HS	(75,000.00)	(3,654.00)	(37,973.47)	51%	0.00	51%	(37,026.53)	
092	Interest	(127,850.00)	(12,598.62)	(188,073.22)	147%	0.00	147%	60,223.22	
093	Rent Facilities	(10,000.00)	(2,172.50)	(6,542.98)	65%	0.00	65%	(3,457.02)	
096	Gifts/Bequests	(29,000.00)	(2,000.00)	(8,523.58)	29%	0.00	29%	(20,476.42)	
099	Misc Revene	(78,730.00)	(8,957.97)	(34,706.42)	44%	0.00	44%	(44,023.58)	
201	Endowment Fund Appr	(59,740.00)	0.00	(60,445.09)	101%	0.00	101%	705.09	
211	Foundation Aid	(7,824,910.00)	(894,535.61)	(6,717,256.47)	86%	0.00	86%	(1,107,653.53)	
213	Shared Time	0.00	0.00	(71.38)	0%	0.00	0%	71.38	
227	Abatement	(1,430.00)	0.00	0.00	0%	0.00	0%	(1,430.00)	
229	Disparity Reduction	(50.00)	0.00	(184.97)	370%	0.00	370%	134.97	
234	Hmstd/Ag Market Value Credit	(4,110.00)	0.00	0.00	0%	0.00	0%	(4,110.00)	
300	State & Grants	(246,150.00)	0.00	(110,722.06)	45%	0.00	45%	(135,427.94)	
317	LTFM State Aid	(76,380.00)	0.00	(43,617.69)	57%	0.00	57%	(32,762.31)	
360	Spec Ed General	(1,122,180.00)	(105,195.71)	(688,366.42)	61%	0.00	61%	(433,813.58)	
369	Rev-Other State Agen	(144,130.00)	0.00	(153,566.76)	107%	0.00	107%	9,436.76	
370	Misc Rev fm MDE	(6,430.00)	0.00	(6,433.75)	100%	0.00	100%	3.75	
400	Federal Funds and Grants	0.00	0.00	(31,552.50)	0%	0.00	0%	31,552.50	
401	Federal Funds & Grants	(72,020.00)	0.00	(43,734.77)	61%	0.00	61%	(28,285.23)	
619	COM Rev Producing Act (Contra)	45,000.00	0.00	42,932.71	95%	0.00	95%	2,067.29	
620	Sale Mat-Rev Producing Act	(90,000.00)	(804.75)	(88,918.27)	99%	0.00	99%	(1,081.73)	
621	Sale Mat-Resale Mat	(10,100.00)	(5,130.55)	(8,794.64)	87%	0.00	87%	(1,305.36)	

Barnesville Public Schools #146
Revenue Guideline by Source
Period Ending May 31, 2025

Sequence: Fd, O/S

		B25					% YTD	Remaining
Description		Annual Budget	Period 202511	Year To Date	% YTD	Encumbrances	+ Enc	Balance
01	General Fund							
624	Sale of Equipment	(5,000.00)	0.00	0.00	0%	0.00	0%	(5,000.00)
625	Insurance Recovery	(14,760.00)	(7,205.72)	(21,967.23)	149%	0.00	149%	7,207.23
01	General Fund	(11,645,240.00)	(1,223,700.39)	(9,544,053.34)	82%	0.00	82%	(2,101,186.66)
02	Food Service							
092	Interest	(5,000.00)	0.00	0.00	0%	0.00	0%	(5,000.00)
099	Misc Revene	(1,300.00)	0.00	(54.00)	4%	0.00	4%	(1,246.00)
300	State & Grants	(450,090.00)	(48,412.40)	(404,055.87)	90%	0.00	90%	(46,034.13)
400	Federal Funds and Grants	(3,100.00)	0.00	(5,365.42)	173%	0.00	173%	2,265.42
471	School Lunch Fed	(60,000.00)	(6,249.54)	(52,409.64)	87%	0.00	87%	(7,590.36)
472	Free & Reduced Meals	(97,500.00)	(10,142.64)	(85,323.86)	88%	0.00	88%	(12,176.14)
473	Commodity Cash Program	(400.00)	0.00	(691.38)	173%	0.00	173%	291.38
474	Commodities	(35,000.00)	0.00	0.00	0%	0.00	0%	(35,000.00)
476	Breakfast Revenue	(36,590.00)	(4,159.35)	(32,707.71)	89%	0.00	89%	(3,882.29)
477	Cash In Lieu Commod	(210.00)	0.00	(415.73)	198%	0.00	198%	205.73
601	Type A Pupil	(45,430.00)	(2,168.20)	(59,543.73)	131%	0.00	131%	14,113.73
606	Type A Adult	(5,740.00)	(649.30)	(4,987.80)	87%	0.00	87%	(752.20)
02	Food Service	(740,360.00)	(71,781.43)	(645,555.14)	87%	0.00	87%	(94,804.86)
04	Community Service							
001	Levies	(61,430.00)	(8,280.22)	(42,902.89)	70%	0.00	70%	(18,527.11)
019	Misc Local	(50.00)	0.00	(47.36)	95%	0.00	95%	(2.64)
021	Revenue from MN Dist	(51,400.00)	0.00	0.00	0%	0.00	0%	(51,400.00)
050	Fees from Patrons	(331,970.00)	(50,334.00)	(282,163.99)	85%	0.00	85%	(49,806.01)
092	Interest	(180.00)	0.00	0.00	0%	0.00	0%	(180.00)
096	Gifts/Bequests	(43,500.00)	(18,730.00)	(42,377.49)	97%	0.00	97%	(1,122.51)
229	Disparity Reduction	(130.00)	0.00	(28.49)	22%	0.00	22%	(101.51)
234	Hmstd/Ag Market Value Credit	(1,570.00)	0.00	0.00	0%	0.00	0%	(1,570.00)
258	Wetland & Native	(20.00)	0.00	0.00	0%	0.00	0%	(20.00)
300	State & Grants	(75,400.00)	0.00	(65,658.74)	87%	0.00	87%	(9,741.26)

**Barnesville Public Schools #146
Revenue Guideline by Source
Period Ending May 31, 2025**

Sequence: Fd, O/S

		B25					% YTD		Remaining
Description		Annual Budget	Period 202511	Year To Date	% YTD	Encumbrances	+ Enc		Balance
04	Community Service								
301	Non-Public Aid	(850.00)	0.00	(888.92)	105%	0.00	105%		38.92
04	Community Service	(566,500.00)	(77,344.22)	(434,067.88)	77%	0.00	77%		(132,432.12)
06	Building Construction								
092	Interest	(65,000.00)	(5,205.25)	(60,967.47)	94%	0.00	94%		(4,032.53)
06	Building Construction	(65,000.00)	(5,205.25)	(60,967.47)	94%	0.00	94%		(4,032.53)
07	Debt Redemption								
001	Levies	(1,646,770.00)	(303,767.82)	(912,020.61)	55%	0.00	55%		(734,749.39)
019	Misc Local	(1,500.00)	0.00	(10,465.82)	698%	0.00	698%		8,965.82
092	Interest	(500.00)	0.00	0.00	0%	0.00	0%		(500.00)
229	Disparity Reduction	(200.00)	0.00	(1,093.35)	547%	0.00	547%		893.35
234	Hmstd/Ag Market Value Credit	(27,300.00)	0.00	(21,855.15)	80%	0.00	80%		(5,444.85)
258	Wetland & Native	(682,590.00)	0.00	(862,627.80)	126%	0.00	126%		180,037.80
317	LTFM State Aid	(86,700.00)	0.00	(69,056.91)	80%	0.00	80%		(17,643.09)
07	Debt Redemption	(2,445,560.00)	(303,767.82)	(1,877,119.64)	77%	0.00	77%		(568,440.36)
21	Student Activities Fund								
099	Misc Revene	(200,000.00)	0.00	0.00	0%	0.00	0%		(200,000.00)
21	Student Activities Fund	(200,000.00)	0.00	0.00	0%	0.00	0%		(200,000.00)
Report Totals:		(15,662,660.00)	(1,681,799.11)	(12,561,763.47)	80%	0.00	80%		(3,100,896.53)

Barnesville Public Schools #146
Exp Summary - Fd, Pro
Period Ending May 31, 2025

Sequence: Fd, Pro

		B25					%	%	%
Description		Annual Budget	Period 202511	Year To Date	% YTD	Encumbrances	+ Enc	Remaining Balance	
01	General Fund								
010	Board-Education	61,010.00	999.70	46,954.43	77%	0.00	77%	14,055.57	
020	Office/Supt	237,890.00	18,106.17	201,605.84	85%	0.00	85%	36,284.16	
050	School Admin	521,780.00	42,507.62	454,726.93	87%	0.00	87%	67,053.07	
105	General Adm. Support	35,720.00	334.16	30,115.05	84%	0.00	84%	5,604.95	
108	Administrative Tech Services	10,000.00	0.00	11,145.92	111%	0.00	111%	(1,145.92)	
110	Business Services	291,550.00	18,276.70	267,907.28	92%	2,100.00	93%	21,542.72	
201	Kindergarten	396,790.00	57,450.20	321,538.98	81%	0.00	81%	75,251.02	
203	Elem Ed	251,850.00	22,592.64	250,028.59	99%	1,886.35	100%	(64.94)	
204	First Grade	313,410.00	25,672.88	235,920.51	75%	0.00	75%	77,489.49	
205	Second Grade	389,560.00	33,012.06	298,526.63	77%	302.50	77%	90,730.87	
206	Third Grade	303,950.00	50,966.76	254,036.00	84%	0.00	84%	49,914.00	
207	Fourth Grade	296,860.00	51,469.87	241,996.14	82%	0.00	82%	54,863.86	
208	Fifth Grade	312,890.00	65,677.51	283,512.68	91%	246.96	91%	29,130.36	
209	Sixth Grade	245,350.00	19,536.62	178,608.23	73%	178.83	73%	66,562.94	
211	Secondary Ed-Gen	152,970.00	10,615.96	101,874.43	67%	14.85	67%	51,080.72	
212	Art	158,250.00	19,818.30	133,465.09	84%	0.00	84%	24,784.91	
213	Agriculture - Non Vocational	14,560.00	937.26	8,867.13	61%	0.00	61%	5,692.87	
215	Business	800.00	0.00	65.53	8%	0.00	8%	734.47	
216	Educ. Disadvantaged	72,070.00	5,633.85	54,725.60	76%	281.25	76%	17,063.15	
218	Gifted And Talented	8,810.00	575.80	6,212.81	71%	0.00	71%	2,597.19	
220	English	260,830.00	21,516.30	194,414.52	75%	0.00	75%	66,415.48	
230	Foreign Language	70,140.00	5,774.95	51,975.55	74%	0.00	74%	18,164.45	
240	Health/Phys Ed	271,880.00	22,352.43	204,158.63	75%	0.00	75%	67,721.37	
249	Dr Trg/behind Wheel	11,650.00	0.00	1,154.00	10%	0.00	10%	10,496.00	
254	Barnesville Branderz	3,000.00	0.00	663.37	22%	0.00	22%	2,336.63	
255	Industrial Educ	116,040.00	21,095.53	114,870.84	99%	0.00	99%	1,169.16	
256	Mathematics	264,380.00	32,571.89	220,572.32	83%	0.00	83%	43,807.68	
258	Inst Music	72,740.00	7,756.11	55,627.85	76%	0.00	76%	17,112.15	
259	Vocal Music	134,320.00	9,330.39	84,078.76	63%	0.00	63%	50,241.24	

Barnesville Public Schools #146
Exp Summary - Fd, Pro
Period Ending May 31, 2025

Sequence: Fd, Pro

		B25					%	%	%
Description		Annual Budget	Period 202511	Year To Date	% YTD	Encumbrances	+ Enc	Remaining Balance	
01	General Fund								
260	Science	284,900.00	66,464.83	256,502.96	90%	0.00	90%	28,397.04	
261	Science - River Watch	3,800.00	0.00	0.00	0%	0.00	0%	3,800.00	
270	Social-Scienc/Study	298,840.00	24,357.91	222,847.26	75%	17.76	75%	75,974.98	
271	Remedial Reading/Lang Arts	131,950.00	11,776.44	95,771.76	73%	0.00	73%	36,178.24	
288	Flow Thru/Sales	19,500.00	0.00	12,240.74	63%	0.00	63%	7,259.26	
289	Flo Thru/Sales	23,800.00	8,873.75	32,719.95	137%	432.51	139%	(9,352.46)	
292	Boys/Girls Athletic	76,470.00	25,805.35	56,870.78	74%	19.00	74%	19,580.22	
294	Boys Athletics	197,530.00	30,756.38	182,333.21	92%	0.00	92%	15,196.79	
295	One Act Play	2,430.00	0.00	2,845.61	117%	0.00	117%	(415.61)	
296	Girls Athletics	149,570.00	21,556.96	136,539.03	91%	127.89	91%	12,903.08	
298	Extra-Curricular	137,200.00	32,305.92	129,984.84	95%	0.00	95%	7,215.16	
299	Concessions	47,680.00	963.23	45,409.13	95%	0.00	95%	2,270.87	
301	Agriculture	79,000.00	9,693.22	66,041.94	84%	175.90	84%	12,782.16	
341	Business and Office Education	107,550.00	8,849.39	80,401.41	75%	0.00	75%	27,148.59	
400	General Special Education	300.00	0.00	184.00	61%	0.00	61%	116.00	
401	Speech/Lang.impaired	145,470.00	9,527.34	108,543.67	75%	0.00	75%	36,926.33	
402	M.I.-Mild-Moderate	133,100.00	11,159.76	90,846.23	68%	0.00	68%	42,253.77	
403	M.I.-Moderate-Severe	56,690.00	11,625.62	53,416.84	94%	0.00	94%	3,273.16	
404	Physically Impaired	21,450.00	1,616.08	15,564.71	73%	0.00	73%	5,885.29	
405	Deaf-Hard of Hearing	700.00	0.00	0.00	0%	0.00	0%	700.00	
406	Visually Impaired	17,480.00	692.58	9,607.35	55%	0.00	55%	7,872.65	
407	Spec Learning Disabl	226,330.00	20,136.21	178,009.40	79%	0.00	79%	48,320.60	
408	Emot/Behavior Disord	166,810.00	10,372.35	95,460.64	57%	0.00	57%	71,349.36	
410	Other Health Impair	251,000.00	44,461.04	207,829.68	83%	0.00	83%	43,170.32	
411	Autistic	198,860.00	34,062.93	178,698.38	90%	0.00	90%	20,161.62	
412	Develop Delayed	38,150.00	3,774.64	35,749.03	94%	0.00	94%	2,400.97	
416	Multiple Handicap	300.00	0.00	0.00	0%	0.00	0%	300.00	
420	Special Ed General	105,100.00	0.00	48,840.30	46%	0.00	46%	56,259.70	
422	Early Intervening Services	113,810.00	8,422.49	94,283.54	83%	0.00	83%	19,526.46	

Barnesville Public Schools #146
Exp Summary - Fd, Pro
Period Ending May 31, 2025

Sequence: Fd, Pro

		B25					% YTD	Remaining
Description		Annual Budget	Period 202511	Year To Date	% YTD	Encumbrances	+ Enc	Balance
01	General Fund							
430	Homebound	1,260.00	0.00	0.00	0%	0.00	0%	1,260.00
610	Curric. Consult/Development	47,520.00	4,397.08	39,535.58	83%	0.00	83%	7,984.42
612	Technology	82,090.00	3,818.71	72,259.93	88%	0.00	88%	9,830.07
620	Educ.media/Library	82,420.00	7,252.85	66,780.35	81%	223.44	81%	15,416.21
625	Audio/Visual Dept.	280.00	0.00	122.56	44%	80.00	72%	77.44
630	Instruc-Related Technology	76,810.00	9,456.00	91,541.30	119%	1,025.00	121%	(15,756.30)
640	Staff Development	176,330.00	37,878.48	162,913.39	92%	2,000.00	94%	11,416.61
690	Other Inst Support	50,700.00	0.00	46,050.48	91%	0.00	91%	4,649.52
710	Counseling/Guidance	97,450.00	7,837.90	74,613.79	77%	0.00	77%	22,836.21
715	School Security	49,600.00	2,757.00	46,226.29	93%	0.00	93%	3,373.71
716	Drug Abuse Prevention	2,000.00	0.00	963.88	48%	0.00	48%	1,036.12
718	Other School Safety	2,000.00	0.00	0.00	0%	0.00	0%	2,000.00
720	Health Services	93,000.00	8,375.75	78,077.21	84%	151.71	84%	14,771.08
740	Social Work Services	68,850.00	0.00	54,138.42	79%	0.00	79%	14,711.58
760	Pupil Transport	723,950.00	76,236.88	692,939.11	96%	108.96	96%	30,901.93
790	Other Pupil Services	179,500.00	712.61	152,042.79	85%	0.00	85%	27,457.21
810	Oper/Maintenance	1,108,360.00	82,803.58	928,145.84	84%	1,662.32	84%	178,551.84
811	Grounds Maint	26,000.00	2,398.06	26,062.42	100%	86.65	101%	(149.07)
812	Buildings Maint	76,020.00	1,100.00	72,798.91	96%	43.53	96%	3,177.56
813	Equip Maint	22,000.00	0.00	19,667.95	89%	765.00	93%	1,567.05
850	Facilities	126,220.00	0.00	107,277.45	85%	0.00	85%	18,942.55
865	LTFM Excl'd Costs -Pro 866,867	115,960.00	2,756.46	101,929.25	88%	11.94	88%	14,018.81
940	Prop/Other Ins	101,900.00	0.00	101,901.07	100%	0.00	100%	(1.07)
960	Other Non-Recurring Items	17,140.00	0.00	17,144.34	100%	0.00	100%	(4.34)
01	General Fund	11,644,180.00	1,209,617.44	9,700,024.34	83%	11,942.35	83%	1,932,213.31
02	Food Service							
770	Food Service	765,970.00	83,984.84	614,391.54	80%	3,101.45	81%	148,477.01
02	Food Service	765,970.00	83,984.84	614,391.54	80%	3,101.45	81%	148,477.01
04	Community Service							

Barnesville Public Schools #146
Exp Summary - Fd, Pro
Period Ending May 31, 2025

Sequence: Fd, Pro

		B25					% YTD	Remaining
Description		Annual Budget	Period 202511	Year To Date	% YTD	Encumbrances	+ Enc	Balance
04	Community Service							
505	Community Ed	107,240.00	11,463.61	91,463.31	85%	0.00	85%	15,776.69
506	Summer Recreation	83,880.00	4,749.66	54,658.45	65%	2,924.00	69%	26,297.55
509	Kids Club	153,690.00	6,624.49	103,399.51	67%	0.00	67%	50,290.49
580	Early Childhood	45,770.00	0.00	32,702.91	71%	0.00	71%	13,067.09
582	School Readiness	210,040.00	14,515.12	180,606.18	86%	0.00	86%	29,433.82
583	Preschool Screening	3,540.00	0.00	0.00	0%	0.00	0%	3,540.00
585	Youth Dev/Youth Serv	11,300.00	2,300.93	11,815.71	105%	0.00	105%	(515.71)
590	Other Community Programs	850.00	0.00	967.76	114%	0.00	114%	(117.76)
04	Community Service	616,310.00	39,653.81	475,613.83	77%	2,924.00	78%	137,772.17
06	Building Construction							
870	Bldg/Capital Improv.	221,130.00	1,216.00	66,123.51	30%	33,195.00	45%	121,811.49
06	Building Construction	221,130.00	1,216.00	66,123.51	30%	33,195.00	45%	121,811.49
07	Debt Redemption							
910	Debt Redemption	2,392,500.00	0.00	2,392,500.00	100%	0.00	100%	0.00
07	Debt Redemption	2,392,500.00	0.00	2,392,500.00	100%	0.00	100%	0.00
21	Student Activities Fund							
298	Extra-Curricular	200,000.00	0.00	0.00	0%	0.00	0%	200,000.00
21	Student Activities Fund	200,000.00	0.00	0.00	0%	0.00	0%	200,000.00
Report Totals:		15,840,090.00	1,334,472.09	13,248,653.22	84%	51,162.80	84%	2,540,273.98

FOOD SERVICE REPORT 2024-25

2024-25	September	October	November	December	January	February	March	April	May	2023-24 Average
Beginning Balance	195,948.00	155,214.68	171,464.01	201,260.41	200,088.57	185,615.15	204,853.01	220,466.48	230,574.38	162,719
Receipts	12,355.83	83,843.75	86,125.86	73,603.75	61,841.43	82,388.35	75,528.59	74,565.36	71,781.43	72,571
Disbursements	53,089.15	67,594.42	56,329.46	74,775.59	76,314.85	63,150.49	59,915.12	64,457.46	86,750.38	67,500
Subtotal	155,214.68	171,464.01	201,260.41	200,088.57	185,615.15	204,853.01	220,466.48	230,574.38	215,605.43	167,790
Est. Federal/State Funding Due	75,999.72	81,982.48	69,876.45	55,241.23	77,892.80	57,709.69	71,487.77	68,963.93	68,053.69	64,884
Ending Balance	231,214.40	253,446.49	271,136.86	255,329.80	263,507.95	262,562.70	291,954.25	299,538.31	283,659.12	232,674
Average Daily Participation										
Breakfast										
Elementary	180	176	158	144	143	158	162	163	166	157
High School	91	101	113	111	104	112	112	116	117	102
Total	271	277	271	256	248	270	274	279	283	259
Lunch										
Elementary	437	425	426	421	378	407	416	424	392	416
High School	285	272	270	265	256	260	252	257	249	259
Total	723	697	696	686	634	666	669	681	641	675

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type			
MB	17576			WEX HEALTH INC		Wire			
			B 01 215 024	Flex Plan Medical & Dependent Care			\$454.18		
PO#:	Voucher #:	109624	Invoice	Invoice No: 05192025	5/22/2025	Paid Amt:	\$454.18	Check Amount:	\$454.18
MB	17576			WEX HEALTH INC		Wire			
			B 01 215 024	Flex Plan Medical & Dependent Care			\$14.63		
PO#:	Voucher #:	109625	Invoice	Invoice No: 052025	5/22/2025	Paid Amt:	\$14.63	Check Amount:	\$14.63
MB	17576			WEX HEALTH INC		Wire			
			B 01 215 033	Health Savings Account			\$825.00		
PO#:	Voucher #:	109646	Invoice	Invoice No: S202521EY0	5/29/2025	Paid Amt:	\$825.00	Check Amount:	\$825.00
MB	17576			WEX HEALTH INC		Wire			
			E 01 005 110 000 305 000	Benefits Fees			\$96.25		
PO#:	Voucher #:	109650	Invoice	Invoice No: 0002157742-IN	5/29/2025	Paid Amt:	\$96.25	Check Amount:	\$96.25
MB	17576			WEX HEALTH INC		Wire			
			B 01 215 024	Flex Plan Medical & Dependent Care			\$544.10		
PO#:	Voucher #:	109649	Invoice	Invoice No: 052725	5/29/2025	Paid Amt:	\$544.10	Check Amount:	\$544.10
MB	12851	REMIT		EDUCATORS BENEFIT CONSULTANTS		Wire			
			B 01 215 005	Tax Sheltered Annuities			\$2,916.61		
PO#:	Voucher #:	109645	Invoice	Invoice No: S202521EY0	5/29/2025	Paid Amt:	\$2,916.61	Check Amount:	\$2,916.61
MB	12860			MINNESOTA TEACHERS RETIREMENT		Wire			
			B 01 215 018	TRA			\$35,339.33		
PO#:	Voucher #:	109644	Invoice	Invoice No: S202521EY0	5/29/2025	Paid Amt:	\$35,339.33	Check Amount:	\$35,339.33
MB	12862	REMIT		EDUCATORS BENEFIT CONSULTANTS		Wire			
			B 01 215 005	Tax Sheltered Annuities			\$750.00		
PO#:	Voucher #:	109640	Invoice	Invoice No: S202521EY0	5/29/2025	Paid Amt:	\$750.00	Check Amount:	\$750.00
MB	14128			INTERNAL REVENUE SERVICE		Wire			
			B 01 215 010	FICA Payable			\$31,738.30		

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type
MB	14128			INTERNAL REVENUE SERVICE		Wire
			B 01 215 011	Federal Tax		\$14,617.07
PO#:	Voucher #:	109638	Invoice	Invoice No: S202521EY0	5/29/2025	Paid Amt: \$46,355.37
						Check Amount: \$46,355.37
MB	14129			MINN DEPT OF REVENUE		Wire
			B 01 215 013	State Tax		\$7,321.93
PO#:	Voucher #:	109641	Invoice	Invoice No: S202521EY0	5/29/2025	Paid Amt: \$7,321.93
						Check Amount: \$7,321.93
MB	14968	REMIT		EDUCATORS BENEFIT CONSULTANTS		Wire
			B 01 215 005	Tax Sheltered Annuities		\$5,249.30
PO#:	Voucher #:	109643	Invoice	Invoice No: S202521EY0	5/29/2025	Paid Amt: \$5,249.30
						Check Amount: \$5,249.30
MB	16936	REMIT		EDUCATORS BENEFITS CONSULTANTS		Wire
			B 01 215 005	Tax Sheltered Annuities		\$3,553.22
PO#:	Voucher #:	109639	Invoice	Invoice No: S202521EY0	5/29/2025	Paid Amt: \$3,553.22
						Check Amount: \$3,553.22
MB	12942			MIDWEST BANK		Wire
			E 01 005 110 000 305 000	Payroll ACH Fee		\$83.50
PO#:	Voucher #:	109664	Invoice	Invoice No: 053125	5/31/2025	Paid Amt: \$83.50
						Check Amount: \$83.50
MB	17576			WEX HEALTH INC		Wire
			B 01 215 033	Health Savings Account		\$993.03
PO#:	Voucher #:	109663	Invoice	Invoice No: S2025220	5/31/2025	Paid Amt: \$993.03
						Check Amount: \$993.03
MB	12851	REMIT		EDUCATORS BENEFIT CONSULTANTS		Wire
			B 01 215 005	Tax Sheltered Annuities		\$1,054.24
PO#:	Voucher #:	109662	Invoice	Invoice No: S2025220	5/31/2025	Paid Amt: \$1,054.24
						Check Amount: \$1,054.24
MB	12860			MINNESOTA TEACHERS RETIREMENT		Wire
			B 01 215 018	TRA		\$31,396.22
PO#:	Voucher #:	109661	Invoice	Invoice No: S2025220	5/31/2025	Paid Amt: \$31,396.22
						Check Amount: \$31,396.22
MB	12861			PUBLIC EMPLOYEES RETIREMENT		Wire
			B 01 215 017	PERA		\$11,985.15
PO#:	Voucher #:	109660	Invoice	Invoice No: S2025220	5/31/2025	Paid Amt: \$11,985.15
						Check Amount: \$11,985.15

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type			
MB	12862	REMIT		EDUCATORS BENEFIT CONSULTANTS		Wire			
			B 01 215 005	Tax Sheltered Annuities			\$814.29		
PO#:	Voucher #:	109655	Invoice	Invoice No: S2025220	5/31/2025	Paid Amt:	\$814.29	Check Amount:	\$814.29
MB	14128	INTERNAL REVENUE SERVICE				Wire			
			B 01 215 010	FICA Payable			\$40,769.56		
			B 01 215 011	Federal Tax			\$20,405.70		
PO#:	Voucher #:	109653	Invoice	Invoice No: S2025220	5/31/2025	Paid Amt:	\$61,175.26	Check Amount:	\$61,175.26
MB	14129	MINN DEPT OF REVENUE				Wire			
			B 01 215 013	State Tax			\$10,073.71		
PO#:	Voucher #:	109656	Invoice	Invoice No: S2025220	5/31/2025	Paid Amt:	\$10,073.71	Check Amount:	\$10,073.71
MB	14968	REMIT		EDUCATORS BENEFIT CONSULTANTS		Wire			
			B 01 215 005	Tax Sheltered Annuities			\$2,338.48		
PO#:	Voucher #:	109659	Invoice	Invoice No: S2025220	5/31/2025	Paid Amt:	\$2,338.48	Check Amount:	\$2,338.48
MB	16537	REMIT		EDUCATORS BENEFIT CONSULTANTS		Wire			
			B 01 215 005	Tax Sheltered Annuities			\$1,254.20		
PO#:	Voucher #:	109651	Invoice	Invoice No: S2025220	5/31/2025	Paid Amt:	\$1,254.20	Check Amount:	\$1,254.20
MB	16936	REMIT		EDUCATORS BENEFITS CONSULTANTS		Wire			
			B 01 215 005	Tax Sheltered Annuities			\$4,199.31		
PO#:	Voucher #:	109654	Invoice	Invoice No: S2025220	5/31/2025	Paid Amt:	\$4,199.31	Check Amount:	\$4,199.31
MB	12860	MINNESOTA TEACHERS RETIREMENT				Wire			
			B 01 215 018	TRA			\$7,909.27		
PO#:	Voucher #:	109667	Invoice	Invoice No: S202522C0	5/31/2025	Paid Amt:	\$7,909.27	Check Amount:	\$7,909.27
MB	14128	INTERNAL REVENUE SERVICE				Wire			
			B 01 215 010	FICA Payable			\$8,183.20		
			B 01 215 011	Federal Tax			\$3,905.63		
PO#:	Voucher #:	109665	Invoice	Invoice No: S202522C0	5/31/2025	Paid Amt:	\$12,088.83	Check Amount:	\$12,088.83

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type			
MB	14129			MINN DEPT OF REVENUE		Wire			
			B 01 215 013	State Tax			\$1,853.61		
PO#:	Voucher #:	109666	Invoice	Invoice No: S202522C0	5/31/2025	Paid Amt:	\$1,853.61	Check Amount:	\$1,853.61
MB	11760			LAKES COUNTRY SERVICE COOP.		Wire			
			B 01 215 026	Health Ins Premium			\$87,994.88		
PO#:	Voucher #:	109686	Invoice	Invoice No: 060225	6/5/2025	Paid Amt:	\$87,994.88	Check Amount:	\$87,994.88
MB	12942			MIDWEST BANK		Wire			
			E 01 005 110 000 305 000	RDC Monthly fee			\$75.00		
PO#:	Voucher #:	109690	Invoice	Invoice No: 060225	6/5/2025	Paid Amt:	\$75.00	Check Amount:	\$75.00
MB	17576			WEX HEALTH INC		Wire			
			B 01 215 024	Flex Plan Medical & Dependent Care			\$100.00		
PO#:	Voucher #:	109688	Invoice	Invoice No: 053125	6/5/2025	Paid Amt:	\$100.00	Check Amount:	\$100.00
MB	17576			WEX HEALTH INC		Wire			
			B 01 215 024	Flex Plan Medical & Dependent Care			\$13.85		
PO#:	Voucher #:	109687	Invoice	Invoice No: 053025	6/5/2025	Paid Amt:	\$13.85	Check Amount:	\$13.85
MB	17576			WEX HEALTH INC		Wire			
			B 01 215 024	Flex Plan Medical & Dependent Care			\$50.70		
PO#:	Voucher #:	109689	Invoice	Invoice No: 060225	6/5/2025	Paid Amt:	\$50.70	Check Amount:	\$50.70
MB	17576			WEX HEALTH INC		Wire			
			B 01 215 024	Flex Plan Medical & Dependent Care			\$625.49		
PO#:	Voucher #:	109691	Invoice	Invoice No: 060425	6/10/2025	Paid Amt:	\$625.49	Check Amount:	\$625.49
MB	17576			WEX HEALTH INC		Wire			
			B 01 215 024	Flex Plan Medical & Dependent Care			\$692.80		
PO#:	Voucher #:	109692	Invoice	Invoice No: 060925	6/10/2025	Paid Amt:	\$692.80	Check Amount:	\$692.80
MB	17576			WEX HEALTH INC		Wire			
			B 01 215 033	Health Savings Account			\$993.03		
PO#:	Voucher #:	109704	Invoice	Invoice No: S2025230	6/13/2025	Paid Amt:	\$993.03	Check Amount:	\$993.03

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type			
MB	12851	REMIT		EDUCATORS BENEFIT CONSULTANTS		Wire			
			B 01 215 005	Tax Sheltered Annuities			\$1,054.24		
PO#:	Voucher #:	109703	Invoice	Invoice No: S2025230	6/13/2025	Paid Amt:	\$1,054.24	Check Amount:	\$1,054.24
MB	12860	MINNESOTA TEACHERS RETIREMENT				Wire			
			B 01 215 018	TRA			\$26,163.39		
PO#:	Voucher #:	109702	Invoice	Invoice No: S2025230	6/13/2025	Paid Amt:	\$26,163.39	Check Amount:	\$26,163.39
MB	12861	PUBLIC EMPLOYEES RETIREMENT				Wire			
			B 01 215 017	PERA			\$10,697.34		
PO#:	Voucher #:	109701	Invoice	Invoice No: S2025230	6/13/2025	Paid Amt:	\$10,697.34	Check Amount:	\$10,697.34
MB	12862	REMIT		EDUCATORS BENEFIT CONSULTANTS		Wire			
			B 01 215 005	Tax Sheltered Annuities			\$814.29		
PO#:	Voucher #:	109697	Invoice	Invoice No: S2025230	6/13/2025	Paid Amt:	\$814.29	Check Amount:	\$814.29
MB	14128	INTERNAL REVENUE SERVICE				Wire			
			B 01 215 010	FICA Payable			\$34,693.50		
			B 01 215 011	Federal Tax			\$14,971.89		
PO#:	Voucher #:	109695	Invoice	Invoice No: S2025230	6/13/2025	Paid Amt:	\$49,665.39	Check Amount:	\$49,665.39
MB	14129	MINN DEPT OF REVENUE				Wire			
			B 01 215 013	State Tax			\$8,154.41		
PO#:	Voucher #:	109698	Invoice	Invoice No: S2025230	6/13/2025	Paid Amt:	\$8,154.41	Check Amount:	\$8,154.41
MB	14968	REMIT		EDUCATORS BENEFIT CONSULTANTS		Wire			
			B 01 215 005	Tax Sheltered Annuities			\$2,338.48		
PO#:	Voucher #:	109700	Invoice	Invoice No: S2025230	6/13/2025	Paid Amt:	\$2,338.48	Check Amount:	\$2,338.48
MB	16537	REMIT		EDUCATORS BENEFIT CONSULTANTS		Wire			
			B 01 215 005	Tax Sheltered Annuities			\$1,254.20		
PO#:	Voucher #:	109693	Invoice	Invoice No: S2025230	6/13/2025	Paid Amt:	\$1,254.20	Check Amount:	\$1,254.20

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type			
MB	16936	REMIT		EDUCATORS BENEFITS CONSULTANTS		Wire			
		B 01 215 005		Tax Sheltered Annuities			\$4,199.31		
PO#:	Voucher #:	109696	Invoice	Invoice No: S2025230	6/13/2025	Paid Amt:	\$4,199.31	Check Amount:	\$4,199.31
MB	17576	WEX HEALTH INC				Wire			
		B 01 215 024		Flex Plan Medical & Dependent Care			\$2,157.16		
PO#:	Voucher #:	109845	Invoice	Invoice No: 061225	6/13/2025	Paid Amt:	\$2,157.16	Check Amount:	\$2,157.16
MB	88445	16086	remit	COLONIAL LIFE INSURANCE COMPANY		Check			
		B 01 215 029		Supplemental Insurance-Voluntary			\$214.16		
PO#:	Voucher #:	109632	Invoice	Invoice No: 41790570513024	5/23/2025	Paid Amt:	\$214.16	Check Amount:	\$214.16
MB	88446	15730		ESSENTIA HEALTH		Check			
		E 01 300 790 000 305 000		monthly sports medicine agreement			\$125.00		
PO#:	Voucher #:	109626	Invoice	Invoice No: CINV-0000583	5/23/2025	Paid Amt:	\$125.00	Check Amount:	\$125.00
MB	88447	10825		HUGHES, TRAVIS		Check			
		E 01 300 294 000 305 507		Fees For Services			\$150.00		
PO#:	Voucher #:	109630	Invoice	Invoice No: 052225	5/23/2025	Paid Amt:	\$150.00	Check Amount:	\$150.00
MB	88448	12161		INDEPENDENT SCHOOL DIST 548		Check			
		E 01 300 292 000 369 505		Entry Fees/Student Travel			\$75.00		
PO#:	Voucher #:	109627	Invoice	Invoice No: 052225	5/23/2025	Paid Amt:	\$75.00	Check Amount:	\$75.00
MB	88449	14269		LAKES COUNTRY SERVICE COOP		Check			
		E 01 100 411 372 394 000		Payments/Other Agcy			\$675.00		
PO#:	Voucher #:	109628	Invoice	Invoice No: 101288	5/23/2025	Paid Amt:	\$675.00	Check Amount:	\$675.00
MB	88450	17767	REMIT	LEARNWELL		Check			
		E 01 998 790 000 392 000		Out-of-State Tuition			\$198.00		
PO#:	Voucher #:	109534	Invoice	Invoice No: INV250001	5/23/2025	Paid Amt:	\$198.00	Check Amount:	\$198.00
MB	88451	16099		MAAE		Check			
		E 01 300 301 830 366 000		Travel-Prof. Develop			\$385.00		
PO#:	Voucher #:	109629	Invoice	Invoice No: 3635	5/23/2025	Paid Amt:	\$385.00	Check Amount:	\$385.00

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
MB	88452	17471		PERFORMANCE FOODSERVICE -TWIN CITIES		Check		
			E 02	005 770 705 490 000	Breakfast Food		\$403.38	
			E 02	005 770 701 490 000	Food		\$1,669.43	
PO#:	Voucher #:	109634	Invoice	Invoice No: 554174	5/23/2025	Paid Amt:	\$2,072.81	
			E 02	005 770 701 490 000	Commodities		\$5.25	
PO#:	Voucher #:	109635	Invoice	Invoice No: 554348	5/23/2025	Paid Amt:	\$5.25	
			E 02	005 770 701 490 000	Food		\$15.75	
PO#:	Voucher #:	109636	Invoice	Invoice No: 554350	5/23/2025	Paid Amt:	\$15.75	
						Check Amount:	\$2,093.81	
MB	88453	17514		RPM ATHLETICS LLC		Check		
			E 01	300 292 000 305 505	Fees For Services		\$1,088.20	
PO#:	Voucher #:	109633	Invoice	Invoice No: 6003	5/23/2025	Paid Amt:	\$1,088.20	
						Check Amount:	\$1,088.20	
MB	88454	15651	remit	TEACHERS ON CALL		Check		
			E 01	100 203 000 305 000	Elementary Substitutes		\$3,802.50	
			E 01	300 211 000 305 000	HS Substitutes		\$1,755.00	
PO#:	Voucher #:	109631	Invoice	Invoice No: 167765	5/23/2025	Paid Amt:	\$5,557.50	
						Check Amount:	\$5,557.50	
MB	88455	12886	planet	MINNESOTA STATE UNIV-MOORHEAD		Check		
			E 04	005 506 321 369 424	Field Trip		\$205.00	
PO#:	Voucher #:	109648	Invoice	Invoice No: 242525	5/29/2025	Paid Amt:	\$205.00	
						Check Amount:	\$205.00	
MB	88456	12141		REGION 6A, MSHSL		Check		
			E 01	300 294 000 369 504	Entry Fees/Student Travel		\$240.00	
			E 01	300 296 000 369 514	Entry Fees/Student Travel		\$240.00	
PO#:	Voucher #:	109647	Invoice	Invoice No: 052925	5/29/2025	Paid Amt:	\$480.00	
						Check Amount:	\$480.00	
MB	88457	15512		ANDERSON COACH OF FRAZEE INC		Check		
			E 01	300 292 733 360 505	Contract-Public Carr		\$1,725.00	
			E 01	300 289 733 360 000	Auxiliary portion		\$120.00	
PO#:	Voucher #:	109680	Invoice	Invoice No: 24839	6/4/2025	Paid Amt:	\$1,845.00	
						Check Amount:	\$1,845.00	
MB	88458	15344	remit	AVIBEN LLC		Check		
			E 01	005 110 000 305 000	Fees For Services		\$70.84	
PO#:	Voucher #:	109675	Invoice	Invoice No: 37483	6/4/2025	Paid Amt:	\$70.84	
						Check Amount:	\$70.84	

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type
MB	88459	17868		BRATON, HOPE		Check
			E 01	005 720 000 401 000	Wellness Challenge	\$240.00
PO#:	Voucher #:	109673	Invoice	Invoice No: 123	6/4/2025	Paid Amt: \$240.00
						Check Amount: \$240.00
MB	88460	10001		CITY OF BARNESVILLE		Check
			E 01	005 810 000 332 000	Electricity	\$13,241.31
			E 01	005 810 000 331 000	Water-Sewage	\$1,230.57
			E 01	005 810 000 330 000	Garbage	\$23.78
			E 04	005 505 321 320 000	Communication	\$34.65
			E 01	005 810 000 320 000	Communication	\$812.24
PO#:	Voucher #:	109678	Invoice	Invoice No: 10134434	6/4/2025	Paid Amt: \$15,342.55
						Check Amount: \$15,342.55
MB	88461	17788	REMIT	CREATIVE TRAVELER FM		Check
			E 04	005 506 321 305 000	Kids Painting Parties	\$960.00
PO#:	Voucher #:	109670	Invoice	Invoice No: 0000038	6/4/2025	Paid Amt: \$960.00
						Check Amount: \$960.00
MB	88462	13450		CROWN TROPHY		Check
			E 01	300 289 000 401 000	Individual and Team Awards	\$60.00
			E 01	300 292 000 401 505	Individual and Team Awards	\$285.00
			E 01	300 289 000 401 000	Most Valuable Plaques	\$35.00
PO#: 50845	Voucher #:	109676	Invoice	Invoice No: 70379	6/4/2025	Paid Amt: \$380.00
						Check Amount: \$380.00
MB	88463	12853		EA - BARNESVILLE		Check
			B 01	215 025	Nea-Mea-Bea Dues Payable	\$2,753.93
PO#:	Voucher #:	109549	Invoice	Invoice No: S2025210	6/4/2025	Paid Amt: \$2,753.93
			B 01	215 025	Nea-Mea-Bea Dues Payable	\$1,661.91
PO#:	Voucher #:	109637	Invoice	Invoice No: S202521EY0	6/4/2025	Paid Amt: \$1,661.91
			B 01	215 025	Nea-Mea-Bea Dues Payable	\$2,199.82
PO#:	Voucher #:	109652	Invoice	Invoice No: S2025220	6/4/2025	Paid Amt: \$2,199.82
						Check Amount: \$6,615.66
MB	88464	15977	REMIT	ELAN FINANCIAL SERVICES		Check
			E 01	005 020 000 401 000	Zoom/ChatGPT subscriptions (District)	\$191.69
			E 01	005 640 316 366 000	Staff Development	\$751.54
			E 04	005 509 321 401 000	Brightwheel subscription	\$150.00
			E 01	100 288 000 401 000	Elem Auxiliary reimb.	\$284.55
			E 01	300 289 000 401 000	HS Auxiliary reimb	\$2,204.59

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type
MB	88464	15977	REMIT	ELAN FINANCIAL SERVICES		Check
			E 01	100 050 000 401 000	Zoom subscription	\$17.17
			E 04	005 506 321 401 000	Summer Rec	\$400.00
			E 01	300 298 000 401 000	ChatGPT subscriptions	\$20.00
			E 01	005 110 000 401 000	ChatGPT subscriptions	\$20.00
			E 01	100 640 316 366 000	Staff Development	\$95.00
			E 01	300 260 000 430 000	HS Science subscription	\$99.00
			E 01	005 020 000 401 000	General Supplies	\$32.75
			E 01	100 203 000 460 000	Textbooks	\$297.97
PO#:	Voucher #:	109679	Invoice	Invoice No: May 2025	6/4/2025	Paid Amt: \$4,564.26
						Check Amount: \$4,564.26
MB	88465	15413	remit	FIDELITY SECURITY LIFE		Check
			B 01	215 031	Vision Premium	\$864.70
PO#:	Voucher #:	109669	Invoice	Invoice No: 3229216	6/4/2025	Paid Amt: \$864.70
						Check Amount: \$864.70
MB	88466	12685	REMIT	JW PEPPER & SON INC.		Check
			E 01	300 259 000 430 000	You Make My Dreams (Sheet Music)	\$20.25
PO#: 50758	Voucher #:	109681	Invoice	Invoice No: 367501874	6/4/2025	Paid Amt: \$20.25
			E 01	300 258 000 430 000	Hot to Go!	\$65.00
PO#: 50689	Voucher #:	109682	Invoice	Invoice No: 367502274	6/4/2025	Paid Amt: \$65.00
						Check Amount: \$85.25
MB	88467	15395		MADISON NATIONAL LIFE		Check
			B 01	215 027	Life & LTD	\$1,036.84
PO#:	Voucher #:	109672	Invoice	Invoice No: June 2025	6/4/2025	Paid Amt: \$1,036.84
						Check Amount: \$1,036.84
MB	88468	16818		MN SCHOOL EMPLOYEES ASSOCIATION		Check
			B 01	215 025	Nea-Mea-Bea Dues Payable	\$319.05
PO#:	Voucher #:	109657	Invoice	Invoice No: S2025220	6/4/2025	Paid Amt: \$319.05
						Check Amount: \$319.05
MB	88469	17506	ocean	MSUM OCEANARIUM		Check
			E 04	005 509 321 369 000	Summer Field Trip Registration	\$205.00
PO#:	Voucher #:	109671	Invoice	Invoice No: 0002-25	6/4/2025	Paid Amt: \$205.00
						Check Amount: \$205.00
MB	88470	17863		OAKTREE PRODUCTS INC		Check
			E 01	100 405 740 401 000	Ear Level Stethoset with Snap Button Receive	\$40.00
			E 01	100 405 740 401 000	Attenuator for 787 Stethoset - Code 787A	\$43.00

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type			
MB	88470	17863		OAKTREE PRODUCTS INC		Check			
			E 01	100 405 740 401 000	Shipping	\$8.15			
PO#: 50834	Voucher #:	109677	Invoice	Invoice No: 1956284	6/4/2025	Paid Amt:	\$91.15		
						Check Amount:	\$91.15		
MB	88471	15772		PARK RAPIDS PUBLIC SCHOOLS		Check			
			E 01	300 292 000 369 505	Track Entry Fee	\$150.00			
PO#:	Voucher #:	109674	Invoice	Invoice No: 05292025	6/4/2025	Paid Amt:	\$150.00		
						Check Amount:	\$150.00		
MB	88472	16653		VERIFIED FIRST		Check			
			E 01	005 105 000 305 000	Background Checks	\$207.90			
PO#:	Voucher #:	109668	Invoice	Invoice No: INV-000543615	6/4/2025	Paid Amt:	\$207.90		
						Check Amount:	\$207.90		
MB	88473	16972		XCEL ENERGY		Check			
			E 01	005 810 000 333 000	Natural Gas	\$2,743.02			
PO#:	Voucher #:	109683	Invoice	Invoice No: 929389579	6/4/2025	Paid Amt:	\$2,743.02		
						Check Amount:	\$2,743.02		
MB	88474	12942		MIDWEST BANK		Check			
			E 01	300 292 000 369 505	Meal Money for State Track	\$170.00			
			E 01	300 292 000 366 505	Meal Money for Coaches for State Track	\$260.00			
PO#:	Voucher #:	109684	Invoice	Invoice No: 060525	6/5/2025	Paid Amt:	\$430.00		
						Check Amount:	\$430.00		
MB	88475	12942		MIDWEST BANK		Check			
			E 01	300 296 000 369 514	Meal Money for State Track	\$90.00			
			E 01	300 296 000 366 514	Meal Money for Coaches for State Track	\$180.00			
PO#:	Voucher #:	109685	Invoice	Invoice No: 060525	6/5/2025	Paid Amt:	\$270.00		
						Check Amount:	\$270.00		
MB	88476	11239	REMIT	ACME TOOLS		Check			
			E 01	005 813 000 350 000	service chain on sidewalk sweeper	\$432.90			
PO#: 50837	Voucher #:	109709	Invoice	Invoice No: 14386443	6/13/2025	Paid Amt:	\$432.90		
						Check Amount:	\$432.90		
MB	88477	14911	REMIT2	AMAZON CAPITAL SERVICES		Check			
			E 01	100 720 000 401 000	Fujifilm Instax Mini 41 Instant Film Camera	\$99.95			
			E 01	100 720 000 401 000	Fujifilm Instax Mini Instant Camera Film: 20 St	\$51.76			
PO#: 50833	Voucher #:	109707	Invoice	Invoice No: 1Y94-34JV-43YJ	6/13/2025	Paid Amt:	\$151.71		
			E 01	300 289 000 401 000	YETI Rambler 20 oz Stainless Steel Vacuum I	\$35.00			
			E 01	300 289 000 401 000	YETI Rambler 14 oz Stackable Mug, Vacuum	\$30.00			

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type
MB	88477	14911	REMIT2	AMAZON CAPITAL SERVICES		Check
			E 01	300 289 000 401 000	Skinnytaste Simple: Easy, Healthy Recipes wil	\$19.25
			E 01	300 289 000 401 000	Disney Princess FreeSip Insulated Stainless S	\$34.99
			E 01	300 289 000 401 000	The Blue Zones Kitchen: 100 Recipes to Live i	\$18.10
			E 01	300 289 000 401 000	Owala FreeSip 32-oz Insulated Stainless Stee	\$69.96
			E 01	300 289 000 401 000	Half Baked Harvest Super Simple: More Than	\$16.47
			E 01	300 289 000 401 000	Owala FreeSip Insulated Stainless Steel Wate	\$34.98
			E 01	300 289 000 401 000	Well Plated Every Day: Recipes for Easier, He	\$19.45
			E 01	300 289 000 401 000	Stanley IceFlow Flip Straw 2.0 Water Bottle 24	\$35.00
			E 01	300 289 000 401 000	Stainless Steel Triple Layer Insulated Travel Ti	\$39.99
			E 01	300 289 000 401 000	STANLEY Everyday Can Cooler Cup 10 oz B	\$25.00
PO#: 50830	Voucher #:	109705	Invoice	Invoice No: 1PRT-76Q1-GPT3	6/13/2025	Paid Amt: \$378.19
			E 01	300 296 000 401 514	Girls Golf Awards	\$107.94
			E 01	300 296 000 401 514	Shipping	\$19.95
PO#: 50832	Voucher #:	109706	Invoice	Invoice No: 1WGY-XWWH-CFMH	6/13/2025	Paid Amt: \$127.89
						Check Amount: \$657.79
MB	88478	17870	REMIT	ASSOCIATION OF MN COUNTIES		Check
			E 01	005 010 000 366 000	Gen.tv,Meals, Rooms	\$30.00
PO#:	Voucher #:	109708	Invoice	Invoice No: 051425 ISD 146	6/13/2025	Paid Amt: \$30.00
						Check Amount: \$30.00
MB	88479	17543		BARNESVILLE BASEBALL CLUB		Check
			E 01	005 850 000 335 000	Reed Field User Fee	\$2,000.00
PO#:	Voucher #:	109710	Invoice	Invoice No: 060325	6/13/2025	Paid Amt: \$2,000.00
						Check Amount: \$2,000.00
MB	88480	10685		BARNESVILLE BUS COMPANY, INC.		Check
			E 01	300 294 733 360 507	Baseball	\$266.67
			E 01	300 294 733 360 504	Boys Golf	\$133.33
			E 01	300 296 733 360 514	Girls Golf	\$133.33
			E 01	300 296 733 360 517	Softball	\$266.67
PO#:	Voucher #:	109714	Invoice	Invoice No: May 25 Afr Schl	6/13/2025	Paid Amt: \$800.00
			E 01	300 294 733 360 507	Baseball	\$3,373.25
			E 01	100 288 733 360 000	Field Trip Flow Thru	\$4,347.50
			E 01	300 298 733 360 000	PaY	\$342.50
			E 01	300 296 733 360 517	Softball	\$1,806.50
			E 01	300 292 733 360 505	Track	\$2,450.00
			E 01	300 289 733 360 000	HS Auxiliary flow through ²⁸	\$630.00
			E 01	300 294 733 360 504	Golf	\$764.00

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type
MB	88480	10685		BARNESVILLE BUS COMPANY, INC.		Check
			E 01	300 296 733 360 514 Golf		\$764.00
PO#:	Voucher #:	109711	Invoice	Invoice No: May 25 Extra	6/13/2025	Paid Amt: \$14,477.75
			E 04	005 582 344 360 000 Preschool Busing		\$1,500.00
PO#:	Voucher #:	109712	Invoice	Invoice No: May 25 Preschool	6/13/2025	Paid Amt: \$1,500.00
			E 01	005 760 720 442 000 Gasoline		\$2,438.34
PO#:	Voucher #:	109715	Invoice	Invoice No: May 25 Fuel	6/13/2025	Paid Amt: \$2,438.34
			E 01	005 760 713 360 000 Open Enrollment Transportation		\$6,486.00
PO#:	Voucher #:	109713	Invoice	Invoice No: May 25 OE	6/13/2025	Paid Amt: \$6,486.00
			E 01	005 105 000 305 000 Drug/Alcohol Tests		\$180.00
PO#:	Voucher #:	109716	Invoice	Invoice No: 8887	6/13/2025	Paid Amt: \$180.00
						Check Amount: \$25,882.09
MB	88481	12156		BARNESVILLE C-STORE		Check
			E 01	005 760 733 442 000 Gasoline		\$38.57
PO#:	Voucher #:	109733	Invoice	Invoice No: 3508-2	6/13/2025	Paid Amt: \$38.57
			E 01	005 760 733 442 000 Gasoline		\$42.44
PO#:	Voucher #:	109734	Invoice	Invoice No: 6750-1	6/13/2025	Paid Amt: \$42.44
			E 01	005 760 733 442 000 Gasoline		\$25.90
PO#:	Voucher #:	109735	Invoice	Invoice No: 6857-1	6/13/2025	Paid Amt: \$25.90
			E 01	005 760 733 442 000 Gasoline		\$60.64
PO#:	Voucher #:	109719	Invoice	Invoice No: 971-2	6/13/2025	Paid Amt: \$60.64
			E 01	005 760 733 442 000 Gasoline		\$58.78
PO#:	Voucher #:	109736	Invoice	Invoice No: 7034-1	6/13/2025	Paid Amt: \$58.78
			E 01	005 760 733 442 000 Gasoline		\$49.57
PO#:	Voucher #:	109737	Invoice	Invoice No: 7146-1	6/13/2025	Paid Amt: \$49.57
			E 01	005 760 733 442 000 Gasoline		\$45.09
PO#:	Voucher #:	109720	Invoice	Invoice No: 4267-1	6/13/2025	Paid Amt: \$45.09
			E 01	005 760 733 442 000 Gasoline		\$49.61
PO#:	Voucher #:	109738	Invoice	Invoice No: 3935-2	6/13/2025	Paid Amt: \$49.61
			E 01	005 760 733 442 000 Gasoline		\$60.21
PO#:	Voucher #:	109739	Invoice	Invoice No: 4096-2	6/13/2025	Paid Amt: \$60.21
			E 01	005 811 000 442 000 Gasoline		\$23.69
PO#:	Voucher #:	109740	Invoice	Invoice No: 7282-1	6/13/2025	Paid Amt: \$23.69
			E 01	005 811 000 442 000 Gasoline		\$23.88
PO#:	Voucher #:	109741	Invoice	Invoice No: 5293-2	6/13/2025	Paid Amt: \$23.88
			E 01	005 760 733 442 000 Gasoline	29	\$46.30
PO#:	Voucher #:	109717	Invoice	Invoice No: 2-2	6/13/2025	Paid Amt: \$46.30

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type
MB	88481	12156		BARNESVILLE C-STORE		Check
			E 01	005 760 733 442 000 Gasoline		\$40.14
PO#:	Voucher #:	109727	Invoice	Invoice No: 5593-1	6/13/2025	Paid Amt: \$40.14
			E 01	005 760 733 442 000 Gasoline		\$32.57
PO#:	Voucher #:	109722	Invoice	Invoice No: 4467-1	6/13/2025	Paid Amt: \$32.57
			E 01	005 760 733 442 000 Gasoline		\$61.28
			E 01	005 760 733 401 000 Car Wash		\$10.00
PO#:	Voucher #:	109723	Invoice	Invoice No: 4530-1	6/13/2025	Paid Amt: \$71.28
			E 01	005 760 733 442 000 Gasoline		\$42.47
PO#:	Voucher #:	109724	Invoice	Invoice No: 4670-1	6/13/2025	Paid Amt: \$42.47
			E 01	005 760 733 442 000 Gasoline		\$56.30
PO#:	Voucher #:	109721	Invoice	Invoice No: 4328-1	6/13/2025	Paid Amt: \$56.30
			E 01	005 811 000 442 000 Gasoline		\$25.12
PO#:	Voucher #:	109725	Invoice	Invoice No: 2136-2	6/13/2025	Paid Amt: \$25.12
			E 01	005 760 733 442 000 Gasoline		\$63.08
PO#:	Voucher #:	109726	Invoice	Invoice No: 2183-2	6/13/2025	Paid Amt: \$63.08
			E 01	005 811 000 442 000 Gasoline		\$35.19
PO#:	Voucher #:	109728	Invoice	Invoice No: 5796-1	6/13/2025	Paid Amt: \$35.19
			E 01	005 760 733 442 000 Gasoline		\$57.31
PO#:	Voucher #:	109729	Invoice	Invoice No: 5921-1	6/13/2025	Paid Amt: \$57.31
			E 01	005 760 733 442 000 Gasoline		\$39.88
PO#:	Voucher #:	109730	Invoice	Invoice No: 2784-2	6/13/2025	Paid Amt: \$39.88
			E 01	005 760 733 442 000 Gasoline		\$66.68
PO#:	Voucher #:	109732	Invoice	Invoice No: 3057-2	6/13/2025	Paid Amt: \$66.68
			E 01	005 760 733 442 000 Gasoline		\$36.94
PO#:	Voucher #:	109731	Invoice	Invoice No: 5972-1	6/13/2025	Paid Amt: \$36.94
			E 01	005 760 733 442 000 Gasoline		\$56.69
PO#:	Voucher #:	109718	Invoice	Invoice No: 65-2	6/13/2025	Paid Amt: \$56.69
						Check Amount: \$1,148.33
MB	88482	16618		BARNESVILLE DRUG & HARDWARE		Check
			E 01	005 810 000 410 000 Drill bits set		\$99.99
PO#:	Voucher #:	109742	Invoice	Invoice No: 225893	6/13/2025	Paid Amt: \$99.99
						Check Amount: \$99.99
MB	88483	15072		BEECH, PAUL M		Check
			E 04	005 506 321 305 000 Fees For Services		\$200.00
PO#:	Voucher #:	109743	Invoice	Invoice No: 060325	6/13/2025	Paid Amt: \$200.00
						Check Amount: \$200.00

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
MB	88484	17854	REMIT	CINTAS CORP		Check		
			E 02 005 770	701 382 000 Laundry/Dry Cleaning			\$35.34	
PO#:	Voucher #:	109746	Invoice	Invoice No: 4233070778	6/13/2025	Paid Amt:	\$35.34	
			E 02 005 770	701 382 000 Laundry/Dry Cleaning			\$40.56	
PO#:	Voucher #:	109747	Invoice	Invoice No: 4233070744	6/13/2025	Paid Amt:	\$40.56	
						Check Amount:	\$75.90	
MB	88485	16568		COCA-COLA BOTTLING COMPANY HIGH COUNTRY		Check		
			E 02 005 770	707 490 000 Food			\$72.00	
PO#:	Voucher #:	109744	Invoice	Invoice No: 5108229	6/13/2025	Paid Amt:	\$72.00	
						Check Amount:	\$72.00	
MB	88486	15619		CULINEX		Check		
			E 02 005 770	701 401 000 smoker box rational			\$620.00	
			E 02 005 770	701 401 000 shipping			\$35.00	
PO#: 50826	Voucher #:	109745	Invoice	Invoice No: INV946432	6/13/2025	Paid Amt:	\$655.00	
						Check Amount:	\$655.00	
MB	88487	13625		DEAN'S AUTO REPAIR		Check		
			E 01 005 760	733 350 000 Oil Change			\$52.25	
PO#: 50820	Voucher #:	109748	Invoice	Invoice No: B4674	6/13/2025	Paid Amt:	\$52.25	
			E 01 005 760	733 350 000 Oil change			\$56.71	
PO#: 50820	Voucher #:	109749	Invoice	Invoice No: B4462	6/13/2025	Paid Amt:	\$56.71	
						Check Amount:	\$108.96	
MB	88488	13220		EARTHGRAINS BAKING CO. INC.		Check		
			E 02 005 770	701 490 000 Food			\$50.10	
PO#:	Voucher #:	109750	Invoice	Invoice No: 52155690005014	6/13/2025	Paid Amt:	\$50.10	
			E 02 005 770	701 490 000 Food			\$23.38	
PO#:	Voucher #:	109751	Invoice	Invoice No: 52155690005051	6/13/2025	Paid Amt:	\$23.38	
			E 02 005 770	701 490 000 Food			\$50.10	
PO#:	Voucher #:	109752	Invoice	Invoice No: 52155690005015	6/13/2025	Paid Amt:	\$50.10	
						Check Amount:	\$123.58	
MB	88489	10052		FARMERS COOPERATIVE OIL CO		Check		
			E 01 005 760	733 442 000 Gasoline			\$38.00	
PO#:	Voucher #:	109754	Invoice	Invoice No: 1012-2	6/13/2025	Paid Amt:	\$38.00	
			E 01 005 760	733 442 000 Gasoline			\$29.41	
PO#:	Voucher #:	109753	Invoice	Invoice No: 3401-1	6/13/2025	Paid Amt:	\$29.41	

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type			
MB	88489	10052		FARMERS COOPERATIVE OIL CO		Check			
			E 01	005 760 733 442 000 Gasoline		\$27.98			
PO#:	Voucher #:	109755	Invoice	Invoice No: 5166-1	6/13/2025	Paid Amt:	\$27.98		
						Check Amount:	\$95.39		
MB	88490	10060		FUCHS SANITATION, INC		Check			
			E 01	005 810 000 330 000 Garbage		\$1,263.09			
PO#:	Voucher #:	109756	Invoice	Invoice No: 250602018856	6/13/2025	Paid Amt:	\$1,263.09		
						Check Amount:	\$1,263.09		
MB	88491	14517		GATEWAY TO THE LAKES		Check			
			E 01	005 010 000 380 000 Advertising		\$1,100.00			
PO#:	Voucher #:	109820	Invoice	Invoice No: 05312025	6/13/2025	Paid Amt:	\$1,100.00		
						Check Amount:	\$1,100.00		
MB	88492	17827		GULER, TIMOTHY		Check			
			E 04	005 506 321 305 000 Fees For Services		\$75.00			
PO#:	Voucher #:	109757	Invoice	Invoice No: 060525	6/13/2025	Paid Amt:	\$75.00		
			E 04	005 506 321 305 000 Fees For Services		\$200.00			
PO#:	Voucher #:	109758	Invoice	Invoice No: 060325	6/13/2025	Paid Amt:	\$200.00		
						Check Amount:	\$275.00		
MB	88493	17720		HILLBILLY LASER		Check			
			E 01	300 296 000 401 517 Softball Awards		\$150.00			
			E 01	300 289 000 401 000 Softball Awards		\$83.45			
PO#: 50855	Voucher #:	109759	Invoice	Invoice No: 3725	6/13/2025	Paid Amt:	\$233.45		
						Check Amount:	\$233.45		
MB	88494	10825		HUGHES, TRAVIS		Check			
			E 04	005 506 321 305 000 Fees For Services		\$150.00			
PO#:	Voucher #:	109760	Invoice	Invoice No: 060925	6/13/2025	Paid Amt:	\$150.00		
						Check Amount:	\$150.00		
MB	88495	16615		JIFFY JONS INC		Check			
			E 01	005 811 000 350 000 Jiffy Jon Rent (Track)		\$380.00			
PO#:	Voucher #:	109761	Invoice	Invoice No: 77287	6/13/2025	Paid Amt:	\$380.00		
						Check Amount:	\$380.00		
MB	88496	10904		JOHNSON CONTROLS, INC		Check			
			E 01	005 812 000 350 000 Fixed heat to math rooms		\$912.55			
PO#: 50861	Voucher #:	109787	Invoice	Invoice No: 1-135773381219	6/13/2025	Paid Amt:	\$912.55		
						Check Amount:	\$912.55		

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
MB	88497	12128	REMIT	JOSTENS		Check		
			E 01 300 211 000 432 000	Certificate of Completion		\$14.85		
PO#:	50844	Voucher #:	109762	Invoice	Invoice No: 37208065	6/13/2025	Paid Amt:	\$14.85
							Check Amount:	\$14.85
MB	88498	16348	remit	KEMPS LLC		Check		
			E 02 005 770 701 495 000	Milk		\$245.70		
PO#:	Voucher #:	109768	Invoice	Invoice No: 5767755	6/13/2025	Paid Amt:	\$245.70	
			E 02 005 770 701 495 000	Milk		\$245.55		
PO#:	Voucher #:	109769	Invoice	Invoice No: 5779717	6/13/2025	Paid Amt:	\$245.55	
			E 02 005 770 701 495 000	Milk		\$196.80		
PO#:	Voucher #:	109770	Invoice	Invoice No: 5772648	6/13/2025	Paid Amt:	\$196.80	
			E 02 005 770 701 495 000	Milk		\$511.98		
			E 02 005 770 701 490 000	Food		\$21.96		
PO#:	Voucher #:	109771	Invoice	Invoice No: 5748975	6/13/2025	Paid Amt:	\$533.94	
			E 02 005 770 701 495 000	Milk		\$689.40		
PO#:	Voucher #:	109772	Invoice	Invoice No: 5756120	6/13/2025	Paid Amt:	\$689.40	
			E 02 005 770 701 495 000	Milk		\$410.40		
			E 02 005 770 701 490 000	Food		\$21.96		
PO#:	Voucher #:	109773	Invoice	Invoice No: 5760605	6/13/2025	Paid Amt:	\$432.36	
			E 02 005 770 701 495 000	Milk		\$147.30		
PO#:	Voucher #:	109774	Invoice	Invoice No: 5748891	6/13/2025	Paid Amt:	\$147.30	
			E 02 005 770 701 495 000	Milk		\$278.70		
PO#:	Voucher #:	109775	Invoice	Invoice No: 5755961	6/13/2025	Paid Amt:	\$278.70	
			E 02 005 770 701 495 000	Milk		\$410.25		
			E 02 005 770 701 490 000	Food		\$21.96		
PO#:	Voucher #:	109764	Invoice	Invoice No: 5772779	6/13/2025	Paid Amt:	\$432.21	
			E 02 005 770 701 495 000	Milk		\$640.20		
PO#:	Voucher #:	109765	Invoice	Invoice No: 5767901	6/13/2025	Paid Amt:	\$640.20	
			E 02 005 770 701 495 000	Milk		\$163.65		
			E 02 005 770 701 490 000	Food		\$21.96		
PO#:	Voucher #:	109767	Invoice	Invoice No: 5760727	6/13/2025	Paid Amt:	\$185.61	
			E 02 005 770 701 495 000	Milk		\$558.00		
PO#:	Voucher #:	109766	Invoice	Invoice No: 5779830	6/13/2025	Paid Amt:	\$558.00	
							Check Amount:	\$4,585.77

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type			
MB	88499	14364		KENNEDY & GRAVEN, CHARTERED		Check			
			E 01	005 110 000 305 000	Fees For Services		\$100.00		
PO#:	Voucher #:	109763	Invoice	Invoice No: 187952	6/13/2025	Paid Amt:	\$100.00	Check Amount:	\$100.00
MB	88500	10190	remit	LAKE AGASSIZ EDUCATION COOPERATIVE		Check			
			E 01	200 420 740 396 000	Sp Ed Sal Pur F Other D		\$5,463.40		
			E 01	200 401 740 396 000	Sp Ed Sal Pur F Other D		\$2,720.20		
			E 01	200 406 740 396 000	Sp Ed Sal Pur F Other D		\$144.46		
			E 01	100 740 317 377 000			\$2,696.31		
			E 01	100 740 374 377 000			\$3,999.99		
			E 01	200 404 740 396 000	Sp Ed Sal Pur F Other D		\$75.45		
PO#:	Voucher #:	109778	Invoice	Invoice No: May 2025	6/13/2025	Paid Amt:	\$15,099.81	Check Amount:	\$15,099.81
MB	88501	17554		LASSILA, GABRIEL P		Check			
			E 04	005 506 321 305 000	Fees For Services		\$150.00		
PO#:	Voucher #:	109777	Invoice	Invoice No: 06032025	6/13/2025	Paid Amt:	\$150.00	Check Amount:	\$150.00
MB	88502	13701		LIBRARY STORE, INC.		Check			
			E 01	100 203 000 401 000	Laminating Film		\$169.90		
			E 01	100 203 000 401 000	Shipping		\$21.45		
PO#: 50770	Voucher #:	109776	Invoice	Invoice No: 735072	6/13/2025	Paid Amt:	\$191.35	Check Amount:	\$191.35
MB	88503	14637		LOCKSHOP		Check			
			E 01	005 812 000 420 000	Re key door 22		\$237.50		
PO#: 50860	Voucher #:	109788	Invoice	Invoice No: 0000298515	6/13/2025	Paid Amt:	\$237.50	Check Amount:	\$237.50
MB	88504	17278		MENARDS		Check			
			E 01	005 810 000 410 000	batteries		\$13.98		
			E 01	005 810 000 410 000	batteries		\$29.98		
			E 01	005 810 000 410 000	Misc		\$19.96		
			E 01	005 810 000 410 000	dust masks		\$11.97		
			E 01	005 810 000 410 000	toilet seats		\$77.97		
			E 01	005 810 000 410 000	caulking		\$56.16		
			E 01	005 810 000 410 000	ball valve		\$10.98		
PO#: 50856	Voucher #:	109780	Invoice	Invoice No: 15409	6/13/2025	Paid Amt:	\$221.00		

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor		Pmt/Void Date		Pmt Type
MB	88504	17278		MENARDS				Check
			E 01	005 811 000 420 000	paint			\$33.97
PO#: 50838	Voucher #:	109781	Invoice	Invoice No: 14877		6/13/2025		Paid Amt: \$33.97
			E 01	005 810 000 410 000	Tank spayer			\$9.96
			E 01	005 811 000 420 000	oil			\$52.68
			E 01	005 810 000 410 000	painters tape			\$20.91
			E 01	005 810 000 410 000	frog tape			\$22.98
			E 01	005 865 352 401 000	safety glasses			\$11.94
			E 01	005 810 302 530 000	tape measure			\$29.98
			E 01	005 810 302 530 000	scraper			\$49.45
			E 01	005 810 000 410 000	magic erasers			\$76.62
PO#: 50843	Voucher #:	109782	Invoice	Invoice No: 14829		6/13/2025		Paid Amt: \$274.52
								Check Amount: \$529.49
MB	88505	16915		MIDWEST SPECIAL INSTRUMENTS				Check
			E 01	100 625 000 401 000	Full Audiometer Calibration			\$80.00
PO#: 50810	Voucher #:	109784	Invoice	Invoice No: 2505319-IN		6/13/2025		Paid Amt: \$80.00
								Check Amount: \$80.00
MB	88506	14486		MINNESOTA DEPARTMENT OF HEALTH				Check
			E 02	005 770 701 820 000	Statewide hospitality fee			\$40.00
PO#:	Voucher #:	109785	Invoice	Invoice No: 1097917		6/13/2025		Paid Amt: \$40.00
								Check Amount: \$40.00
MB	88507	14486		MINNESOTA DEPARTMENT OF HEALTH				Check
			E 02	005 770 701 820 000	Statewide hospitality fee			\$40.00
PO#:	Voucher #:	109786	Invoice	Invoice No: 1097920		6/13/2025		Paid Amt: \$40.00
								Check Amount: \$40.00
MB	88508	16818		MN SCHOOL EMPLOYEES ASSOCIATION				Check
			B 01	215 025	Nea-Mea-Bea Dues Payable			\$308.81
PO#:	Voucher #:	109699	Invoice	Invoice No: S2025230		6/13/2025		Paid Amt: \$308.81
								Check Amount: \$308.81
MB	88509	14932		MTI				Check
			E 04	005 506 321 401 000	Winnie the Pooh Kids ShowKit			\$545.00
			E 04	005 506 321 401 000	Shipping for Showkit winnie the pooh			\$45.00
			E 04	005 506 321 401 000	Winnie the Pooh Disney- Royalty- 2 shows			\$316.00
			E 04	005 506 321 401 000	Student Book TenPack			\$225.00

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type			
MB	88509	14932		MTI		Check			
			E 04	005 506 321 401 000	Shipping for Additional Materials	\$23.00			
PO#:	50800	Voucher #:	109779	Invoice	Invoice No: 01214874	6/13/2025	Paid Amt:	\$1,154.00	
							Check Amount:	\$1,154.00	
MB	88510	17869		NELSON WINDOW COMPANY		Check			
			E 01	005 865 369 350 000	Replace center post, door 10	\$1,267.00			
			E 06	005 870 000 520 808	Door 22 replacement	\$18,933.00			
PO#:	50857	Voucher #:	109783	Invoice	Invoice No: 58635/58566	6/13/2025	Paid Amt:	\$20,200.00	
							Check Amount:	\$20,200.00	
MB	88511	17471		PERFORMANCE FOODSERVICE -TWIN CITIES		Check			
			E 02	005 770 469 490 000	Food	\$647.68			
PO#:		Voucher #:	109789	Invoice	Invoice No: 579561	6/13/2025	Paid Amt:	\$647.68	
			E 02	005 770 469 490 000	Food	\$902.37			
PO#:		Voucher #:	109790	Invoice	Invoice No: 563356	6/13/2025	Paid Amt:	\$902.37	
			E 02	005 770 469 490 000	Food	\$800.69			
PO#:		Voucher #:	109791	Invoice	Invoice No: 571383	6/13/2025	Paid Amt:	\$800.69	
			E 02	005 770 705 490 000	Breakfast Food	\$559.54			
			E 02	005 770 701 490 000	Food	\$3,124.63			
PO#:		Voucher #:	109792	Invoice	Invoice No: 554147	6/13/2025	Paid Amt:	\$3,684.17	
							Check Amount:	\$6,034.91	
MB	88512	16645		PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC		Check			
			E 01	005 110 302 370 000	Lease	\$910.23			
PO#:		Voucher #:	109794	Invoice	Invoice No: 3107249037	6/13/2025	Paid Amt:	\$910.23	
							Check Amount:	\$910.23	
MB	88513	12076	remit	PREMIUM WATERS - FARGO		Check			
			E 01	005 720 000 401 000	General Supplies	\$5.02			
PO#:		Voucher #:	109793	Invoice	Invoice No: 502958-05-25	6/13/2025	Paid Amt:	\$5.02	
							Check Amount:	\$5.02	
MB	88514	16017	REMIT	PURCHASE POWER		Check			
			E 01	005 110 000 329 000	postage	\$705.25			
PO#:		Voucher #:	109821	Invoice	Invoice No: 060825	6/13/2025	Paid Amt:	\$705.25	
							Check Amount:	\$705.25	
MB	88515	17514		RPM ATHLETICS LLC		Check			
			E 01	300 292 000 305 505	Timing Service for track meet	\$1,091.00			
PO#:		Voucher #:	109795	Invoice	Invoice No: 6057	6/13/2025	Paid Amt:	\$1,091.00	
							Check Amount:	\$1,091.00	



Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type
MB	88516	17864		SAFETYFIRST PLAYGROUND MAINTENANCE		Check
			E 06	005 870 000 401 895		Mulch on playgrounds
						\$19,425.00
PO#: 50839	Voucher #: 109800		Invoice	Invoice No: 9810	6/13/2025	Paid Amt: \$19,425.00
						Check Amount: \$19,425.00
MB	88517	15043		SCHATZ, TAYLOR		Check
			E 04	005 505 321 305 000		TKD
						\$1,008.75
PO#:	Voucher #: 109796		Invoice	Invoice No: 061125	6/13/2025	Paid Amt: \$1,008.75
						Check Amount: \$1,008.75
MB	88518	10140		STEIN'S INC		Check
			E 01	005 810 000 410 000		foaming hand wash
						\$265.44
			E 01	005 810 000 410 000		can liner
						\$67.66
			E 01	005 810 000 410 000		can liner 33 gal
						\$34.25
			E 01	005 810 000 410 000		Toilet paper
						\$47.82
			E 01	005 810 000 410 000		hand towels
						\$111.48
PO#: 50842	Voucher #: 109798		Invoice	Invoice No: 957741	6/13/2025	Paid Amt: \$526.65
			E 01	005 810 302 530 000		l mop brushes
						\$309.20
			E 01	005 810 302 530 000		l mop brushes
						\$248.10
			E 01	005 810 000 410 000		toilet paper
						\$47.82
			E 01	005 810 000 410 000		hand towels
						\$111.48
			E 01	005 810 000 410 000		can liner
						\$48.16
			E 01	005 810 000 410 000		can liner
						\$18.16
			E 01	005 810 000 410 000		spray bottles
						\$46.32
			E 01	005 810 000 410 000		towels
						\$61.60
			E 01	005 810 000 410 000		doodle bug pad
						\$33.08
			E 01	005 865 352 401 000		nitrile gloves
						\$56.14
			E 01	005 810 000 410 000		frieght
						\$5.00
PO#: 50858	Voucher #: 109799		Invoice	Invoice No: 957945	6/13/2025	Paid Amt: \$985.06
			E 01	005 810 000 410 000		E15 cleaner
						\$123.07
			E 01	005 810 000 410 000		foaming hand wash
						\$66.36
			E 01	005 810 000 410 000		can liner 29x44
						\$18.16
			E 01	005 810 000 410 000		can liner 33 gal
						\$68.50
			E 01	005 810 000 410 000		can liner 60 gal
						\$33.83
			E 01	005 810 000 410 000		can liner 12-16 gallon
						\$72.24
			E 01	005 810 000 410 000		Toilet paper
						\$143.46
			E 01	005 810 000 410 000		paper towels
						\$222.96
			E 01	005 810 000 410 000		mop heads
					37	\$102.25



Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type			
MB	88518	10140		STEIN'S INC		Check			
			E 01	005 810 000 410 000	freight	\$5.00			
PO#:	50840	Voucher #:	109797	Invoice	Invoice No: 957332	6/13/2025	Paid Amt:	\$855.83	
							Check Amount:	\$2,367.54	
MB	88519	15651	remit	TEACHERS ON CALL		Check			
			E 01	100 203 000 305 000	Elementary Substitutes	\$2,242.50			
			E 01	300 211 000 305 000	HS Substitutes	\$1,657.50			
PO#:		Voucher #:	109803	Invoice	Invoice No: 168006	6/13/2025	Paid Amt:	\$3,900.00	
							Check Amount:	\$3,900.00	
MB	88520	11398		THOMPSON GREENERY		Check			
			E 01	005 811 000 420 000	4 Baskets and saucers	\$201.96			
PO#:		Voucher #:	109804	Invoice	Invoice No: 12658	6/13/2025	Paid Amt:	\$201.96	
							Check Amount:	\$201.96	
MB	88521	17866		TROWBRIDGE CREEK ZOO LLC		Check			
			E 04	005 506 321 369 424	Summer Field Trip	\$250.00			
PO#:		Voucher #:	109801	Invoice	Invoice No: 061925	6/13/2025	Paid Amt:	\$250.00	
							Check Amount:	\$250.00	
MB	88522	14071		TURNER SAND & GRAVEL INC		Check			
			E 01	005 811 000 420 000	Gravel to back parking lot	\$201.60			
PO#:	50859	Voucher #:	109802	Invoice	Invoice No: 43461	6/13/2025	Paid Amt:	\$201.60	
							Check Amount:	\$201.60	
MB	88523	11606		U.S. POSTAL SERVICE		Check			
			E 01	005 110 000 329 000	PO BOX RENT	\$432.00			
PO#:		Voucher #:	109805	Invoice	Invoice No: 053025	6/13/2025	Paid Amt:	\$432.00	
							Check Amount:	\$432.00	
MB	88524	10295		US FOODS		Check			
			E 02	005 770 701 401 000	General Supplies	\$397.39			
			E 02	005 770 701 490 000	Food	\$1,012.16			
PO#:		Voucher #:	109807	Invoice	Invoice No: 5712408	6/13/2025	Paid Amt:	\$1,409.55	
			E 02	005 770 701 490 000	Food	\$574.90			
			E 02	005 770 705 490 000	Breakfast Food	\$325.43			
PO#:		Voucher #:	109808	Invoice	Invoice No: 5511421	6/13/2025	Paid Amt:	\$900.33	
			E 02	005 770 701 401 000	General Supplies	\$28.34			
			E 04	005 509 321 490 000	Food	\$345.65			

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor		Pmt/Void Date		Pmt Type
MB	88524	10295		US FOODS				Check
			E 02	005 770 701 490 000	Food		\$463.91	
PO#:	Voucher #:	109806	Invoice	Invoice No: 3027103		6/13/2025		Paid Amt: \$837.90
								Check Amount: \$3,147.78
MB	88525	17611		VALLEY BUS COACHES LLC				Check
			E 01	300 296 733 360 517	Softball Bus		\$1,355.00	
			E 01	300 289 733 360 000	Auxiliary portion		\$940.00	
PO#:	Voucher #:	109819	Invoice	Invoice No: 9023		6/13/2025		Paid Amt: \$2,295.00
								Check Amount: \$2,295.00
MB	88526	10002	remit	VESTIS				Check
			E 02	005 770 701 382 000	Laundry/Dry Cleaning		\$173.19	
PO#:	Voucher #:	109813	Invoice	Invoice No: 2520597000		6/13/2025		Paid Amt: \$173.19
			E 02	005 770 701 382 000	Laundry/Dry Cleaning		\$173.19	
PO#:	Voucher #:	109809	Invoice	Invoice No: 2520582004		6/13/2025		Paid Amt: \$173.19
			E 02	005 770 701 382 000	Laundry/Dry Cleaning		\$173.19	
PO#:	Voucher #:	109812	Invoice	Invoice No: 2520589461		6/13/2025		Paid Amt: \$173.19
			E 02	005 770 701 382 000	Laundry/Dry Cleaning		\$173.19	
PO#:	Voucher #:	109811	Invoice	Invoice No: 2520589462		6/13/2025		Paid Amt: \$173.19
			E 02	005 770 701 382 000	Laundry/Dry Cleaning		\$173.19	
PO#:	Voucher #:	109810	Invoice	Invoice No: 2520582005		6/13/2025		Paid Amt: \$173.19
								Check Amount: \$865.95
MB	88527	13590		WE TRAVEL PC INC				Check
			E 01	005 612 000 319 000	Security Services - District Staff DNS Filter pc:		\$99.00	
PO#:	Voucher #:	109816	Invoice	Invoice No: 14208		6/13/2025		Paid Amt: \$99.00
			E 01	005 715 342 405 000	Cyber Security - Avanan Email Security		\$540.00	
			E 01	005 715 342 405 000	Cyber Security - Google Workspace Backup		\$420.00	
			E 01	005 715 342 405 000	Cyber Security - Server Protection		\$250.00	
			E 01	005 715 342 405 000	Cyber Security - Macs Pc's		\$995.00	
			E 01	005 715 342 405 000	Vulnerability Scanning and Compliance		\$250.00	
			E 01	005 715 342 405 000	Awareness Training		\$302.00	
PO#:	Voucher #:	109814	Invoice	Invoice No: 14206		6/13/2025		Paid Amt: \$2,757.00
			E 01	005 612 000 319 000	BHS Pc and Mac Management		\$750.00	
PO#:	Voucher #:	109815	Invoice	Invoice No: 14207		6/13/2025		Paid Amt: \$750.00
			E 01	005 630 302 305 000	Tech Coordinator		\$3,724.00	
PO#:	Voucher #:	109817	Invoice	Invoice No: 1099		6/13/2025		Paid Amt: \$3,724.00
						39		Check Amount: \$7,330.00

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type
MB	88528	16972		XCEL ENERGY		Check
			E 01	005 810 000 333 000 Natural Gas		\$1,399.82
PO#:	Voucher #:	109818	Invoice	Invoice No: 929477387	6/13/2025	Paid Amt: \$1,399.82
						Check Amount: \$1,399.82
MB	88529	16057		ABERLE, HOLLY		Check
			R 02	005 000 701 601 000 Refund		\$28.14
PO#:	Voucher #:	109822	Invoice	Invoice No: 061325	6/13/2025	Paid Amt: \$28.14
						Check Amount: \$28.14
MB	88530	17875		BIRKHOLZ, CHRIS & JENNIFER LOUWAGIE		Check
			R 02	005 000 701 601 000 Refund		\$4.10
PO#:	Voucher #:	109834	Invoice	Invoice No: 061325	6/13/2025	Paid Amt: \$4.10
						Check Amount: \$4.10
MB	88531	16278		BOLGREAN, RONDA		Check
			R 02	005 000 701 601 000 Refund		\$7.40
PO#:	Voucher #:	109823	Invoice	Invoice No: 061325	6/13/2025	Paid Amt: \$7.40
						Check Amount: \$7.40
MB	88532	17871		BRIDLEY, JASON AND JENNA		Check
			R 02	005 000 701 601 000 Refund		\$17.25
PO#:	Voucher #:	109824	Invoice	Invoice No: 061325	6/13/2025	Paid Amt: \$17.25
						Check Amount: \$17.25
MB	88533	14169		CIHAK, DIANNE		Check
			R 02	005 000 701 601 000 Refund		\$45.40
PO#:	Voucher #:	109825	Invoice	Invoice No: 061325	6/13/2025	Paid Amt: \$45.40
						Check Amount: \$45.40
MB	88534	17872		COTA, CHERI		Check
			R 02	005 000 701 601 000 Refund		\$25.40
PO#:	Voucher #:	109826	Invoice	Invoice No: 061325	6/13/2025	Paid Amt: \$25.40
						Check Amount: \$25.40
MB	88535	16838		COTA, LANCE		Check
			R 02	005 000 701 601 000 Refund		\$46.35
PO#:	Voucher #:	109827	Invoice	Invoice No: 061325	6/13/2025	Paid Amt: \$46.35
						Check Amount: \$46.35
MB	88536	17873		ECKLUND, KARLA		Check
			R 02	005 000 701 601 000 Refund		\$22.70
PO#:	Voucher #:	109828	Invoice	Invoice No: 061325	6/13/2025	Paid Amt: \$22.70
						Check Amount: \$22.70

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type			
MB	88537	14448		ERICKSON, DEBRA		Check			
			R 02 005 000	701 601 000	Refund		\$99.95		
PO#:	Voucher #:	109829	Invoice	Invoice No: 061325	6/13/2025	Paid Amt:	\$99.95		
						Check Amount:	\$99.95		
MB	88538	17874		FAHRENDORFF, GREGG		Check			
			R 02 005 000	701 601 000	Refund		\$4.10		
PO#:	Voucher #:	109830	Invoice	Invoice No: 061325	6/13/2025	Paid Amt:	\$4.10		
						Check Amount:	\$4.10		
MB	88539	17879		GORDER, GARRETT & MELANIE		Check			
			R 02 005 000	701 601 000	Refund		\$3.20		
PO#:	Voucher #:	109843	Invoice	Invoice No: 061325	6/13/2025	Paid Amt:	\$3.20		
						Check Amount:	\$3.20		
MB	88540	17878		HANSON, JOSH		Check			
			R 02 005 000	701 601 000	Refund		\$3.60		
PO#:	Voucher #:	109844	Invoice	Invoice No: 061325	6/13/2025	Paid Amt:	\$3.60		
						Check Amount:	\$3.60		
MB	88541	15024		HERBIG, EVONNE		Check			
			R 02 005 000	701 601 000	Refund		\$4.10		
PO#:	Voucher #:	109831	Invoice	Invoice No: 061325	6/13/2025	Paid Amt:	\$4.10		
						Check Amount:	\$4.10		
MB	88542	16513		JOHN, KRISTI		Check			
			R 02 005 000	701 601 000	Refund		\$4.87		
PO#:	Voucher #:	109832	Invoice	Invoice No: 061325	6/13/2025	Paid Amt:	\$4.87		
						Check Amount:	\$4.87		
MB	88543	15777		LINDBOM, STACY		Check			
			R 02 005 000	701 601 000	Refund		\$8.30		
PO#:	Voucher #:	109833	Invoice	Invoice No: 061325	6/13/2025	Paid Amt:	\$8.30		
						Check Amount:	\$8.30		
MB	88544	14759		MAESSE, TAMMY		Check			
			R 02 005 000	701 601 000	Refund		\$45.75		
PO#:	Voucher #:	109835	Invoice	Invoice No: 061325	6/13/2025	Paid Amt:	\$45.75		
						Check Amount:	\$45.75		
MB	88545	17876		MOREY, DUANE & ROBYN		Check			
			R 02 005 000	701 601 000	Refund		\$6.20		
PO#:	Voucher #:	109836	Invoice	Invoice No: 061325	6/13/2025	Paid Amt:	\$6.20		
						Check Amount:	\$6.20		

Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/17/2025-06/13/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type
MB	88546	11628		PEARSON, SUSAN		Check
			R 02 005 000 701 601 000		Refund	\$19.00
PO#:	Voucher #:	109837	Invoice	Invoice No: 061325	6/13/2025	Paid Amt: \$19.00
						Check Amount: \$19.00
MB	88547	17127		RIETZ, VICKI		Check
			R 02 005 000 701 601 000		Refund	\$93.40
PO#:	Voucher #:	109838	Invoice	Invoice No: 061325	6/13/2025	Paid Amt: \$93.40
						Check Amount: \$93.40
MB	88548	14580		ROBIDEAU, KARI		Check
			R 02 005 000 701 601 000		Refund	\$16.20
PO#:	Voucher #:	109839	Invoice	Invoice No: 061325	6/13/2025	Paid Amt: \$16.20
						Check Amount: \$16.20
MB	88549	16807		SCHROEDER, ERIN		Check
			R 02 005 000 701 601 000		Refund	\$7.75
PO#:	Voucher #:	109840	Invoice	Invoice No: 061325	6/13/2025	Paid Amt: \$7.75
						Check Amount: \$7.75
MB	88550	17751		SNOBL, SCOTT J		Check
			R 02 005 000 701 601 000		Refund	\$4.50
PO#:	Voucher #:	109841	Invoice	Invoice No: 061325	6/13/2025	Paid Amt: \$4.50
						Check Amount: \$4.50
MB	88551	17877		SORENSEN, KATI		Check
			R 02 005 000 701 601 000		Refund	\$13.70
PO#:	Voucher #:	109842	Invoice	Invoice No: 061325	6/13/2025	Paid Amt: \$13.70
						Check Amount: \$13.70
						Report Total: \$626,081.64

Barnesville Public Schools #146
Detail Payment Register By Check
Fund Summary

Fund	Description	Total
01	General Fund	\$562,815.18
02	Food Service	\$17,920.41
04	Community Service	\$6,988.05
06	Building Construction	\$38,358.00
Report Total		\$626,081.64

Student Activity Account Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/16/2025-06/11/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type
MN	18706	1165		BREAKDOWN SPORTS USA		Check
			E 01 300 298 000 401 530	Girls Basketball		\$780.00
PO#:	Voucher #:	5660	Invoice	Invoice No: GirlsBB	5/30/2025	Paid Amt: \$780.00
						Check Amount: \$780.00
MN	18707	1267		CLAY COUNTY FAIR		Check
			E 01 300 298 000 401 410	Fair Food Stand		\$100.00
PO#:	Voucher #:	5657	Invoice	Invoice No: Fair Booth	5/30/2025	Paid Amt: \$100.00
						Check Amount: \$100.00
MN	18708	1509		CONCORDIA COLLEGE		Check
			E 01 300 298 000 401 530	Girls Team Camp		\$300.00
PO#:	Voucher #:	5658	Invoice	Invoice No: Girls Team Camp	5/30/2025	Paid Amt: \$300.00
						Check Amount: \$300.00
MN	18709	1114		HENRICKSON, TODD		Check
			E 01 100 298 000 401 110	6th Grade Students		\$65.85
PO#:	Voucher #:	5652	Invoice	Invoice No: PGoose	5/30/2025	Paid Amt: \$65.85
						Check Amount: \$65.85
MN	18710	1026		ISD #146		Check
			E 01 100 298 000 401 110	School Patrol Party		\$284.55
PO#:	Voucher #:	5653	Invoice	Invoice No: School Patrol	5/30/2025	Paid Amt: \$284.55
			E 01 300 298 000 401 561	Softball Bus to Roseau		\$940.00
PO#:	Voucher #:	5663	Invoice	Invoice No: 6023	5/30/2025	Paid Amt: \$940.00
			E 01 300 298 000 401 500	Team Meal		\$252.99
			E 01 300 298 000 401 510	Team Meal		\$100.00
PO#:	Voucher #:	5655	Invoice	Invoice No: Pizza Ranch	5/30/2025	Paid Amt: \$352.99
			E 01 100 298 000 401 103	4th Grade DQ		\$151.70
PO#:	Voucher #:	5649	Invoice	Invoice No: DQ	5/30/2025	Paid Amt: \$151.70
			E 01 300 298 000 401 500	Team Meal		\$86.58
PO#:	Voucher #:	5654	Invoice	Invoice No: TeamMeal	5/30/2025	Paid Amt: \$86.58
						Check Amount: \$1,815.82
MN	18711	1057		JOSTENS, INC		Check
			E 01 300 298 000 401 330	Yearbook		\$8,226.23
PO#:	Voucher #:	5651	Invoice	Invoice No: 1411637	5/30/2025	Paid Amt: \$8,226.23
						Check Amount: \$8,226.23

Student Activity Account Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/16/2025-06/11/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type			
MN	18712	1164		JUST A GAME FIELDHOUSE		Check			
			E 01	300 298 000 401 530	BB Tournament-Girls		\$395.00		
PO#:	Voucher #:	5659	Invoice	Invoice No:	Barnesville	5/30/2025		Paid Amt:	\$395.00
								Check Amount:	\$395.00
MN	18713	1061		LONG WEEKEND SPORTSWEAR		Check			
			E 01	300 298 000 401 530	State Girls Basketball		\$417.00		
PO#:	Voucher #:	5662	Invoice	Invoice No:	1869	5/30/2025		Paid Amt:	\$417.00
			E 01	300 298 000 401 530	Conference Champ Shirts		\$412.00		
PO#:	Voucher #:	5661	Invoice	Invoice No:	1827	5/30/2025		Paid Amt:	\$412.00
								Check Amount:	\$829.00
MN	18714	1803		RICHARDS TRANSPORTATION SERVICE		Check			
			E 01	100 298 000 401 105	6th Grade Trip		\$5,000.00		
PO#:	Voucher #:	5656	Invoice	Invoice No:	16192	5/30/2025		Paid Amt:	\$5,000.00
								Check Amount:	\$5,000.00
MN	18715	1755		THE BASS FEDERATION		Check			
			E 01	100 298 000 401 395	Student Angler Membership		\$975.00		
PO#:	Voucher #:	5650	Invoice	Invoice No:	2505465	5/30/2025		Paid Amt:	\$975.00
								Check Amount:	\$975.00
MN	18716	1065		MIDWEST BANK		Check			
			E 01	300 298 000 401 500	State Track		\$170.00		
PO#:	Voucher #:	5664	Invoice	Invoice No:	Track	6/5/2025		Paid Amt:	\$170.00
								Check Amount:	\$170.00
MN	18717	1118		DESIGNS BY BECKY		Check			
			E 01	300 298 000 401 225	Senior Flowers		\$512.00		
PO#:	Voucher #:	5665	Invoice	Invoice No:	10256	6/11/2025		Paid Amt:	\$512.00
								Check Amount:	\$512.00
MN	18718	1026		ISD #146		Check			
			E 01	300 298 000 401 561	Softball Awards		\$83.45		
PO#:	Voucher #:	5673	Invoice	Invoice No:	SB Awards	6/11/2025		Paid Amt:	\$83.45
			E 01	300 298 000 401 225	Sr. Bus to Fargo		\$630.00		
PO#:	Voucher #:	5668	Invoice	Invoice No:	Sr Bus	6/11/2025		Paid Amt:	\$630.00
			E 01	100 298 000 401 110	TNT Trip 2nd Grade		\$592.00		
PO#:	Voucher #:	5671	Invoice	Invoice No:	TNT Bus Trip	6/11/2025		Paid Amt:	\$592.00
			E 01	100 298 000 401 110	Bus Sunset Lanes 3rd		\$268.50		
PO#:	Voucher #:	5670	Invoice	Invoice No:	3rd Grade Field Trip	6/11/2025		Paid Amt:	\$268.50

Student Activity Account Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/16/2025-06/11/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type
MN	18718	1026		ISD #146		Check
			E 01 100 298	000 401 103 Science Project 4th Grade Bus		\$581.00
PO#:	Voucher #:	5666	Invoice	Invoice No: 4thGradeBus	6/11/2025	Paid Amt: \$581.00
			E 01 100 298	000 401 103 Bus to RedHawks		\$1,072.50
PO#:	Voucher #:	5669	Invoice	Invoice No: RedHawksBus	6/11/2025	Paid Amt: \$1,072.50
			E 01 100 298	000 401 110 Library Visits		\$120.00
PO#:	Voucher #:	5667	Invoice	Invoice No: Library Visits	6/11/2025	Paid Amt: \$120.00
			E 01 300 298	000 401 500 Track Bus Minnewaska		\$80.00
			E 01 300 298	000 401 510 Track Bus Minnewaska		\$40.00
PO#:	Voucher #:	5674	Invoice	Invoice No: Track Bus	6/11/2025	Paid Amt: \$120.00
			E 01 300 298	000 401 500 State Track Tickets		\$32.00
PO#:	Voucher #:	5675	Invoice	Invoice No: StateTrackTickets	6/11/2025	Paid Amt: \$32.00
			E 01 300 298	000 401 510 Track Boys Team Meal		\$62.92
PO#:	Voucher #:	5676	Invoice	Invoice No: Track	6/11/2025	Paid Amt: \$62.92
			E 01 300 298	000 401 500 Track Awards		\$80.00
PO#:	Voucher #:	5677	Invoice	Invoice No: Track Awards	6/11/2025	Paid Amt: \$80.00
			E 01 100 298	000 401 110 Bus Wahpeton 1st		\$335.50
PO#:	Voucher #:	5672	Invoice	Invoice No: Wahpeton Field Trip	6/11/2025	Paid Amt: \$335.50
						Check Amount: \$3,977.87
MN	18719	1061		LONG WEEKEND SPORTSWEAR		Check
			E 01 300 298	000 401 520 HOL Conference Shirts		\$184.00
PO#:	Voucher #:	5678	Invoice	Invoice No: 2178	6/11/2025	Paid Amt: \$184.00
						Check Amount: \$184.00
MN	18720	1765		MUSIC THEATRE INTERNATIONAL		Check
			E 01 300 298	000 401 313 Hunchback of Notre Dame		\$1,585.00
PO#: 1518	Voucher #:	5681	Invoice	Invoice No: 7040356	6/11/2025	Paid Amt: \$1,585.00
						Check Amount: \$1,585.00
MN	18721	1763		PRAIRIES LAKES		Check
			E 01 300 298	000 401 530 Summer BB League		\$720.00
PO#:	Voucher #:	5679	Invoice	Invoice No: SummerBBLeague	6/11/2025	Paid Amt: \$720.00
						Check Amount: \$720.00
MN	18722	1390		SCHAUB, MIKE		Check
			E 01 300 298	000 401 500 Highlight Video		\$150.00
			E 01 300 298	000 401 510 Highlight Video		\$150.00
PO#:	Voucher #:	5680	Invoice	Invoice No: 6125	6/11/2025	Paid Amt: \$300.00
						Check Amount: \$300.00

Student Activity Account
Detail Payment Register By Check

Check Number: 0-2147483647 Payment Date: 05/16/2025-06/11/2025 Period: 202501-202512 Void Status: N

Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type
MN	18723	1717		PERSONAL TOUCH MARKETING & MANUFACTURING		Check
			E 01 100 298 000 401 395	Fishing Jerseys		\$2,243.00
PO#: 1522	Voucher #:	5682	Invoice	Invoice No: 107205	6/11/2025	Paid Amt: \$2,243.00
						Check Amount: \$2,243.00
						Report Total: \$28,178.77

CLAIMS PRESENTED TO THE BOARD OF EDUCATION

Monday, June 16, 2025

Andres, Liam			\$470.60		
	Custodial Expense	\$470.60			
Askegaard, Matthew			\$535.10		
	Staff Development	\$535.10			
Askegaard, Megan			\$1,848.33		
	Teacher Substitute	\$25.83			
	Community Ed	\$1,822.50			
Biewer, Joyce			\$83.38		
	Paraprofessional Substitute	\$83.38			
Blanco, Amira			\$357.54		
	Kids Club	\$357.54			
Blilie, Amber			\$568.88		
	Staff Development	\$500.00			
	Teacher Substitute	\$68.88			
Blilie, Macie			\$208.86		
	Kids Club	\$208.86			
Blomberg, Cassandra			\$3,210.70		
	Kids Club	\$1,983.60			
	Preschool	\$1,227.10			
Bolgrean, Shirley			\$2,636.26		
	Paraprofessional Substitute	\$2,636.26			
Bowen, Susan			\$395.13		
	Food Service Substitute	\$395.13			
Braton, Carrie			\$43.87		
	Staff Development	\$43.87			
Braton, Sharon			\$351.60		
	Food Service Expense	\$351.60			
Brekhus, Korina			\$102.66		
	Kids Club	\$102.66			
Carlton, Cheryl			\$1,062.08		
	Preschool Para	\$945.48			
	Transportation	\$116.60			
Caruso, Amy			\$1,339.47		
	Preschool Para	\$1,265.97			
	Community Ed	\$30.00			
	Paraprofessional Substitute	\$43.50			
Connelly, Lesley			\$77.16		
	Transportation	\$77.16			
Davis, Mckenzie			\$2,414.81		
	Paraprofessional	\$2,414.81			
Del Greco, Benjamin			\$137.76		
	Teacher Substitute	\$137.76			
Dosch-Erlandson, Patricia			\$2,629.12		
	Staff Development	\$2,629.12			
Duval, Duane			\$241.50		
	Custodial Expense	\$241.50			

Eberhardt, Laura			\$103.32		
	Teacher Substitute	\$103.32			
Fenner, Juanita			\$1,331.40		
	Food Service Expense	\$1,331.40			
Fradet, Annika			\$233.64		
	Kids Club	\$233.64			
Frauendienst, Isaac			\$103.32		
	Teacher Substitute	\$103.32			
Gardner,Colyn			\$1,776.80		
	Paraprofessional	\$1,776.80			
Gerdes, Madelyn			\$81.42		
	Staff Development	\$48.85			
	Breakfast Monitor	\$32.57			
Gilbertson, Carl			\$108.85		
	Custodial Expense	\$108.85			
Gilbertson, Lisa			\$1,024.23		
	Staff Development	\$998.40			
	Teacher Substitute	\$25.83			
Gottenborg, Roger			\$262.50		
	Community Ed	\$262.50			
Grabow, Shari			\$500.00		
	Staff Development	\$500.00			
Grant, Stoney			\$80.00		
	Activity Worker	\$80.00			
Gregoire, Martan			\$50.00		
	Accompaniment	\$50.00			
Grosz,Jacob			\$25.83		
	Teacher Substitute	\$25.83			
Gylland, Kyle			\$115.00		
	Transportation	\$115.00			
Halverson-Wolters, Chrissa			\$529.42		
	Breakfast Monitor	\$198.53			
	Transportation	\$119.12			
	Paraprofessional	\$198.53			
	Staff Development	\$13.24			
Hamman, Angela			\$951.00		
	Food Service Expense	\$951.00			
Haugen, Samantha			\$888.13		
	Paraprofessional Substitute	\$888.13			
Haus, Jessica			\$107.87		
	Breakfast Monitor	\$68.13			
	Staff Development	\$39.74			
Heikes, Julia			\$193.04		
	Paraprofessional	\$193.04			
Henrickson,Todd			\$30.80		
	Staff Development	\$30.80			
Herbranson, Joanne			\$79.41		
	Staff Development	\$79.41			

Hermes,Anthony			\$34.44		
	Teacher Substitute	\$34.44			
Hinsz, Tracy			\$25.83		
	Teacher Substitute	\$25.83			
Hoock, Gabriel			\$250.76		
	Custodial Expense	\$250.76			
Hoyer, Megan			\$837.80		
	Teacher Substitute	\$172.20			
	Staff Development	\$665.60			
Jenkins, Carrie			\$500.00		
	Staff Development	\$500.00			
Johnson, Jedidah			\$568.88		
	Teacher Substitute	\$68.88			
	Staff Development	\$500.00			
Jolicouer, Kendra			\$998.40		
	Staff Development	\$998.40			
Jordahl, Lowell			\$275.51		
	Custodial Expense	\$275.51			
Julsrud, Wanda			\$2,346.17		
	Transportation	\$2,346.17			
Justesen, Chastity			\$998.40		
	Staff Development	\$998.40			
Kluck, Melissa			\$2,744.28		
	Transportation	\$2,744.28			
Krause, Jamin			\$80.50		
	Staff Development	\$80.50			
Larson, Sarah			\$103.32		
	Teacher Substitute	\$103.32			
Lau,Victoria			\$880.88		
	Paraprofessional Substitute	\$880.88			
Lempe, Laura			\$665.60		
	Staff Development	\$665.60			
Lien, Christopher			\$97.28		
	Food ServiceExpense	\$97.28			
Loen, Nancy			\$34.44		
	Teacher Substitute	\$34.44			
Maesse, Griffin			\$77.49		
	Teacher Substitute	\$77.49			
Markey, Abigail			\$120.36		
	Kids Club	\$120.36			
Martin, Megan			\$1,173.12		
	Staff Development	\$1,173.12			
Martinson, Karie			\$1,830.40		
	Staff Development	\$1,830.40			
Olson, Emily			\$407.20		
	Kids Club	\$407.20			
Nelson, Nichole			\$534.44		
	Teacher Substitute	\$34.44			
	Staff Development	\$500.00			

Nibbe, Alissa			\$3,182.25		
	Community Ed	\$3,182.25			
Odden, Scott			\$78.23		
	Custodial Expense	\$78.23			
Olson, Tori			\$948.48		
	Staff Development	\$948.48			
Paur, Nicholas			\$34.44		
	Teacher Substitute	\$34.44			
Peloubet-Messer, Christine			\$157.50		
	Community Ed	\$157.50			
Peterson, Henry			\$480.91		
	Custodial Expense	\$480.91			
Pfeifer, Ava			\$25.83		
	Teacher Substitute	\$25.83			
Poepping, Sarah			\$250.00		
	Staff Development	\$250.00			
Redding, LaVonne			\$880.92		
	Food Service	\$880.92			
Ronsberg, Betsy			\$210.07		
	Breakfast Monitor	\$170.33			
	Staff Development	\$39.74			
Rotz, Stacey			\$1,288.79		
	Preschool Para	\$1,288.79			
Samuelson, Jodi			\$65.00		
	School Board	\$65.00			
Schaub, Michael			\$129.00		
	Teacher Substitute	\$103.32			
	Track Supplies	\$25.68			
Schilling, Ava			\$251.34		
	Kids Club	\$251.34			
Schindler, Elizabeth			\$68.88		
	Teacher Substitute	\$68.88			
Schmidt, Paige			\$51.66		
	Teacher Substitute	\$51.66			
Schmitt, Thomas			\$68.88		
	Teacher Substitute	\$68.88			
Seifert, Nicole			\$103.32		
	Teacher Substitute	\$103.32			
Smith, Heidi			\$34.44		
	Teacher Substitute	\$34.44			
Snobl, Scott			\$34.44		
	Teacher Substitute	\$34.44			
Snow, Kayla			\$420.54		
	Kids Club	\$420.54			
Solum, McKinzie			\$43.05		
	Teacher Substitute	\$43.05			
Sossa, Brooke			\$578.86		
	Kids Club	\$578.86			

Spillum, Emma			\$392.94	
	Kids Club	\$392.94		
Spillum, Mary			\$1,091.71	
	Kids Club	\$1,091.71		
Stanton, Shelly			\$130.50	
	Custodial Expense	\$130.50		
Suter, Chad			\$34.44	
	Teacher Substitute	\$34.44		
Suter, Cheryl			\$24.40	
	Paraprofessional	\$24.40		
Tangen, Grace			\$68.88	
	Teacher Substitute	\$68.88		
Teeples, Britta			\$750.00	
	Staff Development	\$750.00		
Thompson, Jennifer			\$249.60	
	Concessions	\$249.60		
Thorkildson, Lynn			\$3,028.48	
	Staff Development	\$3,028.48		
Trowbridge, Philip			\$644.68	
	Teacher Substitute	\$68.88		
	Staff Development	\$575.80		
Wander, Michelle			\$165.20	
	Staff Development	\$165.20		
Willers, Alison			\$2,088.32	
	Staff Development	\$2,088.32		
Wirth, Barbara			\$1,018.36	
	Food Service	\$1,018.36		
Zander, Cindy			\$34.44	
	Teacher Substitute	\$34.44		
	TOTAL	61,985.07	\$61,985.07	
MSDLAF TRANSFERS TO MIDWEST BANK				
	5/22/25	TRANSFER	\$1,216	
	5/30/25	TRANSFER	\$300,000	
				\$301,216
MIDWEST BANK CREDIT CARD EXPENDITURES				
Jon Ellerbusch				\$589.38
	Staff Development		\$364.94	
	ChatGPT Subscription		\$20.00	
	Zoom subscription		\$171.69	
	Supplies		\$32.75	
Todd Henrickson				\$599.69
	Zoom Subscription		\$17.17	
	Auxiliary Account Reimbursement		\$284.55	
	Instructional Supplies		\$297.97	
Bryan Strand				\$1,869.60
	HS Choir Auxiliary Account Expense		\$1,869.60	

Jodi Samuelson					\$600.60
	HS Science Supplies		\$99.00		
	Chat GPT Subscription		\$20.00		
	Staff Development Expense		\$481.60		
Aaron Schindler					\$904.99
	HS Track Auxiliary Account Expense		\$334.99		
	Summer Rec Supplies		\$400.00		
	ChatGPT Subscription		\$20.00		
	Brightwheel Subscription		\$150.00		
Total Credit Card Expense					\$4,564.26

7. Appreciation, Recognition and Presentations

None

8. Recognition of Citizens for Input Purposes

9. Reports/News

A. High School Principal's Report

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Barnesville High School - Board Report June 16, 2025

Past Months Events

1. Last week of school went well
 1. No issues
 2. thanks to staff for all their hard work in making the end go so smoothly
2. Graduation - went very well
 1. Thank you to Bella Snobl, Sierra Seefeldt, Sage Tuel and Macie Pauna
 1. Thank you to Jake and Mr. Ellerbusch for handing out of the diplomas
3. Staff put on a senior breakfast on the morning of May 21
 1. Thank you to all the staff members that worked so hard putting this special event
 2. Seniors were given life advice, shown a video and presented with a gift from the staff along with eating a breakfast made by our kitchen staff
4. Senior awards were held on May 21 in the auditorium
 1. Thank you to Megan Hoyer for all her work with this, she truly did an amazing job
 2. Thank you to all who came and presented our seniors with scholarships
5. We just completed our first youth trip to Washington DC for our 7-9 grade students who elected to do this
 1. Thanks to Megan Hoyer who got this up and running as well as our chaperones that went with to help
 2. 26 kids, 10 adults and 2 chaperones and the company's staff with them the entire time. Left Tuesday night late and return around 2:00 a.m. on Sunday morning.

Future High School Events

1. I will be attending summer MASSP conference June 23-26
2. Secretaries will return to work on August 4

TODD HENRICKSON - ELEMENTARY PRINCIPAL

Board Report – June 16, 2025

- **May 20th - PBIS Committee**
 - Organized a breakfast for all staff members to thank them for their efforts with the “Trojan Way” throughout the year.
 - A special thank you to Mrs. Wolters for connecting with Midwest Bank for the donut holes and Mrs. Tonsfeldt for setting up the catering (Barnesville Grocery) and securing the donation from DBS.

- **May 21st – Games to Go Inflatables**
 - Thank you to the PTO and PBIS Committee for making this possible.

- **May 22nd - Elementary Track and Field Day (was moved from May 19th due to weather)**
 - Thank you to Mr. Grosz for organizing the day’s events
 - Thank you to our Teachers, Paraprofessionals, HS Students and everyone else who volunteered their time to help. It was a great day!

- **Thank you to the Elementary Staff for a Great Year!**
 - Their care, hard work, and dedication made a difference every day in the lives of our students. We have an incredible team!

- **Total Library Circulation for the year – 30,685**

- **May 29th – Report Cards mailed**

- **Aug 4th – Elementary Office will Officially open**

Elementary Summer Calendar:

June 18	8:00 – Booster Club Meeting – HS Commons

July 15	9:00 - Lake Agassiz Principals Meeting – Hawley
July 17	Safety Care Training (refresher) - Hawley
July 21	Safety Care Training (initial) - Hawley
	7:00 – School Board Meeting – HS Library
July 22	Safety Care Training (initial) – Hawley
July 23	8:00 – Booster Club Meeting – HS Commons

Aug 4	7:30 – Office Staff Back
	9:00 - Summer School Begins
Aug 7	LETRS 2 – Option #1
Aug 11	LETRS 1
	8:15 – Safety Care Training
Aug 12	LETRS 1
	8:15 – Safety Care Training
Aug 13	LETRS 1
Aug 14	LETRS 2 – Option #2
	Sped Mentorship Day – Hawley
Aug 15	Summer School Ends
Aug 18	9:00 - Sped Para Training – Hawley
	7:00pm – School Board Meeting – HS Library

Aug	19	9:00 - Sped Teacher Workshop - Hawley
Aug	20	8:15 - WIN Workshop –Hawley Safety Care Training (refresher) – Hawley
		8:00 – School Board Meeting – HS Library
Aug	25	8:00 - New Teacher Workshop
Aug	26-28	8:00 - Teacher Workshop Days

Sep	2	8:00 – First Day of School

BOARD REPORT -- AARON SCHINDLER
ACTIVITIES DIRECTOR/COMMUNITY ED COORDINATOR
June 16, 2025

ACTIVITY INFORMATION:

- **2025 HOL Conference Finishes**
 - Girls Track – 3rd
 - Girls Golf – 1st
 - First time in 44 years!!! Congrats to the girls and Coach Haj.
 - Boys Golf – 6th
 - Boys Track – 8th
 - Softball – 8th
 - Baseball – 8th

- **Spring Tournament Dates:**
 - **May 19th – Softball Section Tournament 1st Round-Roseau**
 - Lost to Roseau

 - **May 22nd – Sub-Section Track Meet in Sauk Centre**
 - Girls: 5th Place finish
 - Boys: 8th Place finish.
 - **May 27th– Baseball Section Tournament 1st Round**
 - Beat OTC
 - **May 29th – Baseball Section Tournament 2nd Round– Perham**
 - Beat DGF and lost to Perham
 - **May 29th – Section Track Meet – Pelican Rapids**
 - Girls Track – The following athletes qualified for the State meet.
 - Ashley Maneval - Pole Vault
 - Ava Follingstad - Triple Jump

 - **June 2nd & June 3rd – Golf Section Tournament @Bemidji**
 - Bella Snobl finished in 5th place and qualified for the state tournament.
 - **June 2nd – Baseball Section Tournament 3rd Round– Park Rapids**
 - Lost to EGF
 - **June 10th & June 11th– State Golf-Jordan**
 - Bella Snobl placed 51st

 - **June 10th & June 11th– State Track Meet – STMA**
 - Girls Track-
 - Ashley Maneval - Placed 3rd in the Pole Vault.
 - Ava Follingstad- Placed 8th in the Triple Jump.

 - **State Trap Shoot in Alexandria**
 - Connor Dahl and Carl Johnk each earned a 25 straight patch!

- **Team Academic All State Award-3.75 GPA or higher**
 - Softball
 - Girls Track

- **2025-26 Schedules will go public soon.**
 - Finalizing a few schedules and want them all to be done when they go public.
 - Activities not yet scheduled
 1. 7th & 8th Grade Volleyball - August
 2. 9th Grade Volleyball - August
 3. 7th & 8th Grade Basketball – September
 4. Boys & Girls Golf – March

- **Summer No-Contact Dates: June 30th – July 6th**



Barnesville Public School Regular School Board Meeting

7:00 PM on Monday, June 16, 2025
High School Library

Superintendent's Monthly Board Report

1. Leadership Barnesville is Gearing up for Another Exciting Year!

Leadership Barnesville is preparing for another exciting year, and we're proud to support this impactful community program! Crystal, Josh, and I are proud members of the 2023–24 cohort, and the experience has been incredibly rewarding—both personally and professionally.

This year, the Barnesville School District is pleased to sponsor two senior high school students to participate in the upcoming cohort. Students interested in applying can complete the application form linked below.

We're also inviting two teachers or school leaders from our district to join the next cohort. Staff development funds will be used to support their participation.

Leadership Barnesville offers a chance to connect, grow, and make a lasting impact—and we're excited to help more members of our school community take part!

[2025-26 Leadership Barnesville Application for BHS Seniors](#)

E. Board Committee Reports

Marla provided an update on the Clay County Collaborative, and Andy reported on the Buildings and Grounds Committee meeting.

10. Removal of Consent Items for Discussion

11. Approval of Consent Items

A. Personnel

All hirings are based upon the findings of each individual's background check, licensure status, and discipline report from the Minnesota Department of Education.

1) Agreement with Director of Buildings and Grounds 2025-2027

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Agreement with Director of Buildings and Grounds

The School Board of Independent School District No. 146, Barnesville, MN, enters into this agreement with Jamin Krause, who agrees to perform the duties of Director of Buildings and Grounds beginning July 1, 2025, through June 30, 2027.

1. **COMPENSATION:** The Director of Buildings and Grounds shall be paid \$74,820 for 2025-2026 and \$77,065 for 2026-2027.
2. **RATE OF PAY:** All salaries will be paid twice a month in equal increments.
3. **HEALTH INSURANCE:** The School District shall provide the Director of Buildings and Grounds with full single health insurance coverage in the District's HSA Plan. In addition, the district agrees to contribute \$2,000 for 2025-2026 and \$2,000 for 2026-2027 to the Director of Buildings and Ground's HSA account.
4. **TERM LIFE INSURANCE:** The employer shall pay the entire cost of the premium for a term life insurance policy in the amount of \$100,000.
5. **DISABILITY/SICK LEAVE:** Disability/Sick Leave will be granted as specified in the teacher's Master Agreement, Article X, Section 1.
6. **PERSONAL LEAVE:** The Director of Buildings and Grounds shall be entitled to 3 days of personal leave per year accumulating a maximum of 6 days.
7. **CHILD CARE LEAVE:** Child Care Leave will be granted as specified in the teacher's Master Agreement, Article X, Section 6.
8. **OTHER LEAVE:** The superintendent must approve of all other leaves.
9. **PAID HOLIDAYS:** New Year's Day, Presidents Day (if taken as a regular school holiday), Good Friday, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, day after Thanksgiving Day, Christmas Eve Day, Christmas Day, New Year's Eve Day.
10. **VACATION:** At the beginning of each year, the Director of Buildings and Grounds will be credited with twenty (20) working days of annual paid vacation, with the option to accumulate up to 30 unused vacation days.
11. **403(b) DEFERRED COMPENSATION MATCH PROGRAM:** The School District shall make an annual yearly matching contribution of \$1,500 per year with a \$32,500 career maximum match.
12. Upon resignation from this contract or retirement, the Director of Buildings and Grounds will be entitled to collect 30% of unused sick leave days at the average prorated daily salary for the last three years. This amount will be paid out in a separate check issued to the Director of Buildings and Grounds.
13. The Director of Buildings and Grounds will be given up to \$75/month cellular phone reimbursement based on annual contract.

Director of Buildings and Grounds

Date_____

Board Chair

Date_____

Agreement with Director of Food Service

The School Board of Independent School District No. 146, Barnesville, MN, enters into this agreement with Kevin Roller, who agrees to perform the duties of Director of Food Service beginning July 1, 2025, through June 30, 2027.

1. **COMPENSATION:** The Director of Food Service shall be paid \$70,226 for 2025-2026 and \$72,332 for 2026-2027.
2. **RATE OF PAY:** All salaries will be paid twice a month in equal increments.
3. **HEALTH INSURANCE:** The School District shall provide the Director of Food Service with full single health insurance coverage in the district's HSA Plan. In addition, the district agrees to contribute \$1,750 for 2025-2026 and \$1,750 for 2026-2027 to the Director of Food Service's HSA account.
4. **TERM LIFE INSURANCE:** The employer shall pay the entire cost of the premium for a term life insurance policy in the amount of \$100,000.
5. **DISABILITY/SICK LEAVE:** Disability/Sick Leave will be granted as specified in the teacher's Master Agreement, Article X, Section 1.
6. **PERSONAL LEAVE:** The Director of Food Service shall be entitled to 3 days of personal leave per year accumulative to a maximum of 6 days.
7. **CHILD CARE LEAVE:** Child Care Leave will be granted as specified in the teacher's Master Agreement, Article X, Section 6.
8. **OTHER LEAVE:** The superintendent must approve all other leaves.
9. **PAID HOLIDAYS:** New Year's Day, President's Day (if taken as a regular school holiday), Good Friday, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, day after Thanksgiving Day, Christmas Eve Day, Christmas Day, New Year's Eve Day.
10. **VACATION:** At the start of each fiscal year, the Director of Food Service will receive 20 working days of paid annual vacation, with the option to accumulate up to 30 unused vacation days.
11. **403(b) DEFERRED COMPENSATION MATCH PROGRAM:** The 403(b) match program for the Director of Food Service will be contribution up to \$1,500 for 2025-2026 and \$1,500 for 2026-2027 with a maximum career match of \$32,500.
12. Upon resignation from this contract or retirement, the Director of Food Service will be entitled to collect 30% of unused sick leave days at the average prorated daily salary for the last three years. This amount will be paid out in a separate check issued to the Director of Food Service.
13. This is a twelve-month salaried position, calculated based on a minimum of 40 hours worked per week during the months of September through May and a minimum of 30 hours per week during the summer months of June, July, and August.
14. **Concession Stand Stipend:** The Director of Food Service will receive a stipend of \$3,600 for 2025-2026 and \$3,600 for 2026-2027 for participating in the ordering and preparation of food, candy, and beverages for the concession stand.
15. **Additional Summer Hours:** The Director of Food Service will receive additional pay at their current hourly rate for any hours worked beyond 30 hours per week during the months of June, July, and August. All hours exceeding 30 per week must be pre-approved by the Superintendent.
16. **AT-WILL EMPLOYMENT STATEMENT with 30-Day Notice Requirement:** This position is considered "at-will," which means that either the employee or the employer may terminate the employment relationship at any time, for any reason, or for no reason, with or without cause, provided that such termination does not violate any applicable laws.

While employment is at-will, both the employee and employer agree to provide a minimum of 30 calendar days' written notice of intent to terminate the employment relationship, except in cases where immediate termination is required due to misconduct, legal violations, or other just cause as determined by the employer.

This notice period allows for a smooth transition and ensures operational continuity for the organization and the employee.

Director of Food Service

Date_____

Board Chair

Date_____

Technical Theater Coordinator/Custodian Agreement

The School Board of Independent School District No. 146, Barnesville, MN, enters into this agreement with Jeffrey Nibbe, who agrees to perform the duties of Technical Theater Coordinator/Custodian beginning July 1, 2025, through June 30, 2027. The following provisions shall apply and are a part of this contract:

1. **DURATION:** This agreement shall remain in full force and effect unless modified by mutual consent of the School Board and the Technical Theater Coordinator/Custodian.

COMPENSATION: The Technical Theater Coordinator/Custodian shall be paid \$50,954 for 2025-2026 and \$52,534 for 2026-2027.
2. **RATE OF PAY:** All salary will be paid twice a month in equal increments.
3. **DISABILITY/SICK LEAVE:** Disability/Sick Leave will be granted as specified in the teacher's Master Agreement, Article X, Section 1.
4. **PERSONAL LEAVE:** The Technical Theater Coordinator/Custodian will be entitled to three (3) days of personal leave per year accumulative to a maximum of five (5) days.
5. **CHILD CARE LEAVE:** Child Care Leave will be granted as specified in the teacher's Master Agreement, Article X, Section 6.
6. **HEALTH INSURANCE:** The School District shall provide the Technical Theater Coordinator/Custodian with a health insurance benefit of \$5,400 for 2025-2026 and 2026-2027. Any additional premium cost shall be borne by the employee and paid by payroll deductions.
7. **OTHER LEAVE:** The Superintendent must approve all other leaves.
8. **Work Year:** The Technical Theater Coordinator/Custodian's basic work year shall consist of 260 business days less the holidays described under the Paid Holidays section.
9. **PAID HOLIDAYS:** New Year's Day, Presidents Day (if taken as a regular school holiday), Good Friday, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, day after Thanksgiving Day, Christmas Eve Day, Christmas Day, New Year's Eve Day.
10. **VACATION:** At the beginning of each year, the Technical Theater Coordinator/Custodian will be credited with fifteen (15) working days of annual paid vacation, with the option to accumulate up to 30 unused vacation days.
11. **403(b) DEFERRED COMPENSATION MATCH PROGRAM:** The 403(b) match program for District Technical Theater Coordinator/Custodian will be contribution up to \$500 for each 2025-2026 and 2026-2027 with a maximum career match of \$32,500.

_____ Date _____
Technical Theater Coordinator/Custodian

_____ Date _____
Board Chair

Finance Officer Agreement

The School Board of Independent School District No. 146, Barnesville, MN, enters into this agreement with Jodi Samuelson, who agrees to perform the duties of Finance Officer beginning July 1, 2025, through June 30, 2027. The following provisions shall apply and are a part of this contract:

1. **DURATION:** This contract shall remain in full force and effect unless modified by mutual consent of the School Board and the Finance Officer.
2. **COMPENSATION:** The Finance Officer shall be paid \$90,550 for 2025-2026 and \$93,366 for 2026-2027 and a per diem rate for all regular, special, and committee meetings required to attend.
3. **RATE OF PAY:** All salary will be paid twice a month in equal increments.
4. **DISABILITY/SICK LEAVE:** Disability/Sick Leave will be granted as specified in the teacher's Master Agreement, Article X, Section 1.
5. **PERSONAL LEAVE:** The Finance Officer will be entitled to three (3) days of personal leave per year accumulative to a maximum of five (5) days.
6. **CHILD CARE LEAVE:** Child Care Leave will be granted as specified in the teacher's Master Agreement, Article X, Section 6.
7. **HEALTH INSURANCE:** The School District shall provide the Finance Officer with full single health insurance coverage in the District's group plan CDHP HSA. In addition, the District agrees to contribute \$4,300 for 2025-2026 and \$4,400 for 2026-2027 to the Finance Officer's HSA account. In the event that the Director of Buildings & Grounds and/or the Director of Food Service is provided employer-paid family health insurance coverage through their individual employment contract, the same level of employer-paid family health insurance coverage shall be extended under this contract.
8. **OTHER LEAVE:** The Superintendent must approve all other leaves.
9. **Work Year:** The Finance Officer's basic work year shall consist of 260 business days less the holidays described under the Paid Holidays section. If the work year is more than 260 days, the Finance Officer will receive an extra vacation day for each workday over 260 for that year.
10. **PAID HOLIDAYS:** New Year's Day, President's Day (if taken as a regular school holiday), Good Friday, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, day after Thanksgiving Day, Christmas Eve Day, Christmas Day, New Year's Eve Day.
11. **VACATION:** At the beginning of each year, the Finance Officer will be credited with thirty (30) working days of annual paid vacation, with the option to accumulate up to forty-five (45) unused vacation days
12. **403(b) DEFERRED COMPENSATION MATCH PROGRAM:** The 403(b) match program for District Finance Officer will be contribution up to \$3,000 for 2025-2026 and \$3,000 for 2026-2027.
13. **LICENSES, DUES and CONTINUING EDUCATION:** The School District will pay the full cost of the Finance Officer's CPA license and membership dues, and CPA continuing education credits (not to exceed \$1,000) for classes applicable to the Finance Officer position, as required or permitted by the Superintendent and/or School Board.
14. Upon completion of current contract or retirement, the Finance Officer will be entitled to collect 30% of unused sick leave days at the average prorated daily salary for the last three years. This amount will be paid out in a separate check issued to the Finance Officer.

Finance Officer

Date

Board Chair

Date

- 5) Lisa Algaard as High School English Teacher
- 6) Lydia Braton as Kids Club Adult Assistant Leader for Summer 2025
- 7) Anika Fradet as Kids Club Adult Assistant Leader for Summer 2025
- 8) Emily Olson as Kids Club Adult Assistant Leader for Summer 2025
- 9) Kayla Snow as Kids Club Adult Assistant Leader for Summer 2025
- 10) Brooke Sossa as Kids Club Adult Assistant Leader for Summer 2025
- 11) Amira Blanco as Kids Club Student Assistant for Summer 2025
- 12) Macie Blilie as Kids Club Student Assistant for Summer 2025
- 13) Korina Brekhus as Kids Club Student Assistant for Summer 2025
- 14) Ava Huesman as Kids Club Student Assistant for Summer 2025
- 15) Ava Schilling as Kids Club Student Assistant for Summer 2025
- 16) Emma Spillum as Kids Club Student Assistant for Summer 2025
- 17) Lydia Braton as 14U Softball Coach for Summer 2025
- 18) Andrew Ehlert as 14U Babe Ruth Baseball Coach for Summer 2025
- 19) Andrew Samuelson as 14U Babe Ruth Baseball Coach for Summer 2025
- 20) Kale Glynn as 16U Babe Ruth Baseball Coach for Summer 2025
- 21) Jenny Pender's Resignation as Concessions Manager
- 22) Janet Rasmussen's Resignation as C-Team Volleyball Coach
- 23) Jaxon Berg as Summer Recreation Little League Baseball Coach for Summer 2025
- 24) Charlie Peterson as Summer Recreation Little League Baseball Coach for Summer 2025
- 25) Jacob Strand as Summer Recreation Little League Baseball Coach for Summer 2025
- 26) Ben Braton as Summer Recreation Knothole/PeeWee Coach for Summer 2025
- 27) Tate Pauna as Summer Recreation Knothole/PeeWee Coach for Summer 2025
- 28) Caleb Braton as Summer Recreation T-Ball Baseball Coach for Summer 2025
- 29) Spencer Fronning as Summer Recreation T-Ball Baseball Coach for Summer 2025
- 30) Jack Lien as Summer Recreation T-Ball Baseball Coach for Summer 2025
- 31) Will O'Leary as Summer Recreation T-Ball Baseball Coach for Summer 2025
- 32) Lydia Braton as Summer Recreation 14U Softball Coach for Summer 2025
- 33) Andrew Ehlert as Summer Recreation 14U Baseball Coach for Summer 2025
- 34) Andrew Samuelson as Summer Recreation 14U Baseball Coach for Summer 2025
- 35) Kale Glynn as Summer Recreation 16U Softball Coach for Summer 2025
- 36) Aaron Schindler as Summer Recreation 18U Softball Coach for Summer 2025
- 37) Brandt Cox as Summer Recreation Coach Pitch Baseball Coach for Summer 2025
- 38) Brooks Durensky as Summer Recreation Coach Pitch Baseball Coach for Summer 2025
- 39) Grady Field as Summer Recreation Coach Pitch Baseball Coach for Summer 2025
- 40) Osmund Syverson as Summer Recreation Coach Pitch Baseball Coach for Summer 2025
- 41) Finley Gross as Summer Recreation Coach Pitch Ponytail Softball Coach for Summer 2025
- 42) Allie Moen as Summer Recreation Coach Pitch Ponytail Softball Coach for Summer 2025
- 43) Brynn Stokka as Summer Recreation Coach Pitch Ponytail Softball Coach for Summer 2025
- 44) Ava Huesman as Summer Recreation T-Ball Fast Pitch Softball Coach for Summer 2025
- 45) Madison Nord as Summer Recreation T-Ball Fast Pitch Softball Coach for Summer 2025
- 46) Emma Schilling as Summer Recreation T-Ball Fast Pitch Softball Coach for Summer 2025
- 47) Brooke Nord as Summer Recreation T-Ball Ponytail Softball Coach for Summer 2025
- 48) Laney Shirek as Summer Recreation Coach Pitch Fast Pitch Softball Coach for Summer 2025
- 49) Zac Anderson as Summer Recreation Wrestling Camp Coach for Summer 2025
- 50) Matt Askegaard as Summer Recreation Boys Basketball Camp Coach for Summer 2025
- 51) Bill Gottenborg as Summer Recreation Girls Basketball Camp Coach for Summer 2025
- 52) Brenan Lemar as Summer Recreation Soccer Camp Coach for Summer 2025
- 53) Will Linebaugh as Summer Recreation Soccer Camp Coach for Summer 2025
- 54) Elora Passa as Summer Recreation Volleyball Camp Coach for Summer 2025
- 55) Nick Paur as Summer Recreation Wrestling Camp Coach for Summer 2025

- 56) Kailee Strand as Summer Recreation Track Camp Coach for Summer 2025
 - 57) Chad Suter as Summer Recreation Cross Country Camp Coach for Summer 2025
 - 58) Chris Messer as Summer Recreation Kids Youth Classes for Summer 2025
 - 59) Isaac Frauendienst as Summer Recreation Voice Lessons Coach for Summer 2025
 - 60) Melissa Martinson as Summer Recreation Music Coach for Summer 2025
 - 61) Alissa Nibbe as Summer Recreation Winnie the Pooh Play for Summer 2025
 - 62) Jacob Grosz as Summer Recreation Speed & Strength Coach for Summer 2025
 - 63) Aaron Schindler as Summer Recreation Speed & Strength Coach for Summer 2025
 - 64) Aaron Schindler as Summer Recreation Quickness & Agility Coach for Summer 2025
 - 65) Jacob Grosz as Summer Recreation Elementary Football Camp Coach for Summer 2025
 - 66) Bryan Strand as Summer Recreation High School Football Camp Coach for Summer 2025
- B. Agreement with We Travel PC for 2025-2027

75

Contract for Services- Director of Technology

This contract for services is entered into between We Travel PC and Barnesville Public School.

We Travel PC Main Contact: Casey Ehlert

We Travel PC Secondary Contact: Michael Ehlert

Type of Service:

Network Administrator which may include consultation, installation, setup, configuration, reporting, staff training, troubleshooting, and repair of technology equipment including, but not limited to the following: computers, printers, servers, wifi, projectors, smartboards, interactive tv's, one-to-one devices, software, firewalls, security cameras, backups, insurance requirements (cyber security), and other network devices as necessary and / or as designated by the Superintendent.

Compensation and Expectations:

For the 2025-2027 school years, We Travel PC will receive a fixed annual pay of \$85,000 for all services provided in the role of Director of Technology. This amount covers:

- 172 school days at 6.5 hours per day (1,118 hours);
- 8 additional staff days as needed at 5 hours per day (40 hours);
- A minimum of 50 summer hours to prepare both buildings for the new school year;
- After-hours tasks, such as responding to emails, calls, server updates, or cybersecurity needs (e.g., patches, threat management), are managed at the provider's discretion when time allows;
- Any significant additional hours or major projects beyond the anticipated scope of services, such as large-scale system upgrades, must be mutually agreed upon and may result in additional compensation, subject to approval by the Superintendent.

Payment Schedule:

Payment will be made in equal monthly installments at regular scheduled school board meetings. Payments will be issued within 5 business days following each meeting.

Terms and Length of Agreement:

Two Years 2025-2027

July 1, 2025 – June 30, 2026

July 1, 2026 – June 30, 2027

This agreement may be terminated by either party with 30 days' written notice or amended by mutual written consent of both parties. The terms noted above are hereby accepted by the undersigned.

By: _____ Date: _____
(We Travel PC – Designee)

By: _____ Date: _____
(Superintendent of Schools)

By: _____ Date: _____
(Board Chairperson)

C. Donations

- 1) \$1,000 Donation from Barnesville Area Community Fund for Anti-bullying Speaker (Nathan 77 Harmon)

May 21, 2025

Jon Ellerbusch
Barnesville Public Schools #146
302 3rd St SE
PO Box 189
Barnesville, MN 56514-0189

Grant Number: D-20544

Dear Jon:

We've enclosed a check for \$1,000.00 from the Barnesville Area Community Fund in payment of the grant award for your anti-bullying speaker.

Our auditors require that you respond in writing or via email (funds@wcif.org) to West Central Initiative to acknowledge you received this payment. Please respond at your earliest convenience and reference the grant number noted above in your reply.

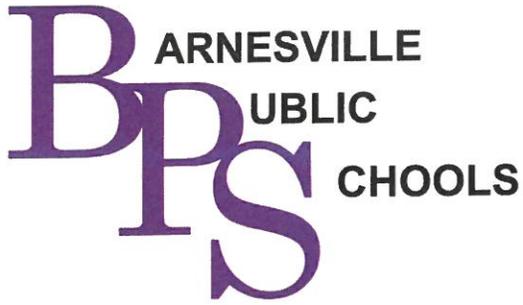
Donors, advisors, and any related parties cannot receive any personal benefit related to this grant. If you have any questions about the intended purpose of the funds, please contact our office.

Sincerely,

Rebecca Petersen

Rebecca Petersen
Director of Development

Enclosure: Check #65831



INDEPENDENT SCHOOL DISTRICT #146

District Office 302-324 3rd Street South
PO Box 189 - Barnesville, MN 56514
Phone 218 354-2217 - Fax 218 354-7260
www.barnesville.k12.mn.us

“Commitment
To
Excellence”

May 27, 2025

Dear Ms. Rebecca Peterson:

Thank you for mailing Barnesville Public School a \$1,000.00 check for the anti-bullying speaker (Nathan Harmon). We greatly appreciate this donation from the Barnesville Community Fund!

Sincerely,

A handwritten signature in red ink, appearing to read 'Jon P. Ellerbusch', is written over a faint, larger version of the same signature.

Jon P. Ellerbusch, Ed.D.
Superintendent

- 2) \$250 Donation from Fargo Roofing and Siding for the “Your Life Speaks” Presentation Featuring Speaker Nathan Harmon
 - 3) \$200 Donation from American Legion Post 153 for the “Your Life Speaks” Presentation Featuring Speaker Nathan Harmon
 - 4) \$100 Donation from Hough Storage for the “Your Life Speaks” Presentation Featuring Speaker Nathan Harmon
 - 5) \$100 Donation from Robin Swanson Insurance Agency (Moohead) for the “Your Life Speaks” Presentation Featuring Speaker Nathan Harmon
 - 6) \$100 Donation from Schritz Plumbing and Heating for the “Your Life Speaks” Presentation Featuring Speaker Nathan Harmon
 - 7) \$100 Donation from Spaghetti Western (Fargo) for the “Your Life Speaks” Presentation Featuring Speaker Nathan Harmon
 - 8) \$100 Donation from Amber and Josh Anderson for the “Your Life Speaks” Presentation Featuring Speaker Nathan Harmon
 - 9) \$50 Donation from Lindsay and Lyle Held for the “Your Life Speaks” Presentation Featuring Speaker Nathan Harmon
 - 10) \$100 Donation from Sara and Dustin Hough for the “Your Life Speaks” Presentation Featuring Speaker Nathan Harmon
 - 11) \$50 Donation from Mark's Barber Shop for the “Your Life Speaks” Presentation Featuring Speaker Nathan Harmon
 - 12) \$50 Donation from Alissa and Jeff Nibbe for the “Your Life Speaks” Presentation Featuring Speaker Nathan Harmon
 - 13) \$100 Donation from Barnesville Dairy Queen for Summer Rec T-shirts
 - 14) \$100 Donation from Brent Berg Agency for Summer Rec T-shirts
 - 15) \$100 Donation from Dee's Drive In for Summer Rec T-shirts
 - 16) \$100 Donation from Midwest Bank for Summer Rec T-shirts
 - 17) \$100 Donation from Valley Care and Rehab for Summer Rec T-shirts
 - 18) \$250 Donation from Comstock Wildlife Club for Trap Team
 - 19) \$966.13 Donation from Barnesville PTO for Elementary Aux #110 (Games to Go)
 - 20) \$250 Donation from Minnkota Windows for Fishing Team
 - 21) \$325 Donation from Barnesville Booster Club for Girls Golf Team T-Shirts
 - 22) \$250 Donation from Virginia Hynek for Girls Golf Team
 - 23) \$100 Donation from Lynn and Matthew Mraz for Girls Golf Team
12. New Business
- A. Budgets for FY26

Budget Notes 2025-26

GENERAL FUND – Fund 01

REVENUES – Are based on MDE’s Revenue Projection worksheet. Student counts were based on grade progression with 68 Kindergarteners. FY26 funding allowance of \$7,481 per APU was used. Federal funds reduced for FY26 Title fund projections. Added musical and traveling team fees as previously approved. Reduced Due from Other Districts (Lake Agassiz) to \$60,000. Removed FY25 one time READ Act funding.

EXPENSES

WAGES/BENEFITS – Wages and benefits are based on the approved contracts for 2025-26. Projected increase in wages/benefits for staff with unsettled contracts. Took into account all known staffing changes as of 5/31/25.

ELEM/SECONDARY SUPPLIES – Provided by the principals.

CUSTODIAL SUPPLIES - Same as FY25.

UTILITIES – Same as FY25.

INSURANCE – Increased work comp insurance by \$10,000 and property insurance by 10%, pending quote from Vaaler Ins.

ACTIVITIES – Supplies budget provided by Activities Director.

EQUIPMENT – Proposed Capital outlay included based on a \$15,000 for B&G and activities, \$25,000 for technology and \$5,000 each for the HS and elementary.

TRANSPORTATION – Bus Co. expenses based on the new proposed contract.

LEASE – Included Lake Agassiz Capital Lease, Lakes Country Level 4 facility lease and decreased copier lease.

LTFM – Normal expenses are included, no additional costs.

TEXTBOOKS - Added \$87,400 for elementary math textbooks (operating capital)

Food Service – Fund 02

REVENUES – Kept revenue similar to FY25.

EXPENSES

WAGES/BENEFITS – Adjusted for current staff with FY26 contract rates.

FOOD/MILK –Estimated based on food & milk costs for FY25.

Community Service – Fund 04

REVENUES – Projected amounts based on enrollment and anticipated offerings similar to FY25. Levy and aid based on most recent calculations from MDE. Preschool based on projection done in April 2026.

EXPENSES – Projected expenses based on class offerings. Included current staff wages/benefits & mid day transportation costs for preschool (covered by parent fees and fundraiser proceeds).

Building Construction – Fund 06

REVENUES – Projected earnings from remaining 2023 Bond proceeds.

EXPENSES – Projected amount remaining from 2023 Bond proceeds + projected earnings.

Debt Service – Fund 07

REVENUES – Based on MDE What If spreadsheet and Levy Certification reports

EXPENSES – Based on bond repayment schedules.

GENERAL FUND BUDGET 2025-26

Adopted:

Revised:

REVENUE

UFARS CODE	DESCRIPTION	ACTUAL 2023-24	BUDGET 2024-25	BUDGET 2025-26
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LEVY

FIN

01 005 000 000 001 000	District Levy	922,558	926,500	942,040
01 005 000 000 004 000	Tax Increment Finance Revenue	1,955	2,000	2,000
01 005 000 000 019 000	Misc Tax Revenue	18,860	20,810	20,810
01 005 000 000 229 000	Disparity	193	50	50
01 005 000 000 234 000	Hmstd/Ag Market Value	3,993	4,110	4,110
01 005 000 302 001 000	Operating Capital Levy	100,112	119,000	140,690
01 005 000 315 001 000	License Levy	50,190	68,140	66,230
01 005 000 342 001 000	State Schools - Crime Levy	35,713	34,060	34,860
01 005 000 830 001 000	Career Technical Levy	77,551	83,590	83,590
01 005 865 000 001 000	Long Term Facility Maintenance	98,480	100,930	115,140
	SUB TOTAL	1,309,606	1,359,190	1,409,520

STATE AID

01 005 000 000 010 000	County Appraisalment	22,288	22,490	22,490
01 005 000 000 201 000	Endowment Fund	54,628	59,740	60,450
01 005 000 000 211 000	Foundation Aid	7,207,891	7,182,640	7,399,830
01 005 000 312 300 000	Literacy Incentive	53,540	53,500	53,500
01 005 000 314 300 000	Paraprofessional Training	0	6,150	6,150
01 005 000 356 300 000	READ Act Literacy Aid	0	34,950	0
01 005 000 357 300 000	Teacher Comp Read Ac Trng	0	31,550	0
01 005 000 000 370 000	Misc Rev MDE	116,541	6,430	6,430
01 005 000 343 300 000	School Library Aid	40,000	40,000	40,000
01 005 000 302 211 000	Operating Capital Aid	108,920	108,920	88,930
01 005 000 000 369 000	Rev-Other State Agencies	45,310	144,130	75,000
01 005 000 373 300 000	Student Support Aid	80,000	80,000	80,000
01 005 000 316 211 000	Staff Development Aid	137,476	138,190	144,110
01 005 000 317 211 000	Basic Skills Aid	163,333	169,550	175,430
01 005 000 330 211 000	Learning & Development Aid	218,301	213,270	210,820
01 005 865 000 317 000	Long Term Facilities Mgmt Aid	79,300	76,380	73,680
01 005 000 388 211 000	Gifted & Talented Aid	12,519	12,340	12,520
01 005 420 000 360 000	Special Ed Aids	1,212,706	1,122,180	1,122,180
	SUB TOTAL	9,572,823	9,502,410	9,571,520

FEDERAL

01 005 000 401 401 000	Title I	74,760	72,020	45,890
01 005 000 170 400 000	Federal Funds/Grants	4,723	0	0
01 005 000 160 400 000	ESSER III	120,358	0	0
01 005 000 161 400 000	ESSER III (20% Learning Recovery)	65,704	0	0
01 005 000 699 405 000	Fed. Thru Fiscal Agent	500	0	0
	SUB TOTAL	266,045.39	72,020	45,890

LOCAL/MISCELLANEOUS

01	005	000	000	021	000	Due from other Dist	323,982	105,400	60,000
01	005	000	000	050	000	iPad Insurance Fee	1,420	29,750	29,750
01	005	000	000	071	000	Med Assist From Dept of HS	68,638	75,000	75,000
01	005	000	000	092	000	Interest	170,471	127,850	102,000
01	005	000	000	093	000	Facilities Rent	4,553	10,000	13,000
01	005	000	000	096	000	Gifts/Bequests	210	5,000	5,000
01	005	000	000	099	000	Misc. Local Revenue	31,160	64,720	25,220
01	005	000	000	227	000	Abatement	0	1,430	1,430
01	005	000	000	397	000	TRA/PERA Spec Funding Rev	59,673	0	0
01	005	000	000	621	000	Tech Resale	0	500	500
01	005	000	000	624	000	Sale of Equipment	1,270	5,000	5,000
01	005	000	000	625	000	Insurance Recovery	2,314	14,760	5,000
01	100	000	000	096	000	Gifts/Bequests	18,750	9,000	9,000
01	100	259	000	621	000	Elementary Music Resale	0	500	500
01	100	288	000	060	000	Elem. Flow Thru/Sales	19,514	23,700	23,700
01	300	000	000	096	000	Gifts/Bequests	13,909	15,000	15,000
01	300	000	000	621	000	Secondary Resale of Materials	50	500	500
01	300	213	000	621	000	Book Resale	985	600	600
01	300	249	000	050	000	Dr Trg Behind Wheel	-475	1,000	1,000
01	300	254	000	621	000	Brand Resale	170	1,000	1,000
01	300	255	000	621	000	Industrial Tech Resale	6,704	6,500	6,500
01	300	258	000	621	000	Inst Music Resale	0	500	500
01	300	261	000	099	000	River Wash	0	4,010	4,010
01	300	289	000	060	000	Fundraise Flow Thru	54,273	40,000	40,000
01	300	292	000	060	000	Boys/Girls Athletic Season Tickets	19,035	23,000	23,000
01	300	292	000	061	000	Track Entry Fees	1,840	4,800	4,800
01	300	293	000	050	000	Inst. Music Rental	0	1,000	1,000
01	300	294	000	060	000	Boy's Athletics	20,598	20,000	20,000
01	300	294	000	061	000	Boy's Athletics Entry Fees	1,075	2,500	2,500
01	300	296	000	060	000	Girl's Athletics	11,816	15,000	15,000
01	300	296	000	061	000	Girl's Athletics Entry Fees	1,975	2,200	2,200
01	300	298	000	050	000	Student Activity Fees	34,355	46,400	46,400
01	300	298	000	099	000	Extracurricular Fees	0	10,000	16,000
01	300	299	000	620	000	Concessions	89,733	90,000	90,000
01	300	299	000	619	000	Concessions Cost of Sales	-43,015	-45,000	-45,000
							<u>914,385</u>	<u>711,620.00</u>	<u>600,110.00</u>

TOTAL BEFORE STUDENT ACTIVITIES							12,062,859.10	11,645,240	11,627,040
21	005	298	301	099	000	Student Activity Revenue	<u>133,713</u>	<u>200,000</u>	<u>200,000</u>
TOTAL GENERAL FUND							12,196,572	11,845,240	11,827,040

GENERAL FUND 01

		2022-23 Actual	2023-24 Actual	2024-25 Budget	2025-26 Budget
General Fund Expenditures					
District Wide Admin					
010	Board of Education	\$ 46,441	\$ 43,315	\$ 61,010	\$ 49,790
020	Superintendent	\$ 272,316	\$ 262,923	\$ 237,890	\$ 243,450
105	General Admin. Support (Elections/HR)	\$ 10,397	\$ 12,905	\$ 35,720	\$ 12,440
108	Administrative Technology Services	\$ 8,625	\$ 5,470	\$ 10,000	\$ 10,000
110	Business Support Services	\$ 253,816	\$ 283,991	\$ 291,550	\$ 295,930
	Sub-Total District Wide Admin	\$ 591,595.19	\$ 608,604	\$ 636,170	\$ 611,610
Instructional & Pupil Support					
612	Technology	\$ 98,312	\$ 72,108	\$ 81,580	\$ 89,270
630	Technology Coord.	\$ 64,365	\$ 76,315	\$ 67,370	\$ 69,050
640	Staff Development	\$ 15,361	\$ 17,424	\$ 21,220	\$ 21,220
715/718	School Safety	\$ 5,430	\$ 169,686	\$ 51,600	\$ 51,600
720	Health Services	\$ 54,288	\$ 6,217	\$ 4,340	\$ 4,340
790	Unemployment	\$ 9,257	\$ 47,728	\$ 75,000	\$ 75,000
	Sub-Total Instr. & Pupil Support	\$ 247,121.15	\$ 389,477	\$ 301,110	\$ 310,480
Transportation					
532	Capital Purchase	\$ 115	\$ -	\$ -	\$ -
713	Open Enrollment Transportation	\$ 72,043	\$ 77,572	\$ 77,260	\$ 78,760
715	Foster Care Transportation	\$ 3	\$ -	\$ -	\$ -
720	Regular Transportation	\$ 484,970	\$ 543,962	\$ 547,200	\$ 611,000
723	Special Ed Transportation	\$ 91,110	\$ 77,939	\$ 78,920	\$ 85,270
728	Homeless Transportation	\$ 315	\$ -	\$ -	\$ -
733	Non-authorized Transportation	\$ 0	\$ -	\$ 20,070	\$ 15,920
739	PSEO Transportation	\$ -	\$ -	\$ 500	\$ 500
	Sub-Total Transportation	\$ 649,378.58	\$ 699,474	\$ 723,950	\$ 791,450
Operation & Maintenance of Plant					
810/850	Operations/Maint/Grounds/Capital	\$ 1,373,851	\$ 1,385,671	\$ 1,358,600	\$ 1,349,460
865	Long Term Facilities Maintenance	\$ 38,416	\$ 79,197	\$ 115,960	\$ 88,390
	Sub-total Operation & Maintenance	\$ 1,412,267.34	\$ 1,464,868	\$ 1,474,560	\$ 1,437,850
Other					
940	Property & Liability Insurance	\$ 82,624	\$ 83,632	\$ 101,900	\$ 112,090
960	Property Tax Abatement	\$ 19,875	\$ 23,755	\$ 17,140	\$ 2,500
	Sub-Total Other	\$ 102,498.83	\$ 107,387	\$ 119,040	\$ 114,590
	District Wide Expenses	\$ 3,002,752.09	\$ 3,269,809	\$ 3,254,830	\$ 3,265,980

General Fund Expenditures		2022-23 Actual	2023-24 Actual	2024-25 Budget	2025-26 Budget
Atkinson Elementary School					
050	Office of the Principal	\$ 223,077	\$ 22,803	\$ 247,650	\$ 255,820

200	Title II - Class Size Reduction	\$ 19,411	\$ -	\$ -	\$ -
201	Kindergarten	\$ 330,417	\$ 349,346	\$ 396,790	\$ 409,470
203	Elementary Education	\$ 274,714	\$ 255,392	\$ 251,850	\$ 333,730
204	First Grade	\$ 381,386	\$ 396,903	\$ 313,410	\$ 432,030
205	Second Grade	\$ 372,485	\$ 334,041	\$ 389,560	\$ 303,170
206	Third Grade	\$ 269,633	\$ 280,659	\$ 303,950	\$ 316,980
207	Fourth Grade	\$ 262,962	\$ 269,428	\$ 296,860	\$ 307,500
208	Fifth Grade	\$ 287,239	\$ 284,194	\$ 312,890	\$ 320,300
209	Sixth Grade	\$ 229,645	\$ 238,678	\$ 245,350	\$ 297,560
212	Art	\$ 63,993	\$ 63,929	\$ 67,020	\$ 70,600
216	Title I	\$ 89,270	\$ 74,760	\$ 72,070	\$ 45,340
240	Health & Physical Education	\$ 69,829	\$ 73,893	\$ 80,010	\$ 84,430
258	Instrumental Music	\$ 10,864	\$ 10,207	\$ 10,880	\$ 11,510
259	Vocal Music	\$ 74,633	\$ 80,093	\$ 65,070	\$ 70,990
271	Remedial Reading & Language Arts	\$ 85,478	\$ 148,933	\$ 99,760	\$ 67,960
275	Kindergarten Individualized Instr.	\$ -	\$ 20,553	\$ -	\$ -
288	Flow Through Sales	\$ 92,166	\$ 27,440	\$ 19,500	\$ 19,500
401	Speech/Language Impaired	\$ 91,351	\$ 83,292	\$ 87,940	\$ 90,430
402	DCD - Mild-Moderate	\$ 26,487	\$ 62,201	\$ 64,320	\$ 67,250
403	DCD - Severe-Profound	\$ 67,393	\$ 37,427	\$ 41,400	\$ 42,420
404	Physically Impaired	\$ 25,530	\$ -	\$ -	\$ -
405	Deaf/Hard of Hearing	\$ -	\$ 8,268	\$ 700	\$ 700
406	Visually Impaired	\$ -	\$ -	\$ 5,400	\$ 1,000
407	Specific Learning Disability	\$ 128,274	\$ 107,373	\$ 113,090	\$ 147,690
408	Emotional/Behavioral Disorder	\$ 95,221	\$ 96,260	\$ 138,520	\$ 121,570
409	Deaf-Blind	\$ -	\$ -	\$ -	\$ -
410	Other Health Disabilities	\$ 71,427	\$ 117,469	\$ 117,900	\$ 70,640
411	Austic Spectrum Disorders	\$ 88,711	\$ 10,269	\$ 119,460	\$ 123,000
412	Developmentally Delayed	\$ -	\$ -	\$ 38,150	\$ 38,680
416	Severely Multiply Impaired	\$ 28,256	\$ -	\$ -	\$ -
420	Special Education - Aggregate	\$ -	\$ 1,317	\$ 350	\$ 350
422	Special Education - Students without Dis	\$ 138,057	\$ 92,946	\$ 113,810	\$ 99,030
610	Literacy Incentive	\$ -	\$ 42,791	\$ 47,520	\$ 51,140
612/630	Technology	\$ 22,389	\$ 22,118	\$ 4,950	\$ 5,160
620	Library Media Center	\$ 32,583	\$ 36,727	\$ 36,240	\$ 37,100
625	Audio/Visual Department	\$ 45	\$ 90	\$ 100	\$ 100
640	Staff Development	\$ 51,263	\$ 62,661	\$ 97,980	\$ 39,890
715	Safe Schools	\$ 3,518	\$ 1,974	\$ 2,000	\$ 2,000
720	Health Services	\$ 15,300	\$ 69,432	\$ 66,420	\$ 69,000
740	Social Work Services	\$ 60,470	\$ 66,404	\$ 68,850	\$ 68,850
Subtotal Elementary Education		\$ 4,087,492.94	\$ 3,958,383	\$ 4,337,720	\$ 4,422,890

Elementary & Secondary Combined

	2022-23 Actual	2023-24 Budget	2024-25 Budget	2024-26 Budget	
212	CAPP	\$ 1,411	\$ 1,218	\$ 3,000	\$ 3,000
400-420	Special Education - General	\$ 126,002	\$ 143,441	\$ 135,820	\$ 132,250
430	Homebound Instruction	\$ -	\$ -	\$ 1,260	\$ 1,260
640	Staff Development - Exemplary Grants	\$ 2,729	\$ 16,796	\$ 29,600	\$ 29,600
690	Other Instructional Support	\$ 6,100	\$ 10,100	\$ 11,700	\$ 11,700
Subtotal Combined Education		\$ 136,242.26	\$ 171,555	\$ 181,380	\$ 177,810

Barnesville High School

		2022-23 Actual	2023-24 Actual	2024-25 Budget	2025-26 Budget
050	Office of the Principal	\$ 245,327	\$ 253,959	\$ 274,130	\$ 281,550
211	Secondary Education	\$ 181,111	\$ 141,386	\$ 152,970	\$ 142,590
212	Visual Art	\$ 78,315	\$ 80,343	\$ 88,230	\$ 94,240
213	Agriculture - Non-vocational	\$ 8,991	\$ 11,734	\$ 14,560	\$ 15,400
215	Business - Non-vocational	\$ 68	\$ -	\$ 800	\$ 800
218	Gifted & Talented	\$ 7,492	\$ 8,200	\$ 8,810	\$ 8,930
220	English (Language Arts)	\$ 225,489	\$ 246,708	\$ 260,830	\$ 267,530
230	Foreign Language	\$ 40,569	\$ 64,531	\$ 70,140	\$ 73,920
240	Health & Physical Education	\$ 175,247	\$ 179,254	\$ 191,870	\$ 211,340
249	Driver Education	\$ 3,609	\$ 2,413	\$ 11,650	\$ 1,180
250	Family Living Science (FACS)	\$ 44,480	\$ 34,258	\$ -	\$ -
255	Industrial Education	\$ 109,442	\$ 110,811	\$ 119,040	\$ 122,270
256	Mathematics	\$ 278,414	\$ 285,438	\$ 264,380	\$ 275,480
258	Instrumental Music	\$ 76,554	\$ 56,261	\$ 61,860	\$ 64,600
259	Vocal Music	\$ 75,290	\$ 81,654	\$ 69,250	\$ 72,510
260	Natural Sciences	\$ 297,768	\$ 304,218	\$ 288,700	\$ 285,660
270	Social Sciences/Social Studies	\$ 261,003	\$ 281,111	\$ 298,840	\$ 310,900
272	Remedial Mathematics		\$ -	\$ -	\$ -
271	Remedial Reading	\$ 30,334	\$ 31,385	\$ 32,190	\$ 32,510
289	Flow Through Sales	\$ 60,213	\$ 37,038	\$ 23,800	\$ 23,800
292	Boys/Girls Athletics	\$ 8,165	\$ 13,616	\$ 14,100	\$ 14,100
505	Track	\$ 39,973	\$ 44,040	\$ 42,990	\$ 45,370
502	Football	\$ 81,530	\$ 86,137	\$ 81,450	\$ 75,530
503	Boys Basketball	\$ 42,340	\$ 45,931	\$ 46,540	\$ 49,710
504	Boys Golf	\$ 12,547	\$ 12,063	\$ 13,380	\$ 13,640
506	Wrestling	\$ 29,210	\$ 29,288	\$ 26,480	\$ 32,000
507	Baseball	\$ 23,500	\$ 25,835	\$ 29,680	\$ 31,130
516	Cross Country	\$ 4,773	\$ 4,773	\$ 19,380	\$ 19,940
519	One Act Play	\$ 1,938	\$ 5,672	\$ 2,430	\$ 2,470
512	Volleyball	\$ 55,037	\$ 53,509	\$ 53,420	\$ 56,740
513	Girls Basketball	\$ 38,605	\$ 44,183	\$ 59,960	\$ 56,510
514	Girls Golf	\$ 9,772	\$ 11,177	\$ 13,290	\$ 13,530
517	Softball	\$ 16,992	\$ 19,008	\$ 22,900	\$ 24,260
298	Extra-Curricular Activities	\$ 153,106	\$ 142,566	\$ 137,200	\$ 157,940
299	Concessions	\$ 51,619	\$ 43,555	\$ 47,680	\$ 47,680
301	Agriculture Education	\$ 51,660	\$ 77,797	\$ 79,000	\$ 83,970
331	Family & Consumer Science	\$ 49,179	\$ 35,589	\$ -	\$ -
341	Business & Office Education	\$ 100,461	\$ 103,379	\$ 107,550	\$ 111,300
401	Speech/Language Impaired	\$ 16,901	\$ 27,481	\$ 29,030	\$ 29,900
402	DCD: Mild-Moderate	\$ 103,915	\$ 79,119	\$ 68,280	\$ 70,450
403	DCD: Severe-Profound	\$ 72,026	\$ 26,651	\$ 15,290	\$ 15,840
404	Physically Impaired	\$ -	\$ -	\$ 20,500	\$ 21,710
405	Deaf/Hard of Hearing	\$ 12,897	\$ -	\$ -	\$ -
406	Visually Impaired		\$ -	\$ 9,080	\$ 9,610
407	Specific Learning Disability	\$ 61,012	\$ 111,508	\$ 112,740	\$ 118,130
408	Emotional/Behavioral Disorder	\$ 17,145	\$ 123,136	\$ 26,790	\$ 27,310
410	Other Health Disabilities	\$ 155,943	\$ 131,188	\$ 132,600	\$ 137,270
411	Autistic Spectrum Disorders	\$ 142,481	\$ 82,479	\$ 79,400	\$ 81,860
412	Developmentally Delayed	\$ 13,033	\$ 3,724	\$ -	\$ -
416	Severely Multiply Impaired	\$ 27,341	\$ -	\$ 300	\$ 300

420	Special Education - Aggregate	\$ 478	\$ 1,735	\$ 680	\$ 680
612/630	Technology	\$ 21,623	\$ 22,527	\$ 5,000	\$ 5,210
620	Library Media Center	\$ 43,081	\$ 45,457	\$ 46,180	\$ 50,130
625	Audio/Visual Department	\$ 69	\$ -	\$ 180	\$ 180
640	Staff Development	\$ 22,709	\$ 39,512	\$ 27,530	\$ 27,530
690	Other Instructional Support	\$ 1,116	\$ 9,173	\$ 39,000	\$ 55,000
710	Counseling & Guidance	\$ 84,520	\$ 91,392	\$ 97,450	\$ 102,910
720	Health Services	\$ 26,301	\$ 29,714	\$ 22,240	\$ 22,660
790	Other Pupil Support Services	\$ 1,500	\$ 1,500	\$ 2,000	\$ 2,000
Subtotal Secondary Education		\$ 3,787,499.26	\$ 3,833,821	\$ 3,763,750	\$ 3,899,710

Tuition Billing

401-420	Special Education	\$ -	\$ 4,000	\$ 4,000	\$ 4,000
790	General Education	\$ 112,753	\$ 73,124	\$ 102,500	\$ 102,500
Subtotal Tuition Billing		\$ 112,752.65	\$ 73,124	\$ 106,500	\$ 106,500

TOTAL DISBURSEMENT MAINTENANCE \$ 11,126,739.20 \$ 11,306,693 \$ 11,644,180 \$ 11,872,890

Student Activities

301	Student Activities Expense	\$ 200,000.00	\$ 200,000	\$ 200,000	\$ 200,000
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TOTAL DISBURSEMENT MAINTENANCE \$ 11,326,739.20 \$ 11,506,692.51 \$ 11,844,180.00 \$ 12,072,890.00

FOOD SERVICE BUDGET 2025-26

Adopted:

Revised:

REVENUE

UFARS CODE						DESCRIPTION	ACTUAL 2023-24	BUDGET 2024-25	BUDGET 2025-26

						CACFP (Summer Kids Club)			
02	005	000	469	400	000	Federal CACFP	2,994	3,100	3,100
02	005	000	469	477	000	Cash in Lieu of Commodities	566	210	210
							3,560	3,310	3,310
						NATIONAL SCHOOL LUNCH PROGRAM			
02	005	000	701	099	000	Misc Revenue	162	1,000	1,000
02	005	000	701	300	000	State School Lunch	356,891	378,000	378,000
02	005	000	701	369	000	Revenue - Other State Agencies	32,317	0	0
02	005	000	701	471	000	Federal School Lunch	55,076	60,000	60,000
02	005	000	701	472	000	Federal Free and Reduced Meals	99,208	97,500	97,500
02	005	000	701	473	000	Commodity Cash Program	261	400	400
02	005	000	701	474	000	Commodity Cash Program	64,391	35,000	35,000
02	005	000	701	606	000	Type A Adult	4,821	5,360	5,360
Subtotal							613,128	577,260	577,260
						KINDERGARTEN MILK			
02	005	000	703	300	000	Kindergarten Milk	1,108	1,200	1,200
						BREAKFAST			
02	005	000	705	300	000	State School Breakfast	63,435	70,890	70,890
02	005	000	705	476	000	Federal School Breakfast	37,183	36,590	36,590
02	005	000	705	606	000	Breakfast Type A Adult	111	380	380
Subtotal							100,729	107,860	107,860
						A LA CARTE			
02	005	000	707	092	000	Interest	7,935	5,000	5,000
02	005	000	707	099	000	Catering Revenue	0	300	300
02	005	000	707	601	000	Type A A La Carte	51,602	45,430	45,430
Subtotal							59,537	50,730	50,730
						SUPPLY CHAIN ASSISTANCE FUNDS			
02	005	770	710	471	000	Supply Chain Assistance Funds	27,208	0	0
TOTAL							805,271	740,360	740,360

FOOD SERVICE BUDGET 2025-26

Adopted:

Revised:

EXPENDITURES

UFARS CODE	DESCRIPTION	ACTUAL 2023-24	BUDGET 2024-25	BUDGET 2025-26
CACFP (Kids Club)				
002 005 770 469 170 000	Salaries	5,151	10,500	18,580
002 005 770 469 210 000	FICA	394	800	1,420
002 005 770 469 214 000	PERA	386	790	1,390
002 005 770 469 250 000	403B Match	65	130	130
002 005 770 469 401 000	Supplies	3,102	500	500
002 005 770 469 490 000	Food	11,447	9,000	12,000
002 005 770 469 495 000	Milk	1,410	1,650	1,650
		<u>21,955</u>	<u>23,370</u>	<u>35,670</u>

NATIONAL SCHOOL LUNCH PROGRAM				
02 005 770 701 170 000	Lunch Salaries	181,232	158,210	172,240
02 005 770 701 174 000	Lunch Salaries Overhead	0	500	500
02 005 770 701 210 000	Lunch FICA	13,052	12,140	13,210
02 005 770 701 214 000	Lunch PERA	12,526	11,870	12,920
02 005 770 701 220 000	Group Hospital	12,319	8,350	8,350
02 005 770 701 230 000	Group Life Insurance	0	20	900
02 005 770 701 250 000	403B Match	1,990	4,370	4,660
02 005 770 701 280 000	Unemployment	0	500	500
02 005 770 701 330 000	Garbage	13,932	14,000	14,000
02 005 770 701 350 000	Repair Services	3,998	7,500	7,500
02 005 770 701 366 000	Travel	0	300	300
02 005 770 701 382 000	Laundry	7,750	7,000	5,000
02 005 770 701 398 000	Charge backs	-1,959	-4,200	-4,200
02 005 770 701 401 000	General Supplies - Lunch	7,550	20,000	25,000
02 005 770 701 405 000	Computer Software	4,288	3,490	4,200
02 005 770 701 490 000	Food Lunch	210,606	230,000	230,000
02 005 770 701 491 000	Commodities	64,390	45,000	45,000
02 005 770 701 495 000	Milk	0	30,000	30,000
02 005 770 701 530 000	Equipment	0	11,000	15,000
02 005 770 701 820 000	Dues and Membership	2,060	2,030	2,030
	Subtotal	<u>543,723.72</u>	<u>582,080</u>	<u>587,110</u>

KINDERGARTEN MILK				
02 005 770 703 495 000	Kindergarten Milk	1,336	2,000	2,000

BREAKFAST				
02 005 770 705 170 000	Breakfast Salaries	25,494	26,330	34,670
02 005 770 705 210 000	Breakfast FICA	1,853	2,010	2,650
02 005 770 705 214 000	Breakfast PERA	1,912	1,970	2,600
02 005 770 705 220 000	Group Hospital	1,537	1,900	1,900
02 005 770 705 230 000	Group Life Insurance	0	10	10
02 005 770 705 250 000	Breakfast 403B Match	278	1,450	1,550
02 005 770 705 401 000	Breakfast General Supplies	0	200	200
02 005 770 705 490 000	Breakfast Food	47,804	50,000	50,000
02 005 770 705 495 000	Breakfast Milk	10,638	10,000	10,000
	Subtotal	<u>89,516.79</u>	<u>93,870</u>	<u>103,580</u>

					A LA CARTE				
02	005	770	707	170	000	A La Carte Salaries	24,971	33,010	47,480
02	005	770	707	210	000	A La Carte FICA	1,774	2,530	3,630
02	005	770	707	214	000	A La Carte PERA	1,873	2,480	3,560
02	005	770	707	220	000	Group Hospital	2,848	4,190	4,190
02	005	770	707	230	000	Group Life Insurance	0	10	10
02	005	770	707	250	000	A La Carte 403B Match	125	900	1,180
02	005	770	707	401	000	A La Carte Supplies	46	500	500
02	005	770	707	490	000	A La Carte Food	12,391	11,030	14,600
02	005	770	707	495	000	A La Carte Milk	11,682	10,000	10,000
Subtotal							55,709.58	64,650	85,150

					SUPPLY CHAIN ASSISTANCE				
02	005	770	710	490	000	Food	9,300.53	0	0
02	005	770	710	495	000	Milk	17,616.31	0	0
							26,916.84	0	0

							739,157.90	765,970	813,510
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COMMUNITY SERVICE BUDGET 2025-26

Adopted:

Revised:

REVENUE

UFARS CODE						DESCRIPTION	ACTUAL 2023-24	BUDGET 2024-25	BUDGET 2025-26
COMMUNITY EDUCATION									
04	005	000	321	092	000	Interest	0	180	180
04	005	000	321	227	000	Abatement	0	0	0
04	005	000	321	229	000	Disparity Reduction	28	130	130
04	005	000	321	234	000	Hmstd/Ag Market Value Credit	653	1,570	1,570
04	005	000	321	258	000	Wetland & Native	0	20	20
04	005	505	321	001	000	Tax Levy	20,020	29,930	29,930
04	005	505	321	019	000	Misc Local Tax	2	50	50
04	005	505	321	050	000	Community Ed Fees	43,049	45,000	45,000
04	005	505	321	096	000	Gifts/Bequests	990	1,500	1,500
SUBTOTAL							64,742	78,380	78,380
SUMMER RECREATION									
04	005	506	321	050	000	Summer Rec Fees	57,878	58,000	55,000
04	005	506	321	096	000	Summer Rec Donations	26,747	30,000	30,000
SUBTOTAL							84,625	88,000	85,000
KIDS CLUB									
04	005	509	321	050	000	Kids Club Fees	168,624	135,000	135,000
04	005	509	321	096	000	Kids Club Grants/Donations	0	500	500
SUBTOTAL							168,624	135,500	135,500
EARLY CHILDHOOD									
04	005	580	325	001	000	Early Childhood Levy	24,000	21,880	27,340
04	005	580	325	050	000	Early Childhood Fees	725	570	570
04	005	580	325	300	000	Early Childhood Aid	48,530	41,460	39,000
04	005	580	328	300	000	Home Visit Aid	413	690	690
04	005	580	328	001	000	Home Visit Levy	540	900	340
SUBTOTAL							74,262	65,500	67,940
SCHOOL READINESS									
04	005	400	000	021	000	Special Education Preschool	46,937	51,400	52,900
04	005	582	344	050	000	School Readiness Fees	99,368	93,400	86,910
04	005	582	344	096	000	SR Bus Donations	9,095	11,500	11,500
04	005	582	344	300	000	School Readiness Aid	30,378	28,280	27,040
SUBTOTAL							185,779	184,580	178,350
PRESCHOOL SCREENING									
04	005	583	354	300	000	State Aid	4,007	4,970	2,460
YOUTH ENRICHMENT									
04	005	585	332	001	000	Youth Enrichment Levy	8,719	8,720	8,720

04	005	590	351	301	000	NON-PUBLIC Non-Public Aid	427	850	1,020
						TOTAL	591,185.25	566,500	557,370

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COMMUNITY SERVICE BUDGET 2025-26

Adopted:

Revised:

EXPENDITURES

UFARS CODE						DESCRIPTION	ACTUAL 2023-24	BUDGET 2024-25	BUDGET 2025-26

COMMUNITY EDUCATION									
04	005	505	321	111	000	Business Manager Salary	1,700	1,750	1,810
04	005	505	321	116	000	Community Ed Dir. Salary	30,372	31,370	32,160
04	005	505	321	170	000	Clerical Salary	21,786	23,500	24,680
04	005	505	321	185	000	Instructional Salaries	228	1,100	1,100
04	005	505	321	186	000	Other Salary-Non Licensed	2,948	3,300	6,000
04	005	505	321	210	000	FICA	3,547	4,670	5,030
04	005	505	321	214	000	PERA	1,965	2,210	2,520
04	005	505	321	218	000	TRA	2,733	3,030	3,620
04	005	505	321	220	000	Group Hospital	11,755	12,140	13,230
04	005	505	321	230	000	Group Term Life	72	80	80
04	005	505	321	240	000	Long Term Disability	67	90	90
04	005	505	321	250	000	403b Match	1,076	1,070	1,090
04	005	505	321	280	000	Unemployment	480	60	60
04	005	505	321	305	000	Fees for Services	14,490	16,000	16,000
04	005	505	321	320	000	Telephone	440	450	450
04	005	505	321	329	000	Postage	943	500	500
04	005	505	321	360	000	Transportation-Contracted	0	250	250
04	005	505	321	366	000	Travel/Registration	0	500	500
04	005	505	321	380	000	Advertising	390	500	500
04	005	505	321	381	000	Printing	0	100	100
04	005	505	321	398	000	Interdepartmental Chargeback	0	100	100
04	005	505	321	401	000	General Supplies	3,540	3,830	3,830
04	005	505	321	430	000	Instructional Supplies	0	190	190
04	005	505	321	820	000	Dues	209	200	200
04	005	505	321	899	000	Miscellaneous	0	250	250
SUBTOTAL							98,745	107,240	114,340
SUMMER RECREATION									
04	005	506	321	170	000	Clerical Salary	9,225	9,960	10,460
04	005	506	321	175	000	Casual-Summer Help	10,832	10,000	10,000
04	005	506	321	185	000	Other-Coach, etc.	22,621	14,000	14,000
04	005	506	321	186	000	Other Salary-Non Licensed	22,735	16,000	16,000
04	005	506	321	210	000	FICA	4,519	2,600	2,640
04	005	506	321	214	000	PERA	804	1,960	1,990
04	005	506	321	218	000	TRA	2,426	1,230	1,330
01	005	506	321	220	000	Group Hospital	967	970	970
04	005	506	321	250	000	403b Match	179	180	180
04	005	506	321	305	000	Fees for Services	2,850	5,600	3,000
04	005	506	321	329	000	Postage	0	100	100

04	005	506	321	360	000	Transportation-Contracted	10,721	11,000	12,820
04	005	506	321	365	000	Transportation Chargeback	0	300	300
04	005	506	321	366	000	Travel	832	300	300
04	005	506	321	369	000	Entry Fees	3,707	4,000	4,300
04	005	506	321	380	000	Advertising	0	50	50
04	005	506	321	381	000	Printing	0	50	50
04	005	506	321	401	000	General Supplies	3,180	5,530	5,530
04	005	506	321	899	000	Miscellaneous	0	50	50
SUBTOTAL							95,598	83,880	84,070

KIDS CLUB

04	005	509	321	170	000	Clerical Salaries	10,075	16,600	17,440
04	005	509	321	185	000	Co-Leader Salaries	20,936	34,800	29,110
04	005	509	321	186	000	Other Staff Salaries	71,309	72,710	59,370
04	005	509	321	210	000	FICA	5,431	9,490	8,100
04	005	509	321	214	000	PERA	2,859	2,550	2,400
04	005	509	321	218	000	TRM	1,469	1,520	1,380
04	005	509	321	220	000	Group Hospital	2,046	1,620	1,620
04	005	509	321	250	000	403b Match	745	800	800
04	005	509	321	305	000	Fees	2,385	3,500	3,500
04	005	509	321	360	000	Transportation	0	2,150	2,150
04	005	509	321	365	000	Transportation Chargeback	144	650	650
04	005	509	321	401	000	General Supplies	2,338	1,000	1,000
04	005	509	321	405	000	Software Licen	1,050	1,800	1,800
04	005	509	321	490	000	Meals/Snacks	4,523	4,500	4,000
SUBTOTAL							125,309.53	153,690	133,320

EARLY CHILDHOOD

04	005	580	325	214	000	PERA	0	10	10
04	005	580	325	305	000	Fees for Services	0	200	200
04	005	580	325	320	000	Communication	0	50	50
04	005	580	325	329	000	Postage	0	200	200
04	005	580	325	360	000	Trans. Contracted	0	100	100
04	005	580	325	380	000	Advertising	60	100	100
04	005	580	325	381	000	Printing	0	300	300
04	005	580	325	390	000	Payment Mn School Dist	39,331	43,360	44,580
04	005	580	325	394	000	Payment Other Agencies	0	180	180
04	005	580	325	401	000	General Supplies	223	200	200
04	005	580	325	430	000	Instructional Supplies	302	500	500
04	005	580	325	820	000	Dues and Membership	0	70	70
04	005	580	328	390	000	Home Visit Payment Other Distric	0	500	500
SUBTOTAL							39,915	45,770	46,990

SCHOOL READINESS

04	005	582	344	140	000	Teacher Salary	0	500	500
04	005	582	344	141	000	Para Salary	58,740	64,720	67,870
04	005	582	344	170	000	Clerical Salary	4,467	4,380	5,310

94

04	005	582	344	210	000	FICA	4,835	5,330	5,640
04	005	582	344	214	000	PERA	4,741	5,190	5,490
04	005	582	344	218	000	TRA	0	40	40
04	005	582	344	250	000	403b Match	114	120	120
04	005	582	344	305	000	Fees for Services	0	500	500
04	005	582	344	360	000	Transportation	22,950	22,500	21,750
04	005	582	344	390	000	Mn School Districts	85,733	103,480	106,070
04	005	582	344	398	000	Interdepartmental Chargeback	491	850	850
04	005	582	344	401	000	General Supplies	1,557	200	200
04	005	582	344	430	000	Instructional Supplies	1,833	2,230	2,230
						SUBTOTAL	185,462	210,040	216,570

PRESCHOOL SCREENING

04	005	583	354	170	000	Clerical Salary	1,835	2,200	2,200
04	005	583	354	210	000	FICA	140	170	170
04	005	583	354	214	000	PERA	47	180	180
04	005	583	354	218	000	TRA	0	40	40
04	005	583	354	366	000	Travel	0	100	100
04	005	583	354	380	000	Advertising	0	100	100
04	005	583	354	401	000	General Supplies	146	750	750
						SUBTOTAL	2,168	3,540	3,540

YOUTH ENRICHMENT

04	005	585	332	185	000	Coach Salary	3,103	3,150	3,150
04	005	585	332	186	000	Other Salary-Non-Resident	3,551	3,750	3,750
04	005	585	332	210	000	FICA	662	340	340
04	005	585	332	214	000	PERA	65	280	280
04	005	585	332	218	000	TRA	272	280	300
04	005	585	332	220	000	Group Hospital	346	0	0
04	005	585	332	250	000	403b Match	63	0	0
04	005	585	332	305	000	Fees for Services	2,977	3,000	3,000
04	005	585	332	401	000	General Supplies	50	500	500
						SUBTOTAL	11,239	11,300	11,320

HOME SCHOOL

04	799	590	351	460	000	Home School Textbooks	813	850	1,020
						SUBTOTAL	813	850	1,020

						TOTAL	559,251	616,310	611,170
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BUILDING CONSTRUCTION BUDGET 2025-26

Adopted:

Revised:

REVENUE

UFARS Code	DESCRIPTION	ACTUAL 2023-24	BUDGET 2024-25	BUDGET 2025-26
06-005-000-000-092-000	Interest	97,305.00	65,000	25,000
	Total	97,305.00	65,000	25,000

EXPENDITURE

UFARS Code	DESCRIPTION	ACTUAL 2023-24	BUDGET 2024-25	BUDGET 2025-26
06-005-870-000-305-000	Building Project Services	411,255.40	8,500	0
06-005-870-000-340-000	Insurance	0.00	0	0
06-005-870-000-380-000	Advertising	0.00	0	0
06-005-870-000-401-000	Supplies	204,536.84	1,620	0
06-005-870-000-465-88	Non-instr Tech Devices	0.00	0	0
06-005-870-000-520-000	Building	39,933.00	0	0
06-005-870-000-530-000	Furniture & Fixtures	166,008.02	195,010	1,468,270
06-005-870-000-910-000	Permanent Interfund Transfer	0.00	0	
	TOTAL	821,824.26	221,130	1,468,270

DEBT SERVICE BUDGET 2025-26

Adopted:

Revised:

REVENUE

UFARS Code	DESCRIPTION	ACTUAL 2023-24	BUDGET 2024-25	BUDGET 2025-26
07-005-000-000-001-000	Levy (Building)	1,439,386	1,646,770	1,335,920
07-005-000-000-019-000	Misc. Local	35	1,500	1,500
07-005-000-000-092-000	Interest	32,642	500	500
07-005-000-000-229-000	Disparity	1,227	200	1,200
07-005-000-000-234-000	Hmstd/Ag Market Value Credit	25,466	27,300	24,300
07-005-000-000-258-000	School Building Bond Credit	832,500	682,590	958,480
07-005-865-000-317-000	LTFM	86,652	86,700	72,100
	Total	<u>2,417,909</u>	<u>2,445,560</u>	<u>\$ 2,394,000</u>

EXPENDITURE

UFARS Code	DESCRIPTION	ACTUAL 2023-24	BUDGET 2024-25	BUDGET 2025-26
07-005-910-000-710-000	Bond Redemption	1,330,000	1,480,000	1,560,000
07-005-910-000-720-000	Bond Interest	944,342	912,500	841,700
	Total	<u>2,274,342</u>	<u>2,392,500</u>	<u>2,401,700</u>

PROPOSED BUDGETS SUMMARY BY FUND 2025-26

GENERAL FUND	2025-26 PROPOSED	2024-25 REVISED	DIFFERENCE
REVENUES	\$ 11,827,040	\$ 11,845,240	(\$ 18,200)
EXPENDITURES	\$ 12,072,890	\$ 11,844,180	\$ 228,710
NET	(\$ 245,850)	\$ 1,060	(\$ 246,910)

FOOD SERVICE FUND	2025-26 PROPOSED	2024-25 REVISED	DIFFERENCE
REVENUES	\$ 740,360	\$ 740,360	\$ 0
EXPENDITURES	\$ 813,510	\$ 765,970	\$ 47,540
NET	(\$ 73,150)	(\$ 25,610)	(\$ 47,540)

COMMUNITY SERVICE FUND	2025-26 PROPOSED	2024-25 REVISED	DIFFERENCE
REVENUES	\$ 557,370	\$ 566,500	-\$ 9,130
EXPENDITURES	\$ 611,170	\$ 616,310	-\$ 5,140
NET	\$(53,800.00)	\$(49,810.00)	\$(3,990.00)

BUILDING CONSTRUCTION FUND	2025-26 PROPOSED	2024-25 REVISED
REVENUES	\$ 25,000	\$ 65,000
EXPENDITURES	\$ 1,468,270	\$ 221,130
NET	(\$ 1,443,270)	(\$ 156,130)

DEBT SERVICE FUND	2025-26 PROPOSED	2024-25 REVISED
REVENUES	\$ 2,394,000	\$ 2,445,560
EXPENDITURES	\$ 2,401,700	\$ 2,392,500
NET	-\$ 7,700	\$ 53,060

Student Activity Account Guideline for Activity Fund by Class/Subclass Period Ending May 31, 2025

Sequence: Group-Sub, Crs

L	Fd Org	Pro Fin	O/S	Crs	Class Sub	Description	B25				Encumbrances	% YTD + Enc	Remaining Balance	
							Annual Budget	Period 202511	Year To Date	% YTD				
						00 Assets								
B 01	101	000			100 00	Student Activity Cash	0.00	(20,612.30)	180,015.10	0%	0.00	0%	(180,015.10)	
		00				Assets	0.00	(20,612.30)	180,015.10	0%	0.00	0%	(180,015.10)	
						103 Elementary Field Trip								
B 01	422	103			400 103	Elementary Field Trip	0.00	0.00	(672.91)	0%	0.00	0%	672.91	
R 01	100	298 000	099	103	422 103	Elementary Field Trip	0.00	(1,147.33)	(17,296.96)	0%	0.00	0%	17,296.96	
E 01	100	298 000	401	103	422 103	Elementary Field Trip	0.00	4,946.70	15,651.20	0%	0.00	0%	(15,651.20)	
		103				Elementary Field Trip	0.00	3,799.37	(2,318.67)	0%	0.00	0%	2,318.67	
						104 National Honor Society								
B 01	422	104			400 104	National Honor Society	0.00	0.00	(2,145.74)	0%	0.00	0%	2,145.74	
E 01	300	298 000	401	104	422 104	NHS Expense	0.00	0.00	976.15	0%	0.00	0%	(976.15)	
R 01	300	298 000	099	104	422 104	NHS Revenue	0.00	(289.00)	(1,074.46)	0%	0.00	0%	1,074.46	
		104				National Honor Society	0.00	(289.00)	(2,244.05)	0%	0.00	0%	2,244.05	
						105 Sixth Grade								
B 01	422	105			400 105	Sixth Grade	0.00	0.00	(1,036.60)	0%	0.00	0%	1,036.60	
E 01	100	298 000	401	105	422 105	Sixth Grade Expense	0.00	5,000.00	13,699.79	0%	0.00	0%	(13,699.79)	
R 01	100	298 000	099	105	422 105	Sixth Grade Revenue	0.00	0.00	(12,759.92)	0%	0.00	0%	12,759.92	
		105				Sixth Grade	0.00	5,000.00	(96.73)	0%	0.00	0%	96.73	
						106 Renaissance								
B 01	422	106			400 106	Renaissance	0.00	0.00	(6,518.51)	0%	0.00	0%	6,518.51	
R 01	300	298 000	099	106	422 106	Renaissance Revenue	0.00	(409.13)	(2,790.08)	0%	0.00	0%	2,790.08	
E 01	300	298 000	401	106	422 106	Renaissance Expense	0.00	0.00	2,361.08	0%	0.00	0%	(2,361.08)	
		106				Renaissance	0.00	(409.13)	(6,947.51)	0%	0.00	0%	6,947.51	
						107 Elementary Accelerated Reading								
B 01	422	107			400 107	Elementary Accelerated Rea	0.00	0.00	(585.16)	0%	0.00	0%	585.16	
R 01	100	298 000	099	107	422 107	Elem AR Revenue	0.00	(215.00)	(215.00)	0%	0.00	0%	215.00	
		107				Elementary Acc Reading	0.00	(215.00)	(800.16)	0%	0.00	0%	800.16	
						110 Elementary								
B 01	422	110			400 110	Elementary	0.00	0.00	(8,002.01)	0%	0.00	0%	8,002.01	
E 01	100	298 000	401	110	422 110	Elementary Expense	0.00	2,734.89	11,092.07	0%	701.25	0%	(11,793.32)	
R 01	100	298 000	099	110	422 110	Elementary Revenue	0.00	(4,508.67)	(14,788.19)	0%	0.00	0%	14,788.19	
		110				Elementary	0.00	(1,773.78)	(11,698.13)	0%	701.25	0%	10,996.88	
						225 Class of 2025								
B 01	422	225			400 225	Class of 2025	0.00	0.00	(3,304.07)	0%	0.00	0%	3,304.07	

Student Activity Account Guideline for Activity Fund by Class/Subclass Period Ending May 31, 2025

Sequence: Group-Sub, Crs

L	Fd Org	Pro Fin	O/S	Crs	Class Sub	Description	B25				Encumbrances	% YTD + Enc	Remaining Balance		
							Annual Budget	Period 202511	Year To Date	% YTD					
						225 Class of 2025									
E 01	300	298 000	401	225	422 225	Class of 2025 Expense	0.00	2,030.00	2,030.00	0%	0.00	0%	(2,030.00)		
						225 Class of 2025	0.00	2,030.00	(1,274.07)	0%	0.00	0%	1,274.07		
						226 Class of 2026									
B 01	422	226			400 226	Class of 2026	0.00	0.00	(4,549.71)	0%	0.00	0%	4,549.71		
E 01	300	298 000	401	226	422 226	Class of 2026 Expenses	0.00	0.00	3,037.62	0%	0.00	0%	(3,037.62)		
R 01	300	298 000	099	226	422 226	Class of 2026 Revenue	0.00	0.00	(3,350.05)	0%	0.00	0%	3,350.05		
						226 Class of 2026	0.00	0.00	(4,862.14)	0%	0.00	0%	4,862.14		
						227 Class of 2027									
B 01	422	227			400 227	Class of 2027	0.00	0.00	(1,936.86)	0%	0.00	0%	1,936.86		
R 01	300	298 000	099	227	422 227	Class of 2027 Revenue	0.00	(15.00)	(591.71)	0%	0.00	0%	591.71		
E 01	300	298 000	401	227	422 227	Class of 2027 Expenses	0.00	0.00	64.94	0%	0.00	0%	(64.94)		
						227 Class of 2027	0.00	(15.00)	(2,463.63)	0%	0.00	0%	2,463.63		
						228 Class of 2028									
B 01	422	228			400 228	Class of 2028	0.00	0.00	(292.81)	0%	0.00	0%	292.81		
						228 Class of 2028	0.00	0.00	(292.81)	0%	0.00	0%	292.81		
						229 Class of 2029									
B 01	422	229			400 229	Class of 2029	0.00	0.00	(441.51)	0%	0.00	0%	441.51		
R 01	300	298 000	099	229	422 229	Class of 2029 Revenue	0.00	(135.00)	(135.00)	0%	0.00	0%	135.00		
						229 Class of 2029	0.00	(135.00)	(576.51)	0%	0.00	0%	576.51		
						260 Class of 2030									
E 01	300	298 000	401	260	422 260	Class of 2030 Expense	0.00	0.00	136.88	0%	0.00	0%	(136.88)		
R 01	300	298 000	099	260	422 260	Class of 2030 Revenue	0.00	(20.00)	(2,646.92)	0%	0.00	0%	2,646.92		
						260 Class of 2030	0.00	(20.00)	(2,510.04)	0%	0.00	0%	2,510.04		
						300 Band									
B 01	422	300			400 300	Band	0.00	0.00	(4,575.87)	0%	0.00	0%	4,575.87		
R 01	300	298 000	099	300	422 300	Band Revenue	0.00	(2,748.00)	(8,388.00)	0%	0.00	0%	8,388.00		
E 01	300	298 000	401	300	422 300	Band Expense	0.00	191.40	4,931.65	0%	0.00	0%	(4,931.65)		
						300 Band	0.00	(2,556.60)	(8,032.22)	0%	0.00	0%	8,032.22		
						313 Musical									
B 01	422	313			400 313	Musical	0.00	0.00	(6,396.06)	0%	0.00	0%	6,396.06		
E 01	300	298 000	401	313	422 313	Musical Expense	0.00	400.00	4,803.00	0%	1,585.00	0%	(6,388.00)		
R 01	300	298 000	099	313	422 313	Musical Revenue	0.00	(1,000.00)	(8,191.48)	0%	0.00	0%	8,191.48		
						313 Musical	0.00	(600.00)	(9,784.54)	0%	1,585.00	0%	8,199.54		

Student Activity Account Guideline for Activity Fund by Class/Subclass Period Ending May 31, 2025

Sequence: Group-Sub, Crs

						B25						% YTD	Remaining
L	Fd Org	Pro Fin	O/S	Crs	Class Sub	Description	Annual Budget	Period 202511	Year To Date	% YTD	Encumbrances	+ Enc	Balance
315 Choir Trip													
B 01	422	315			400 315	Choir Trip	0.00	0.00	(12,109.00)	0%	0.00	0%	12,109.00
E 01	300	298 000	401	315	422 315	Choir Trip Expense	0.00	1,869.60	1,869.60	0%	0.00	0%	(1,869.60)
R 01	300	298 000	099	315	422 315	Choir Trip Revenue	0.00	(1,590.00)	(1,590.00)	0%	0.00	0%	1,590.00
315 Choir Trip							0.00	279.60	(11,829.40)	0%	0.00	0%	11,829.40
320 Cheerleaders													
B 01	422	320			400 320	Cheerleaders	0.00	0.00	(2,081.95)	0%	0.00	0%	2,081.95
320 Cheerleaders							0.00	0.00	(2,081.95)	0%	0.00	0%	2,081.95
330 Yearbook													
B 01	422	330			400 330	Yearbook	0.00	0.00	(8,878.20)	0%	0.00	0%	8,878.20
R 01	300	298 000	099	330	422 330	Yearbook Revenue	0.00	(4,061.00)	(6,665.97)	0%	0.00	0%	6,665.97
E 01	300	298 000	401	330	422 330	Yearbook Expense	0.00	8,226.23	8,652.78	0%	0.00	0%	(8,652.78)
330 Yearbook							0.00	4,165.23	(6,891.39)	0%	0.00	0%	6,891.39
335 Washington DC Trip													
R 01	300	298 000	099	335	422 335	Washington DC Trip	0.00	0.00	(611.96)	0%	0.00	0%	611.96
E 01	300	298 000	401	335	422 335	Washington DC Trip	0.00	0.00	611.96	0%	0.00	0%	(611.96)
335 Washington DC Trip							0.00	0.00	0.00	0%	0.00	0%	0.00
345 Europe Trip													
B 01	422	345			400 345	Europe Trip	0.00	0.00	(9,050.24)	0%	0.00	0%	9,050.24
R 01	300	298 000	099	345	422 345	Europe Trip Revenue	0.00	0.00	(6,612.96)	0%	0.00	0%	6,612.96
E 01	300	298 000	401	345	422 345	Europe Trip Supplies	0.00	11,462.75	11,862.75	0%	0.00	0%	(11,862.75)
345 Europe Trip							0.00	11,462.75	(3,800.45)	0%	0.00	0%	3,800.45
350 Forensics													
B 01	422	350			400 350	Forensics	0.00	0.00	(3,177.46)	0%	0.00	0%	3,177.46
350 Forensics							0.00	0.00	(3,177.46)	0%	0.00	0%	3,177.46
360 Pay													
B 01	422	360			400 360	PAY	0.00	0.00	(576.79)	0%	0.00	0%	576.79
R 01	300	298 000	099	360	422 360	PAY Revenue	0.00	(362.00)	(7,324.67)	0%	0.00	0%	7,324.67
E 01	300	298 000	401	360	422 360	PAY Expense	0.00	470.23	6,429.86	0%	0.00	0%	(6,429.86)
360 PAY							0.00	108.23	(1,471.60)	0%	0.00	0%	1,471.60
370 Special Education													
B 01	422	370			400 370	Special Education	0.00	0.00	(587.33)	0%	0.00	0%	587.33
R 01	300	298 000	099	370	422 370	Special Education Revenue	0.00	0.00	(317.40)	0%	0.00	0%	317.40

Student Activity Account Guideline for Activity Fund by Class/Subclass Period Ending May 31, 2025

Sequence: Group-Sub, Crs

L	Fd Org	Pro	Fin	O/S	Crs	Class	Sub	Description	B25				Encumbrances	% YTD + Enc	Remaining Balance	
									Annual Budget	Period 202511	Year To Date	% YTD				
	370	Special Education														
E 01	300	298	000	401	370	422	370	Special Education Expense	0.00	0.00	35.22	0%	0.00	0%	(35.22)	
	370	Special Education							0.00	0.00	(869.51)	0%	0.00	0%	869.51	
	380	Spanish														
B 01	422	380				400	380	Spanish	0.00	0.00	(625.91)	0%	0.00	0%	625.91	
R 01	300	298	000	099	380	422	380	Spanish Revenue	0.00	0.00	(1,429.07)	0%	0.00	0%	1,429.07	
	380	Spanish							0.00	0.00	(2,054.98)	0%	0.00	0%	2,054.98	
	390	Trap Shoot														
B 01	422	390				400	390	Trap Shoot	0.00	0.00	(12,685.42)	0%	0.00	0%	12,685.42	
R 01	300	298	000	099	390	422	390	Trap Shoot Revenue	0.00	0.00	(14,217.98)	0%	0.00	0%	14,217.98	
E 01	300	298	000	401	390	422	390	Trap Shoot Expense	0.00	0.00	18,961.17	0%	0.00	0%	(18,961.17)	
	390	Trap Shoot							0.00	0.00	(7,942.23)	0%	0.00	0%	7,942.23	
	395	Fishing Team														
B 01	422	395				400	395	Fishing Team	0.00	0.00	(4,648.29)	0%	0.00	0%	4,648.29	
R 01	300	298	000	099	395	422	395	Fishing Team Revenue	0.00	(2,120.00)	(3,407.84)	0%	0.00	0%	3,407.84	
E 01	100	298	000	401	395	422	395	Fishing Team Expense	0.00	975.00	1,421.06	0%	0.00	0%	(1,421.06)	
	395	Fishing Team							0.00	(1,145.00)	(6,635.07)	0%	0.00	0%	6,635.07	
	410	FFA														
B 01	422	410				400	410	FFA	0.00	0.00	(13,407.27)	0%	0.00	0%	13,407.27	
R 01	300	298	000	099	410	422	410	FFA Revenue	0.00	(2,950.00)	(45,113.29)	0%	0.00	0%	45,113.29	
E 01	300	298	000	401	410	422	410	FFA Expense	0.00	1,561.00	54,558.17	0%	0.00	0%	(54,558.17)	
	410	FFA							0.00	(1,389.00)	(3,962.39)	0%	0.00	0%	3,962.39	
	420	Robotics														
B 01	422	420				400	420	Robotics	0.00	0.00	(1,002.72)	0%	0.00	0%	1,002.72	
E 01	300	298	000	401	420	400	420	Robotics Expense	0.00	0.00	231.00	0%	0.00	0%	(231.00)	
	420	Robotics							0.00	0.00	(771.72)	0%	0.00	0%	771.72	
	430	Ireland Trip														
B 01	422	430				400	430	Ireland Trip	0.00	0.00	(22.87)	0%	0.00	0%	22.87	
	430	Ireland Trip							0.00	0.00	(22.87)	0%	0.00	0%	22.87	
	440	Book Club														
B 01	422	440				400	440	Book Club	0.00	0.00	(226.91)	0%	0.00	0%	226.91	
	440	Book Club							0.00	0.00	(226.91)	0%	0.00	0%	226.91	
	470	Student Council														
B 01	422	470				400	470	Student Council	0.00	0.00	(4,700.73)	0%	0.00	0%	4,700.73	

Student Activity Account Guideline for Activity Fund by Class/Subclass Period Ending May 31, 2025

Sequence: Group-Sub, Crs

										B25				% YTD		Remaining
L	Fd Org	Pro Fin	O/S	Crs	Class	Sub	Description	Annual Budget	Period 202511	Year To Date	% YTD	Encumbrances	+ Enc	Balance		
470 Student Council																
R	01	300	298 000	099	470	422	470	Student Council Revenue	0.00	(130.00)	(4,147.09)	0%	0.00	0%	4,147.09	
E	01	300	298 000	401	470	422	470	Student Council Expense	0.00	239.45	3,240.33	0%	0.00	0%	(3,240.33)	
470 Student Council								0.00	109.45	(5,607.49)	0%	0.00	0%	5,607.49		
490 Art Club																
B	01	422	490			400	490	Art Club	0.00	0.00	(620.46)	0%	0.00	0%	620.46	
E	01	300	298 000	401	490	422	490	Art Club Expense	0.00	0.00	98.38	0%	0.00	0%	(98.38)	
490 Art Club								0.00	0.00	(522.08)	0%	0.00	0%	522.08		
500 Track																
B	01	422	500			400	500	Girls Track	0.00	0.00	(7,800.16)	0%	0.00	0%	7,800.16	
R	01	300	298 000	099	500	422	500	Girls Track Revenue	0.00	0.00	(11,794.35)	0%	0.00	0%	11,794.35	
E	01	300	298 000	401	500	422	500	Girls Track Expense	0.00	599.57	5,595.00	0%	0.00	0%	(5,595.00)	
500 Girls Track								0.00	599.57	(13,999.51)	0%	0.00	0%	13,999.51		
510 Boys Track																
B	01	422	510			400	510	Boys Track	0.00	0.00	(1,270.89)	0%	0.00	0%	1,270.89	
R	01	300	298 000	099	510	422	510	Boys Track Revenue	0.00	0.00	(5,009.22)	0%	0.00	0%	5,009.22	
E	01	300	298 000	401	510	422	510	Boys Track Expense	0.00	100.00	491.60	0%	0.00	0%	(491.60)	
510 Boys Track								0.00	100.00	(5,788.51)	0%	0.00	0%	5,788.51		
515 Cross Country																
B	01	422	515			400	515	Cross Country	0.00	0.00	(617.36)	0%	0.00	0%	617.36	
R	01	300	298 000	099	515	422	515	Cross Country Revenue	0.00	0.00	(1,304.59)	0%	0.00	0%	1,304.59	
E	01	300	298 000	401	515	422	515	Cross Country Expenses	0.00	0.00	975.00	0%	0.00	0%	(975.00)	
515 Cross Country								0.00	0.00	(946.95)	0%	0.00	0%	946.95		
520 Girls Golf																
B	01	422	520			400	520	Girls Golf	0.00	0.00	(542.74)	0%	0.00	0%	542.74	
R	01	300	298 000	099	520	422	520	Girls Golf Revenue	0.00	(675.00)	(730.00)	0%	0.00	0%	730.00	
520 Girls Golf								0.00	(675.00)	(1,272.74)	0%	0.00	0%	1,272.74		
521 Boys Golf																
B	01	422	521			400	521	Boys Golf	0.00	0.00	(586.96)	0%	0.00	0%	586.96	
521 Boys Golf								0.00	0.00	(586.96)	0%	0.00	0%	586.96		
530 Girls Basketball																
B	01	422	530			400	530	Girls Basketball	0.00	0.00	(3,284.12)	0%	0.00	0%	3,284.12	
R	01	300	298 000	099	530	422	530	Girls Basketball Revenue	0.00	0.00	(8,323.97)	0%	0.00	0%	8,323.97	

Student Activity Account Guideline for Activity Fund by Class/Subclass Period Ending May 31, 2025

Sequence: Group-Sub, Crs

								B25							
L	Fd Org	Pro Fin	O/S	Crs	Class	Sub	Description	Annual Budget	Period 202511	Year To Date	% YTD	Encumbrances	% YTD + Enc	Remaining Balance	
		530		Girls Basketball											
E	01	300	298 000	401	530	422	530	Girls Basketball Expense	0.00	2,304.00	9,867.90	0%	0.00	0%	(9,867.90)
		530		Girls Basketball				0.00	2,304.00	(1,740.19)	0%	0.00	0%	1,740.19	
		540		Volleyball											
B	01	422	540			400	540	Volleyball	0.00	0.00	(13,818.53)	0%	0.00	0%	13,818.53
R	01	300	298 000	099	540	422	540	Volleyball Revenue	0.00	(75.00)	(7,670.93)	0%	0.00	0%	7,670.93
E	01	300	298 000	401	540	422	540	Volleyball Expense	0.00	0.00	8,954.27	0%	0.00	0%	(8,954.27)
		540		Volleyball				0.00	(75.00)	(12,535.19)	0%	0.00	0%	12,535.19	
		550		Boys Basketball											
B	01	422	550			400	550	Boys Basketball	0.00	0.00	(8,264.08)	0%	0.00	0%	8,264.08
R	01	300	298 000	099	550	422	550	Boys Basketball Revenue	0.00	0.00	(12,080.43)	0%	0.00	0%	12,080.43
E	01	300	298 000	401	550	422	550	Boys Basketball Expense	0.00	0.00	10,433.99	0%	3,220.00	0%	(13,653.99)
		550		Boys Basketball				0.00	0.00	(9,910.52)	0%	3,220.00	0%	6,690.52	
		560		Baseball											
B	01	422	560			400	560	Baseball	0.00	0.00	(1,302.26)	0%	0.00	0%	1,302.26
R	01	300	298 000	099	560	400	560	Baseball Revenue	0.00	0.00	(246.00)	0%	0.00	0%	246.00
E	01	300	298 000	401	560	400	560	Baseball Expenses	0.00	0.00	877.50	0%	0.00	0%	(877.50)
		560		Baseball				0.00	0.00	(670.76)	0%	0.00	0%	670.76	
		561		Girls Softball											
B	01	422	561			400	561	Girls Softball	0.00	0.00	(6,608.55)	0%	0.00	0%	6,608.55
R	01	300	298 000	099	561	400	561	Softball Revenue	0.00	0.00	(6,746.70)	0%	0.00	0%	6,746.70
E	01	300	298 000	401	561	400	561	Softball Expense	0.00	1,220.30	3,706.49	0%	0.00	0%	(3,706.49)
		561		Girls Softball				0.00	1,220.30	(9,648.76)	0%	0.00	0%	9,648.76	
		570		Wrestling											
B	01	422	570			400	570	Wrestling	0.00	0.00	(1,040.83)	0%	0.00	0%	1,040.83
E	01	300	298 000	401	570	422	570	Wrestling Expense	0.00	0.00	842.65	0%	0.00	0%	(842.65)
		570		Wrestling				0.00	0.00	(198.18)	0%	0.00	0%	198.18	
		580		Football											
B	01	422	580			400	580	Football	0.00	0.00	(13,633.25)	0%	0.00	0%	13,633.25
R	01	300	298 000	099	580	422	580	Football Revenue	0.00	(3,751.00)	(24,746.91)	0%	0.00	0%	24,746.91
E	01	300	298 000	401	580	422	580	Football Expense	0.00	2,569.60	28,416.31	0%	0.00	0%	(28,416.31)
		580		Football				0.00	(1,181.40)	(9,963.85)	0%	0.00	0%	9,963.85	

Student Activity Account
Guideline for Activity Fund by Class/Subclass
Period Ending May 31, 2025

Sequence: Group-Sub, Crs

L	Fd	Org	Pro	Fin	O/S	Crs	Class	Sub	Description	B25				% YTD + Enc	Remaining Balance	
										Annual Budget	Period 202511	Year To Date	% YTD			
			590						Weight Lifting Club							
B	01	422	590				400	590	Weight Lifting Club	0.00	0.00	(370.01)	0%	0.00	0%	370.01
			590						Weight Lifting Club	0.00	0.00	(370.01)	0%	0.00	0%	370.01
			800						Interest Account							
R	01	005	298 000 092 800				422	800	Interest	0.00	(87.29)	(614.26)	0%	0.00	0%	614.26
			800						Interest Account	0.00	(87.29)	(614.26)	0%	0.00	0%	614.26
Report Totals:										0.00	0.00	0.00	0%	5,506.25	0%	(5,506.25)

C. Inactive Student Activity Accounts
D. K-5 Math Textbook Adoption

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Barnesville Ind Sch Dist 146

Todd Henrickson
Barnesville Ind Sch Dist 146
PO Box 189
Barnesville, MN 56514-0189

Quote Number: Q-168459
Quote Creation Date: 6/4/2025
Quote Expiration Date: 9/30/2025

Barnesville SD_Envision Math_K-5 (7-year) Essentials UPDATED 6/4/25
Price Quote Summary

Solution	Base Amount	Free Amount	Total
enVision Math	\$70,215.50	\$25,168.50	\$70,215.50
enVisionMATH® for Professional Development	\$0.00	\$750.00	\$0.00
Solution Subtotal:	\$70,215.50	\$25,918.50	\$70,215.50

Shipping and Handling:	\$6,315.30
Total:	\$76,530.80

Barnesville Ind Sch Dist 146

Price Quote Detail

enVision Math

enVision Mathematics c2024 National - Grade K

ISBN	Description	Price	Free Qty	Charged Qty	Free Amount	Total Charged
9781418847166	ENVISION MATHEMATICS 2024 NATIONAL STUDENT EDITION 7-YEAR SUBSCRIPTION +7-YEAR DIGITAL COURSEWARE LICENSE GRADE K	\$167.00	0	71	\$0.00	\$11,857.00
9780134953748	ENVISION MATHEMATICS 2020 ADDITIONAL PRACTICE WORKBOOK GRADE K	\$19.50	0	4	\$0.00	\$78.00
9780134959849	ENVISION MATHEMATICS 2020 NATIONAL TEACHER EDITION PACKAGE GRADE K	\$722.50	4	0	\$2,890.00	\$0.00
9780134959672	ENVISION MATHEMATICS 2020 TEACHER RESOURCE MASTERS PACKAGE GRADE K	\$225.50	4	0	\$902.00	\$0.00
9780134954592	ENVISION MATHEMATICS 2020 LANGUAGE SUPPORT HANDBOOK GRADE K	\$161.00	4	0	\$644.00	\$0.00
9780134961804	ENVISION MATHEMATICS 2020 TODAY'S CHALLENGE TEACHER GUIDE GRADE K	\$71.00	4	0	\$284.00	\$0.00
9780134963136	ENVISION MATHEMATICS 2020 PRACTICES POSTERS GRADE K	\$18.50	4	0	\$74.00	\$0.00
enVision Mathematics c2024 National - Grade K - Subtotal:					\$4,794.00	\$11,935.00

enVision Mathematics c2024 National - Grade 1

ISBN	Description	Price	Free Qty	Charged Qty	Free Amount	Total Charged
9781418847173	ENVISION MATHEMATICS 2024 NATIONAL STUDENT EDITION 7-YEAR SUBSCRIPTION +7-YEAR DIGITAL COURSEWARE LICENSE GRADE 1	\$167.00	0	67	\$0.00	\$11,189.00
9780134953762	ENVISION MATHEMATICS 2020 ADDITIONAL PRACTICE WORKBOOK GRADE 1	\$19.50	0	4	\$0.00	\$78.00
9780134959856	ENVISION MATHEMATICS 2020 NATIONAL TEACHER EDITION PACKAGE GRADE 1	\$722.50	4	0	\$2,890.00	\$0.00
9780134959689	ENVISION MATHEMATICS 2020 TEACHER RESOURCE MASTERS PACKAGE GRADE 1	\$225.50	4	0	\$902.00	\$0.00
9780134961811	ENVISION MATHEMATICS 2020 TODAY'S CHALLENGE TEACHER GUIDE GRADE 1	\$71.00	4	0	\$284.00	\$0.00
9780134954608	ENVISION MATHEMATICS 2020 LANGUAGE SUPPORT HANDBOOK GRADE 1	\$161.00	4	0	\$644.00	\$0.00
9780134963143	ENVISION MATHEMATICS 2020 PRACTICES POSTERS GRADE 1	\$18.50	4	0	\$74.00	\$0.00
enVision Mathematics c2024 National - Grade 1 - Subtotal:					\$4,794.00	\$11,267.00

Barnesville Ind Sch Dist 146

enVision Mathematics c2024 National - Grade 2

ISBN	Description	Price	Free Qty	Charged Qty	Free Amount	Total Charged
9781418847180	ENVISION MATHEMATICS 2024 NATIONAL STUDENT EDITION 7-YEAR SUBSCRIPTION +7-YEAR DIGITAL COURSEWARE LICENSE GRADE 2	\$167.00	0	54	\$0.00	\$9,018.00
9780134953779	ENVISION MATHEMATICS 2020 ADDITIONAL PRACTICE WORKBOOK GRADE 2	\$19.50	0	4	\$0.00	\$78.00
9780134959863	ENVISION MATHEMATICS 2020 NATIONAL TEACHER EDITION PACKAGE GRADE 2	\$722.50	4	0	\$2,890.00	\$0.00
9780134959696	ENVISION MATHEMATICS 2020 TEACHER RESOURCE MASTERS PACKAGE GRADE 2	\$225.50	4	0	\$902.00	\$0.00
9780134961828	ENVISION MATHEMATICS 2020 TODAY'S CHALLENGE TEACHER GUIDE GRADE 2	\$71.00	4	0	\$284.00	\$0.00
9780134954615	ENVISION MATHEMATICS 2020 LANGUAGE SUPPORT HANDBOOK GRADE 2	\$161.00	4	0	\$644.00	\$0.00
9780134963150	ENVISION MATHEMATICS 2020 PRACTICES POSTERS GRADE 2	\$18.50	4	0	\$74.00	\$0.00
enVision Mathematics c2024 National - Grade 2 - Subtotal:					\$4,794.00	\$9,096.00

enVision Mathematics c2024 National - Grade 3

ISBN	Description	Price	Free Qty	Charged Qty	Free Amount	Total Charged
9781418847197	ENVISION MATHEMATICS 2024 NATIONAL STUDENT EDITION 7-YEAR SUBSCRIPTION +7-YEAR DIGITAL COURSEWARE LICENSE GRADE 3	\$167.00	0	80	\$0.00	\$13,360.00
9780134953786	ENVISION MATHEMATICS 2020 ADDITIONAL PRACTICE WORKBOOK GRADE 3	\$19.50	0	3	\$0.00	\$58.50
9780134959887	ENVISION MATHEMATICS 2020 NATIONAL TEACHER EDITION PACKAGE GRADE 3	\$722.50	3	0	\$2,167.50	\$0.00
9780134954622	ENVISION MATHEMATICS 2020 LANGUAGE SUPPORT HANDBOOK GRADE 3	\$161.00	3	0	\$483.00	\$0.00
9780134961842	ENVISION MATHEMATICS 2020 TODAY'S CHALLENGE TEACHER GUIDE GRADE 3	\$71.00	3	0	\$213.00	\$0.00
9780134959702	ENVISION MATHEMATICS 2020 TEACHER RESOURCE MASTERS PACKAGE GRADE 3	\$225.50	3	0	\$676.50	\$0.00
9780134963174	ENVISION MATHEMATICS 2020 PRACTICES POSTERS GRADE 3	\$18.50	3	0	\$55.50	\$0.00
enVision Mathematics c2024 National - Grade 3 - Subtotal:					\$3,595.50	\$13,418.50

enVision Mathematics c2024 National - Grade 4

Barnesville Ind Sch Dist 146

ISBN	Description	Price	Free Qty	Charged Qty	Free Amount	Total Charged
9781418847203	ENVISION MATHEMATICS 2024 NATIONAL STUDENT EDITION 7-YEAR SUBSCRIPTION +7-YEAR DIGITAL COURSEWARE LICENSE GRADE 4	\$167.00	0	71	\$0.00	\$11,857.00
9780134953793	ENVISION MATHEMATICS 2020 ADDITIONAL PRACTICE WORKBOOK GRADE 4	\$19.50	0	3	\$0.00	\$58.50
9780134959894	ENVISION MATHEMATICS 2020 NATIONAL TEACHER EDITION PACKAGE GRADE 4	\$722.50	3	0	\$2,167.50	\$0.00
9780134961859	ENVISION MATHEMATICS 2020 TODAY'S CHALLENGE TEACHER GUIDE GRADE 4	\$71.00	3	0	\$213.00	\$0.00
9780134954639	ENVISION MATHEMATICS 2020 LANGUAGE SUPPORT HANDBOOK GRADE 4	\$161.00	3	0	\$483.00	\$0.00
9780134959719	ENVISION MATHEMATICS 2020 TEACHER RESOURCE MASTERS PACKAGE GRADE 4	\$225.50	3	0	\$676.50	\$0.00
9780134963181	ENVISION MATHEMATICS 2020 PRACTICES POSTERS GRADE 4	\$18.50	3	0	\$55.50	\$0.00
enVision Mathematics c2024 National - Grade 4 - Subtotal:					\$3,595.50	\$11,915.50

enVision Mathematics c2024 National - Grade 5

ISBN	Description	Price	Free Qty	Charged Qty	Free Amount	Total Charged
9781418847210	ENVISION MATHEMATICS 2024 NATIONAL STUDENT EDITION 7-YEAR SUBSCRIPTION +7-YEAR DIGITAL COURSEWARE LICENSE GRADE 5	\$167.00	0	75	\$0.00	\$12,525.00
9780134953809	ENVISION MATHEMATICS 2020 ADDITIONAL PRACTICE WORKBOOK GRADE 5	\$19.50	0	3	\$0.00	\$58.50
9780134959900	ENVISION MATHEMATICS 2020 NATIONAL TEACHER EDITION PACKAGE GRADE 5	\$722.50	3	0	\$2,167.50	\$0.00
9780134961866	ENVISION MATHEMATICS 2020 TODAY'S CHALLENGE TEACHER GUIDE GRADE 5	\$71.00	3	0	\$213.00	\$0.00
9780134959726	ENVISION MATHEMATICS 2020 TEACHER RESOURCE MASTERS PACKAGE GRADE 5	\$225.50	3	0	\$676.50	\$0.00
9780134954646	ENVISION MATHEMATICS 2020 LANGUAGE SUPPORT HANDBOOK GRADE 5	\$161.00	3	0	\$483.00	\$0.00
9780134963198	ENVISION MATHEMATICS 2020 PRACTICES POSTERS GRADE 5	\$18.50	3	0	\$55.50	\$0.00
enVision Mathematics c2024 National - Grade 5 - Subtotal:					\$3,595.50	\$12,583.50

enVisionMATH® for Professional Development

enVisionMATH® for Professional Development - Virtual enVision Mathematics Grades K-5 ©2024 Professional Learning Offerings

ISBN	Description	Price	Free Qty	Charged Qty	Free Amount	Total Charged
0000126169	VIRTUAL ENVISION MATH K/5 @2024 PROGRAM ACTIVATION PPD	\$750.00	1	0	\$750.00	\$0.00

Barnesville Ind Sch Dist 146

ISBN	Description	Price	Free Qty	Charged Qty	Free Amount	Total Charged
	enVisionMATH® for Professional Development - Virtual enVision Mathematics Grades K-5 ©2024 Professional Learning Offerings - Subtotal:				\$750.00	\$0.00

Solution Subtotal:	\$25,918.50	\$70,215.50
Shipping and Handling:		\$6,315.30
Total:		\$76,530.80

Optional Products

ISBN	DESCRIPTION	Price	Total Quantity	Base Amount	Total Charged
9780134959535	ENVISION MATHEMATICS 2020 CLASSROOM MANIPULATIVE KIT GRADE 1	\$388.50	4	\$1,554.00	\$1,554.00
9780134959597	ENVISION MATHEMATICS 2020 QUICK & EASY CENTER KIT GRADE 1	\$285.50	4	\$1,142.00	\$1,142.00
9780134959542	ENVISION MATHEMATICS 2020 CLASSROOM MANIPULATIVE KIT GRADE 2	\$495.00	4	\$1,980.00	\$1,980.00
9780134959610	ENVISION MATHEMATICS 2020 QUICK & EASY CENTER KIT GRADE 2	\$285.50	4	\$1,142.00	\$1,142.00
9780134959559	ENVISION MATHEMATICS 2020 CLASSROOM MANIPULATIVE KIT GRADE 3	\$352.00	3	\$1,056.00	\$1,056.00
9780134959627	ENVISION MATHEMATICS 2020 QUICK & EASY CENTER KIT GRADE 3	\$285.50	3	\$856.50	\$856.50
9780134959566	ENVISION MATHEMATICS 2020 CLASSROOM MANIPULATIVE KIT GRADE 4	\$280.50	3	\$841.50	\$841.50
9780134959634	ENVISION MATHEMATICS 2020 QUICK & EASY CENTER KIT GRADE 4	\$285.50	3	\$856.50	\$856.50
9780134959573	ENVISION MATHEMATICS 2020 CLASSROOM MANIPULATIVE KIT GRADE 5	\$245.50	3	\$736.50	\$736.50
9780134959641	ENVISION MATHEMATICS 2020 QUICK & EASY CENTER KIT GRADE 5	\$285.50	3	\$856.50	\$856.50
9780134959528	ENVISION MATHEMATICS 2020 CLASSROOM MANIPULATIVE KIT GRADE K	\$363.00	4	\$1,452.00	\$1,452.00
9780134959580	ENVISION MATHEMATICS 2020 QUICK & EASY CENTER KIT GRADE K	\$285.50	4	\$1,142.00	\$1,142.00
0000126184	ENVISION MATH K/5 @2024 IMPLEMENTATION ESSENTIALS PPD	\$3,500.00	1	\$3,500.00	\$3,500.00

Barnesville Ind Sch Dist 146

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<https://support.savvas.com/support/s/customerserviceus>

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Taxes: All pricing in this quote is exclusive of any applicable sales, use or other similar taxes or duties. The customer is responsible for any such taxes or duties that may apply; if the customer is tax exempt, evidence of such tax exemption must be provided. Estimated tax may be provided solely for customer convenience. The amount indicated is only an estimate and is intended to be helpful for budgeting purposes. The actual amount of sales tax assessed at the time of invoicing may be more or less.

Platforms: Savvas, and any third party for which Savvas serves as the sales agent or distributor, reserve the right to change and/or update technology platforms, including possible edition updates to customers during the term of access. Customers will be notified of any change prior to the beginning of the new school year.

Damaged & Defective Products: If a print product, or the print component of a blended (print & digital) product, is received in damaged or defective condition, Savvas will issue a credit or replacement at no charge to the customer if the customer promptly (no later than 120 days) returns the damaged or defective product. Customers must report missing product immediately upon receipt.

Return Policy: Returns (other than damaged or defective products) are subject to the following conditions: (a) materials must be returned to Savvas at the customer's expense in new, unused condition, suitable for resale by Savvas (note that any barcoding, stickering, stamping or similar marking on any print materials renders them unsuitable for resale); (b) materials must be returned within six (6) months from the date of purchase; (c) the customer must obtain a Return Materials Authorization ("RMA") from Savvas prior to returning the materials, and must ship the materials back to Savvas within thirty days of receiving the RMA; (d) all materials sold in a set or package must be returned complete as originally sold; and (e) any materials provided by Savvas to the customer on a no-charge basis in consideration of the customer's purchase must be returned in proportion to the purchased materials that are being returned for a credit. A restocking fee of 3% may be applied to credits over \$1,000. Savvas' return policy does not apply to science lab kits or trade publication novels, which are sold on a non-returnable basis.

Consumable Worktexts: Subsequent year consumable worktexts will ship each year on the anniversary of the original order date for the duration of their license. Worktexts will ship to the location listed on the original order. Quantities for each grade level and title will remain consistent each year. Changes to quantities of titles previously ordered, shipping location changes, or any other changes to consumable worktext shipments must be made 4 weeks prior to shipment date. (the anniversary of the original order date unless changed). Changes can be made on the Subscription Worktext Site: <https://worktext-subscriptions.savvas.com>

Annual subscriptions for iLit and Successmaker Only: Savvas' iLit and Successmaker products (and no others) automatically renew on the anniversary date of the original purchase and will be invoiced accordingly unless otherwise specified.

Technical support services are included with purchase of Savvas digital products. **Online help:**

<https://support.savvas.com/support/s/k12-curriculum-support-form>

phone: 1-800-848-9500

Professional Services: All paid services must be delivered within twelve (12) months of the order date of those services. Any unused services expire at the end of such twelve (12) month period, unless otherwise specified in contract terms. Any cancellation made with less than 72 hours' notice will result in a cancellation fee equal to the full price of the event. MySavvasTraining is included with purchase of products (<https://mysavvastraining.com>).

Product Code	Product	Quantity	Sales Price	Discount	Total Price
U1	Unifix Cubes (qty 1,000)	3	\$130.00		\$390.00
PPBT	Pattern Blocks, Plastic	9	\$20.00		\$180.00
Subtotal:					\$10,062.00

Shipping & Taxes

Total Amount:	\$10,062.00
Shipping Fee:	\$804.96
Taxes:	\$0.00
NET TOTAL:	\$10,866.96

As of January 30, 2023, our shipping/handling fees have changed.

- A standard shipping/handling fee of 11% is applied to the order total.
- The shipping and handling fee is reduced to 8% for purchase orders paid by check or ACH.
- All orders are subject to a minimum \$10 fee.

Please note: above quote does not reflect taxes that may be incurred on freight. This will be included in your final invoices.

Student Books

Student books are a critical and required curriculum component. Student books may be purchased as consumable books, or individual pages may be downloaded via the PDF files on the Bridges Educator Site at no cost. Districts in the first year of adoption who choose to purchase pre-printed student books may be eligible for a 50% discount, up to 30 books per classroom. Student books purchased in subsequent years will be available at full price. Student books are sold in packages of five copies.



June 13, 2025

The Board of Education
Independent School District No. 146
Barnesville, Minnesota 56514-0189

You have requested that we audit the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Independent School District No. 146 (“the District”) as of June 30, 2025, and for the year then ended, and the related notes to the financial statements, which collectively comprise the District’s basic financial statements.

In addition, if applicable, we will audit the entity’s compliance over major federal award programs for the period ended June 30, 2025. We are pleased to confirm our acceptance and our understanding of this audit engagement by means of this letter.

Our audits will be conducted with the objectives of our expressing an opinion on each opinion unit and an opinion on compliance regarding the entity’s major federal award programs. The objectives of our audit of the financial statements are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America (GAAS) and in accordance with *Government Auditing Standards*, and the Legal Compliance Audit Guide prepared by the Office of the State Auditor pursuant to Minn. Stat. §6.65 will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

The objectives of our compliance audit are to obtain sufficient appropriate audit evidence to form an opinion and report at the level specified in the governmental audit requirement about whether the entity complied in all material respects with the applicable compliance requirements and identify audit and reporting requirements specified in the governmental audit requirement that are supplementary to GAAS and *Government Auditing Standards*, if any, and perform procedures to address those requirements.

Accounting principles generally accepted in the United States of America (U.S. GAAP), as promulgated by the Governmental Accounting Standards Board (GASB), require that certain supplementary information be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the GASB, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the required supplementary information (RSI) in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist primarily of inquiries of management regarding their methods of measurement and presentation and comparing the information for consistency with management's responses to our inquiries. We will not express an opinion or provide any form of assurance on the RSI. The following RSI is required by accounting principles generally accepted in the United States of America. This RSI will be subjected to certain limited procedures but will not be audited:

1. Management's Discussion and Analysis
2. Schedule of Changes in the District's Total OPEB Liability and Related Ratios
3. Schedule of Employer's Share of Net Pension Liability
4. Schedule of Employer's Contributions

Supplementary information other than RSI will accompany the District's basic financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the basic financial statements and certain additional procedures, including comparing and reconciling the supplementary information to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and additional procedures in accordance with auditing standards generally accepted in the United States of America. We intend to provide an opinion on the following supplementary information in relation to the financial statements as a whole:

1. Combining and individual fund schedules
2. Uniform financial accounting and reporting standards compliance table

Schedule of Expenditures of Federal Awards

We will subject the schedule of expenditures of federal awards to the auditing procedures applied in our audit of the basic financial statements and certain additional procedures, including comparing and reconciling the schedule to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and additional procedures in accordance with auditing standards generally accepted in the United States of America. We intend to provide an opinion on whether the schedule of expenditures of federal awards is presented fairly in all material respects in relation to the financial statements as a whole.

Also, the document we submit to you will include the following other additional information that will not be subjected to the auditing procedures applied in our audit of the financial statements:

1. School board and administration

Data Collection Form

Prior to the completion of our engagement, we will complete the sections of the Data Collection Form that are our responsibility. The form will summarize our audit findings, amounts and conclusions. It is management's responsibility to submit a reporting package including financial statements, schedule of expenditure of federal awards, summary schedule of prior audit findings and corrective action plan along with the Data Collection Form to the federal audit clearinghouse. The financial reporting package must be text searchable, unencrypted, and unlocked. Otherwise, the reporting package will not be accepted by the federal audit clearinghouse. We will assist you in the electronic submission and certification. You may request from us copies of our report for you to include with the reporting package submitted to pass-through entities.

The Data Collection Form is required to be submitted within the *earlier* of 30 days after receipt of our auditors' reports or nine months after the end of the audit period, unless specifically waived by a federal cognizant or oversight agency for audits. Data Collection Forms submitted untimely are one of the factors in assessing programs at a higher risk.

Audit of the Financial Statements

We will conduct our audits in accordance with GAAS, the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States of America, the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and the Legal Compliance Audit Guide prepared by the Office of the State Auditor pursuant to Minn. Stat. §6.65. As part of an audit of financial statements in accordance with GAAS and in accordance with *Government Auditing Standards*, Uniform Guidance and/or any state or regulatory audit requirements we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of controls.
- Obtain an understanding of the system of internal control in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that we have identified during the audit.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for a reasonable period of time.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, an unavoidable risk that some material misstatements or noncompliance may not be detected exists, even though the audit is properly planned and performed in accordance with GAAS and *Government Auditing Standards* of the Comptroller General of the United States of America and the Legal Compliance Audit Guide prepared by the Office of the State Auditor pursuant to Minn. Stat. §6.65. Please note that the determination of abuse is subjective, and *Government Auditing Standards* does not require auditors to detect abuse.

Our responsibility as auditors is limited to the period covered by our audit and does not extend to any other periods.

We will issue a written report upon completion of our audit of the District's basic financial statements. Our report will be addressed to the governing body of the District. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add an emphasis-of-matter or other-matter paragraph(s) to our auditor's report, or if necessary, withdraw from the engagement. If our opinions on the basic financial statements are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or to issue a report as a result of this engagement.

In accordance with the requirements of *Government Auditing Standards*, we will also issue a written report describing the scope of our testing over internal control over financial reporting and over compliance with laws, regulations, and provisions of grants and contracts, including the results of that testing. However, providing an opinion on internal control and compliance over financial reporting will not be an objective of the audit and, therefore, no such opinion will be expressed.

We also will issue a written report on *Minnesota Legal Compliance* upon completion of our audit.

Audit of Major Program Compliance

Our audit of the District's major federal award program(s) compliance will be conducted in accordance with the requirements of the Single Audit Act, as amended; and the Uniform Guidance and will include tests of accounting records, a determination of major programs in accordance with the Uniform Guidance, and other procedures we consider necessary to enable us to express such an opinion on major federal award program compliance and to render the required reports. We cannot provide assurance that an unmodified opinion on compliance will be expressed. Circumstances may arise in which it is necessary for us to modify our opinion or withdraw from the engagement.

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether the material noncompliance with applicable laws and regulations, the provisions of contracts and grant agreements applicable to major federal award programs, and the applicable compliance requirements occurred, whether due to fraud or error, and express an opinion on the entity's compliance based on the audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the entity's compliance with the requirements of the federal programs as a whole.

As part of a compliance audit in accordance with GAAS and in accordance with *Government Auditing Standards*, and the Legal Compliance Audit Guide prepared by the Office of the State Auditor pursuant to Minn. Stat. §6.65, we exercise professional judgment and maintain professional skepticism throughout the audit. We also identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks.

Our procedures will consist of determining major federal programs and performing the applicable procedures described in the U.S. Office of Management and Budget *OMB Compliance Supplement* for the types of compliance requirements that could have a direct and material effect on each of the entity's major programs, and performing such other procedures as we considers necessary in the circumstances The purpose of those procedures will be to express an opinion on the entity's compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance.

Also, as required by the Uniform Guidance, we will obtain an understanding of the entity's internal control over compliance relevant to the audit in order to design and perform tests of controls to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each of the entity's major federal award programs. Our tests will be less in scope than would be necessary to render an opinion on these controls and, accordingly, no opinion will be expressed in our report. However, we will communicate to you, regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we have identified during the audit.

We will issue a report on compliance that will include an opinion or disclaimer of opinion regarding the entity's major federal award programs, and a report on internal controls over compliance that will report any significant deficiencies and material weaknesses identified; however, such report will not express an opinion on internal control.

Management Responsibilities

Our audit will be conducted on the basis that management and, when appropriate, those charged with governance, acknowledge and understand that they have responsibility:

1. For the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America;
2. For the design, implementation, and maintenance of the system of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error;
3. For identifying, in its accounts, all federal awards received and expended during the period and the federal programs under which they were received;
4. For maintaining records that adequately identify the source and application of funds for federally funded activities;
5. For preparing the schedule of expenditures of federal awards (including notes and noncash assistance received) in accordance with the Uniform Guidance;
6. For designing, implementing, and maintaining effective internal control over federal awards that provides reasonable assurance that the entity is managing federal awards in compliance with federal statutes, regulations, and the terms and conditions of the federal awards;
7. For identifying and ensuring that the entity complies with federal laws, statutes, regulations, rules, provisions of contracts or grant agreements, and the terms and conditions of federal award programs and implementing systems designed to achieve compliance with applicable federal statutes, regulations, and the terms and conditions of federal award programs;
8. For disclosing accurately, currently, and completely, the financial results of each federal award in accordance with the requirements of the award;
9. For identifying and providing report copies of previous audits, attestation engagements, or other studies that directly relate to the objectives of the audit, including whether related recommendations have been implemented;
10. For taking prompt action when instances of noncompliance are identified;

11. For addressing the findings and recommendations of auditors, for establishing and maintaining a process to track the status of such findings and recommendations and taking corrective action on reported audit findings from prior periods and preparing a summary schedule of prior audit findings;
12. For following up and taking corrective action on current year audit findings and preparing a corrective action plan for such findings;
13. For submitting the reporting package and data collection form to the appropriate parties;
14. For making the auditor aware of any significant contractor relationships where the contractor is responsible for program compliance;
15. To provide us with:
 - a. Access to all information of which management is aware that is relevant to the preparation and fair presentation of the financial statements including disclosures, and relevant to federal award programs, such as records, documentation, and other matters;
 - b. Additional information that we may request from management for the purpose of the audit; and
 - c. Unrestricted access to persons within the entity and others from whom we determine it necessary to obtain audit evidence.
16. For adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the current year period(s) under audit are immaterial, both individually and in the aggregate, to the financial statements as a whole;
17. For acceptance of nonattest services, including identifying the proper party to oversee nonattest work;
18. For maintaining adequate records, selecting and applying accounting principles, and safeguarding assets;
19. For informing us of any known or suspected fraud affecting the entity involving management, employees with significant role in the system of internal control and others where fraud could have a material effect on compliance;
20. For the accuracy and completeness of all information provided;
21. For taking reasonable measures to safeguard protected personally identifiable and other sensitive information; and
22. For confirming your understanding of your responsibilities as defined in this letter to us in your management representation letter.

With regard to the schedule of expenditures of federal awards referred to above, you acknowledge and understand your responsibility (a) for the preparation of the schedule of expenditures of federal awards in accordance with the Uniform Guidance, (b) to provide us with the appropriate written representations regarding the schedule of expenditures of federal awards, (c) to include our report on the schedule of expenditures of federal awards in any document that contains the schedule of expenditures of federal awards and that indicates that we have reported on such schedule, and (d) to present the schedule of expenditures of federal awards with the audited financial statements, or if the schedule will not be presented with the audited financial statements, to make the audited financial statements readily available to the intended users of the schedule of expenditures of federal awards no later than the date of issuance by you of the schedule and our report thereon.

With regard to the supplementary information referred to above, you acknowledge and understand your responsibility (a) for the preparation of the supplementary information in accordance with the applicable criteria, (b) to provide us with the appropriate written representations regarding supplementary information, (c) to include our report on the supplementary information in any document that contains the supplementary information and that indicates that we have reported on such supplementary information, and (d) to present the supplementary information with the audited financial statements, or if the supplementary information will not be presented with the audited financial statements, to make the audited financial statements readily available to the intended users of the supplementary information no later than the date of issuance by you of the supplementary information and our report thereon.

As part of our audit process, we will request from management and, when appropriate, those charged with governance, written confirmation concerning representations made to us in connection with the audit.

We understand that your employees will prepare all confirmations we request and will locate any documents or invoices selected by us for testing.

If you intend to publish or otherwise reproduce the financial statements and make reference to our firm, you agree to provide us with printers' proofs or master's for our review and approval before printing. You also agree to provide us with a copy of the final reproduced material for our approval before it is distributed.

Nonattest Services

With respect to any nonattest services we perform, we agree to perform the following:

- Prepare or assist with preparing financial statements and the schedule of expenditures of federal awards in conformity with U.S. generally accepted accounting principles based on information provided by you.
- Propose certain cash to accrual conversion entries and fund to government wide entries to be reviewed and approved by management.
- Reconciliation of pension activity and related journal entries in accordance with GASB Statement No. 68 to be reviewed and approved by management.
- Submission of the uniform financial accounting and reporting standards compliance table
- Completion of the auditee's portion of the Data Collection Form

We will not assume management responsibilities on behalf of the District. The District's management understands and agrees that any advice or recommendation we may provide in connection with our audit engagement are solely to assist management in performing its responsibilities.

The District's management is responsible for (a) making all management decisions and performing all management functions; (b) assigning a competent individual to oversee the services; (c) evaluating the adequacy of the services performed; (d) evaluating and accepting responsibility for the results of the services performed; and (e) designing, implementing, and maintaining the system of internal control, including the process used to monitor the system of internal control.

Our responsibilities and limitations of the nonattest services are as follows:

- We will perform the services in accordance with applicable professional standards.
- The nonattest services are limited to the services previously outlined above. Our firm, in its sole professional judgment, reserves the right to refuse to do any procedure or take any action that could be construed as making management decisions or assuming management responsibilities.

Fees and Timing

Derek Flanagan is the engagement partner for the audit services specified in this letter. The engagement partner's responsibilities include supervising services performed as part of this engagement and signing or authorizing another qualified firm representative to sign the audit report.

Our fees are based on the amount of time required at various levels of responsibility, plus actual out-of-pocket expenses, administrative charges, and a technology fee. Invoices are payable upon presentation. We estimate that our fee for the audit will be \$26,500. Additionally, our fees are subject to an additional 5% technology fee to support and enhance the quality work we provide by investing in technology and data security. The technology fee for the audit of the financial statements will be \$1,325.

GASB No. 101, *Compensated Absences*, became effective for fiscal years beginning after December 15, 2023. The requirements of this standard may result in material changes to governmental entity's financial statements, both with respect to financial statement presentation and related disclosures. Our fees related to the performance of audit procedures related to your implementation of this standard will be dependent upon the nature of the District's compensated absences policies.

As noted above actual out-of-pocket expenses will be billed if onsite services are requested, plus the travel time of the professional(s) coming onsite at 50% of their standard hourly rates.

Other circumstances may arise under which Eide Bailly must perform additional audit work and may require additional billings for these services. Examples of such circumstances include, but are not limited to:

- Work caused due to the identification of, and management's correction of, inappropriate application of accounting pronouncements
- Erroneous or incomplete accounting records
- New or unusual transactions
- Failure of District staff to prepare and provide information in a timely manner
- Lack of availability of appropriate personnel during the audit fieldwork
- Significant capital projects
- New long-term debt issuances
- Refunding bond transactions
- Changes at the District such as software conversions, software updates, and/or staffing transitions.

If the District's federal expenditures exceed \$750,000 and an audit over those funds is required, the fee will be \$6,625 assuming one major program to be tested. If additional programs are required to be tested, it will be an additional \$4,900 per program. Single audit fees are also subject to an additional 5% technology fee to support and enhance the quality work we provide by investing in technology and data security. The technology fee related to the single audit will be \$331 for the first major program, and \$245 per additional major program.

The ability to perform and complete our engagement consistent with the estimated fee included above depends upon the quality of your underlying accounting records and the timeliness of your personnel in providing information and responding to our requests. To assist with this process, we will provide you with an itemized request list that identifies the information required to perform our engagement, as well as the requested delivery date for those items. A lack of preparation, including not providing this information in an accurate and timely manner, unanticipated audit adjustments, and/or untimely assistance by your personnel may result in an increase in our fees and/or a delay in the completion of our engagement.

We may be requested to make certain audit documentation available to outside parties, including regulators, pursuant to authority provided by law or regulation or applicable professional standards. If requested, access to such audit documentation will be provided under the supervision of Eide Bailly LLP's personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the outside party, who may intend, or decide, to distribute the copies of information contained therein to others, including other governmental agencies. We will be compensated for any time and expenses, including time and expenses of legal counsel, we may incur in making such audit documentation available or in conducting or responding to discovery requests or participating as a witness or otherwise in any legal, regulatory, or other proceedings as a result of our Firm's performance of these services. You and your attorney will receive, if lawful, a copy of every subpoena we are asked to respond to on your behalf and will have the ability to control the extent of the discovery process to control the costs you may incur.

Should our relationship terminate before our audit procedures are completed and a report issued, you will be billed for services to the date of termination. All bills are payable upon receipt. A service charge of 1% per month, which is an annual rate of 12%, will be added to all accounts unpaid 30 days after billing date. If collection action is necessary, expenses and reasonable attorney's fees will be added to the amount due.

Other Matters

During the course of the engagement, we will only provide confidential engagement documentation to you via Eide Bailly's secure portal or other secure methods, and request that you use the same or similar tools in providing information to us. Should you choose not to utilize secure communication applications, you acknowledge that such communication contains a risk of the information being made available to unintended third parties. Similarly, we may communicate with you or your personnel via e-mail or other electronic methods, and you acknowledge that communication in those mediums contains a risk of misdirected or intercepted communications.

Should you provide us with remote access to your information technology environment, including but not limited to your financial reporting system, you agree to (1) assign unique usernames and passwords for use by our personnel in accessing the system and to provide this information in a secure manner; (2) limit access to "read only" to prevent any unintentional deletion or alteration of your data; (3) limit access to the areas of your technology environment necessary to perform the procedures agreed upon; and (4) disable all usernames and passwords provided to us upon the completion of procedures for which access was provided. We agree to only access your technology environment to the extent necessary to perform the identified procedures.

Regarding the electronic dissemination of audited financial statements, including financial statements published electronically on your website or elsewhere, you understand that electronic sites are a means to distribute information and, therefore, we are not required to read the information contained in these sites or to consider the consistency of other information in the electronic site with the original document.

Professional standards prohibit us from being the sole host and/or the sole storage for your financial and non-financial data. As such, it is your responsibility to maintain your original data and records and we cannot be responsible to maintain such original information. By signing this engagement letter, you affirm that you have all the data and records required to make your books and records complete.

We may use third party service providers and/or affiliated entities (including Eide Bailly Shared Services Private Limited) (collectively, "service providers") in order to facilitate delivering our services to you. Our use of service providers may require access to client information by the service provider. We will take reasonable precautions to determine that they have the appropriate procedures in place to prevent the unauthorized release of confidential information to others. We will remain responsible for the confidentiality of client information accessed by such service provider and any work performed by such service provider. You acknowledge that your information may be disclosed to such service providers, including those outside the United States.

Neither of us may use or disclose the other's confidential information for any purpose except as permitted under this engagement letter or as otherwise necessary for Eide Bailly to provide the services. Your confidential information is defined as any information you provide to us that is not available to the public. Eide Bailly's confidential information includes our audit documentation for this engagement. Our audit documentation shall at all times remain the property of Eide Bailly LLP. The confidentiality obligations described in this paragraph shall supersede and replace any and all prior confidentiality and/or nondisclosure agreements (NDAs) between us.

We agree to retain our audit documentation or work papers for a period of at least eight years from the date of our report.

Further, we will be available during the year to consult with you on financial management and accounting matters of a routine nature.

You agree to share all facts that may affect your financial statements, even if you first become aware of those facts after the date of the auditor's report but before the date your financial statements are issued.

At the conclusion of our audit engagement, we will communicate to management and the board of education the following significant findings from the audit:

- Our view about the qualitative aspects of the entity's significant accounting practices;
- Significant difficulties, if any, encountered during the audit;
- Uncorrected misstatements, other than those we believe are trivial, if any;
- Disagreements with management, if any;
- Other findings or issues, if any, arising from the audit that are, in our professional judgment, significant and relevant to those charged with governance regarding their oversight of the financial reporting process;
- Material, corrected misstatements that were brought to the attention of management as a result of our audit procedures;
- Representations we requested from management;
- Management's consultations with other accountants, if any; and
- Significant issues, if any, arising from the audit that were discussed, or the subject of correspondence, with management.

Government Auditing Standards require that we provide, upon request, a copy of our most recent external peer review report and any subsequent review reports to the party contracting for the audit. Accordingly, we will provide a copy of our most recent peer review report at your request.

Eide Bailly LLP is a member of HLB International, a worldwide organization of accounting firms and business advisors, ("HLB"). Each member firm of HLB, including Eide Bailly LLP is a separate and independent legal entity and is not owned or controlled by any other member of HLB. Each member firm of HLB is solely responsible for its own acts and omissions and no other member assumes any liability for such acts or omissions. Neither Eide Bailly LLP, nor any of its affiliates, are responsible or liable for any acts or omission of HLB or any other member firm of HLB and hereby specifically disclaim any and all responsibility, even if Eide Bailly LLP, or any of its affiliates are aware of such acts or omissions of another member of HLB.

Eide Bailly LLP formed The Eide Bailly Alliance Network, a network for small to mid-sized CPA firms across the nation. Each member firm of The Eide Bailly Alliance, including Eide Bailly LLP, is a separate and independent legal entity and is not owned or controlled by any other member of The Eide Bailly Alliance. Each member firm of The Eide Bailly Alliance is solely responsible for its own acts and omissions and no other member assumes any liability for such acts or omissions. Neither Eide Bailly LLP, nor any of its affiliates, are responsible or liable for any acts or omission of The Eide Bailly Alliance or any other member firm of The Eide Bailly Alliance and hereby specifically disclaim any and all responsibility, even if Eide Bailly LLP, or any of its affiliates are aware of such acts or omissions of another member of The Eide Bailly Alliance.

MEDIATION

Any disagreement, controversy or claim arising out of or related to any aspect of our services or relationship with you (hereafter a "Dispute") shall, as a precondition to litigation in court, first be submitted to mediation. In mediation, the parties attempt to reach an amicable resolution of the Dispute with the aid of an impartial mediator. Mediation shall begin by service of a written demand. The mediator will be selected by mutual agreement. If we cannot agree on a mediator, one shall be designated by the American Arbitration Association ("AAA"). Mediation shall be conducted with the parties in person in Fargo, North Dakota. Each party will bear its own costs in the mediation. The fees and expenses of the mediator will be shared equally by the parties. Neither party may commence a lawsuit until the mediator declares an impasse.

LIMITED INDEMNITY

Eide Bailly LLP and its partners, affiliates, officers and employees (collectively "Eide Bailly") shall not be responsible for any misstatements in your financial statements that we may fail to detect as a result of misrepresentations or concealment of information by any of your owners, directors, officers or employees. You shall indemnify and hold Eide Bailly harmless from any claims, losses, settlements, judgments, awards, damages and attorneys' fees arising from any such misstatement or concealment of information.

If through no fault of Eide Bailly we are named as a party to a dispute between you and a third party, you shall indemnify and hold Eide Bailly harmless against any losses, damages, settlements, judgments, awards, and the costs of litigation (including attorneys' fees) we incur in connection with the dispute.

Eide Bailly shall not be entitled to indemnification under this agreement unless the services were performed in accordance with professional standards in all material respects.

LIMITATION OF LIABILITY

The exclusive remedy available to you for any alleged loss or damages arising from or related to Eide Bailly's services or relationship with you shall be the right to pursue claims for actual damages that are directly caused by Eide Bailly's breach of this agreement or Eide Bailly's violation of applicable professional standards. In no event shall Eide Bailly's aggregate liability to you exceed two times fees paid under this agreement, nor shall Eide Bailly ever be liable to you for incidental, consequential, punitive or exemplary damages, or attorneys' fees.

TIME LIMITATION

You may not bring any legal proceeding against Eide Bailly unless it is commenced within twenty-four (24) months ("Limitation Period") after the date when we delivered our report, return, or other deliverable under this agreement to you, regardless of whether we do other services for you or that may relate to the audit. The Limitation Period applies and begins to run even if you have not suffered any damage or loss or have not become aware of a possible Dispute.

GOVERNING LAW AND VENUE

Any Dispute between us, including any Dispute related to the engagement contemplated by this agreement, shall be governed by Minnesota law. Any unresolved Dispute shall be submitted to a federal or state court located in Minneapolis, Minnesota.

ASSIGNMENTS PROHIBITED

You shall not assign, sell, barter or transfer any legal rights, causes of actions, claims or disputes you may have against Eide Bailly to any person.

Please sign and return the attached copy of this letter to indicate your acknowledgment of, and agreement with, the arrangements for our audit of the financial statements including our respective responsibilities.

We appreciate the opportunity to be your certified public accountants and look forward to working with you and your staff.

Respectfully,



Derek Flanagan, CPA
Partner

RESPONSE:

This letter correctly sets forth our understanding.

Acknowledged and agreed on behalf of Independent School District No. 146 by:

Name: _____

Title: _____

Date: _____

Coverages	7/1/24- 7/1/25		7/1/25- 7/1/26	
	School Program		School Program	
	Limit/Exposure	Premium	Limit/Exposure	Premium
Property Insurance	WSI	\$80,789.07	WSI	\$88,282.43
Blanket Limit - Buildings & Business Personal Property	\$76,099,616		\$79,127,578	
- See Attached Statement of Values; Increase Contents limit Locations 1-1 & 2-1				
-Deductible	\$25,000		\$25,000	
- Wind/Hail Deductible-Location Valuation- Per Location	Not Applicable		\$75,000	
- WSI New Roof Limitation - See Below	Not Applicable		Applies	
Agreed Amount; Replacement Cost - Special Peril	Included		Included	
Loss of Income	\$1,000,000		\$1,000,000	
Extra Expense	\$2,000,000		\$2,000,000	
Ordinance or Law				
-Coverage A - Loss to Undamaged Portion of Building	Building Limit		Building Limit	
-Coverage B - Demolition Costs	\$1,000,000		\$1,000,000	
-Coverage C - Increased Cost of Construction	Included Coverage B		Included Coverage B	
Equipment Breakdown Coverage	Included		Included	
- Deductible	\$10,000		\$25,000	
Property Off Premises	Now as Scheduled		See Scheduled	
Property In Transit	\$100,000		\$100,000	
School Property Enhancement Endorsement	Included		Included	
General Liability Insurance	WSI	\$6,768.00	WSI	\$8,798.00
General Aggregate Limit	\$3,000,000		\$3,000,000	
Products-Completed Operations Aggregate Limit	\$3,000,000		\$3,000,000	
Personal & Advertising Injury Aggregate Limit	\$1,000,000		\$1,000,000	
Each Occurrence Limit	\$1,000,000		\$1,000,000	
Damages to Premises Rented to You	\$1,000,000		\$1,000,000	
Medical Expenses	\$10,000		\$10,000	
Student Medical Expense	Excluded		Excluded	
Sexual Misconduct Liability	\$1,000,000		\$1,000,000	
Employee Benefits Liability Each Employee	\$1,000,000		\$1,000,000	
-Deductible Each Employee	Not Applicable		Not Applicable	
Employee Benefit Retroactive Date	7/1/2012		7/1/2012	
Adverse/Violent Event Response Coverage	\$300,000		\$300,000	
- Deductible	\$2,500		\$2,500	
Educators Legal Liability	WSI	\$8,493.00	WSI	\$9,693.00
Educators Legal Liability Retroactive Date	7/1/2002		7/1/2002	
Per Claim Limit	\$1,000,000		\$1,000,000	
Aggregate Limit	\$3,000,000		\$3,000,000	
-Deductible	\$10,000		\$10,000	
Inland Marine Insurance	WSI	\$1,157.00	WSI	\$1,475.00
Maintenance Equipment (Tractors/Equipmt-Snowblowr)	\$94,362		\$94,362	
Computer Equipment - Included Software	\$100,000		\$100,000	
Audio Visual Equipment	\$50,000		\$50,000	
Athletic Equipment/Uniforms	\$100,000		\$100,000	
Band Uniforms/Musical Instruments	\$100,000		\$100,000	
Baldwin Grand Piano	\$66,000		\$66,000	
Solar Panel (Located @ High School-Not on Roof)	Not applicable		\$140,000	
-Deductible (All Above listed items)	\$1,000		\$1,000	

Coverages	7/1/24- 7/1/25		7/1/25- 7/1/26	
	School Program		School Program	
	Limit/Exposure	Premium	Limit/Exposure	Premium
Crime Insurance Coverages	WSI	\$761.00	WSI	\$747.00
Employee Dishonesty	\$250,000		\$250,000	
Forgery & Alteration	\$250,000		\$250,000	
Money & Securities- Inside & Outside Premises	\$250,000		\$250,000	
Computer & Funds Transfer Fraud	\$250,000		\$250,000	
-Deductible (All Crime limits above)	\$500		\$500	
Auto Insurance Coverages	WSI	\$9,990.00	WSI	\$12,068.00
Combined Liability Limit - Bodily Injury / Property Damage	\$1,000,000		\$1,000,000	
Personal Injury Protection	Statutory		Statutory	
Uninsured & Underinsured Motorist Coverage	\$1,000,000		\$1,000,000	
Hired & Non-Owned Liability Insurance	Included		Included	
Comprehensive & Collision Physical Damage Deductibles	\$1,000/\$1,000		\$1,000/\$1,000	
Full Glass Coverage	Full Glass		Full Glass	
Replacement Cost Buses	Not Applicable		Not Applicable	
Garagekeepers Liability - No Exposure	Not Applicable		Not Applicable	
Excess Liability	WSI	\$3,642.00	WSI	\$4,170.00
Per Occurrence/Aggregate Limit	\$1,000,000		\$1,000,000	
- Self Insured Retention	Not applicable		Not applicable	
Underlying Primary Coverage included below:				
General Liability, Educators Legal Liability, Auto Liability & Employers Liability				
Volunteer Accident (Limited) Medical Insurance	Philadelphia Indemnity	\$300.00	Philadelphia Indemnity	\$300.00
Accident Medical Expense / Maximum Benefit - Zero Deductible	\$100,000		\$100,000	
Accidental Death-Dismemberment-Paralysis	\$25K/\$50K/\$50K		\$25K/\$50K/\$50K	
Cyber Liability Insurance	Lloyds of London	\$9,195.29	Lloyds of London	\$9,195.29
Cyber Liability Insurance*	\$1,000,000		\$1,000,000	
-Deductible	\$10,000		\$5,000	
*Specific Sublimits may apply				
Workers Compensation Insurance	Employers Assurance	\$21,147.00	Employers Preferred	\$32,045.00
Experience Modification Factor	0.69		0.93	
Employers Liability	\$1,000,000		\$1,000,000	
Payroll - 8868 - School Professional Employees	\$5,800,000		\$6,600,000	
Payroll - 9101 - School All Other Employees	\$700,000		\$740,000	
Payroll - 7380 - Bus Drivers	\$50,000		\$50,000	
TOTAL ANNUAL PREMIUM		\$142,242.36		\$166,773.72
Optional Quotes				
Umbrella Limit (Higher limit available upon request)				
Cyber Liability (Higher limit available upon request): Optional \$2,000,000 limit (Estimated Additional premium: \$3,330.25)				
Any Builders Risk projects needing coverage? (previous review: Storage Facility)				
Confirm if any Daycare Exposure? - Currently coverage is including				
WSI - Stands for Wright Specialty Insurance (Quote offer through American Family Home Insurance Company)				
Review items:				
Limitation on Coverage for Roof Surfacing - Windstorm or Hail				
- Roof over 10 years old on Frame Construction Buildings - will be valued at Actual Cash Value				
- Roof over 20 years old on Other than Frame Construction Buildings - will be valued using Actual Cash Value				
Bus Contractor-Review Contract; & Additional Insured Status that should be obtained.				
Minnesota law requirement, if Driver Education program by insured; Vehicle(s) must be rated with higher PIP limits.				
Required to Bind or noted changes on renewal:				
WSI - Statement of Values; Cyber application resigned/dated within 30 days of binding coverage, Surplus Lines Disclosure form				
Location 1-High School (cost Per Square foot-\$265.) Location 2-1 Incl 2-6 - Elementary School/2021 Addn (cost Per Square foot-\$358.)				

Johnson Controls Planned Service Proposal

Prepared for BARNESVILLE SCHOOL - HIGH SCHOOL

Customer
BARNESVILLE SCHOOL - HIGH SCHOOL

Local Johnson Controls Office
2320 12TH ST N
FARGO, ND 58102-1806

Agreement Start Date:
07/01/2025

Proposal Date
04/09/2025

Estimate No:
1-1Q0HMFQN



Partnering with you to Deliver Value-Driven Solutions

Every day, we transform the environments where people live, work, learn and play. From optimizing building performance to improving safety and enhancing comfort, we are here to power your mission.

A Planned Service Agreement with Johnson Controls provides you with a customized service strategy designed around the needs of your facility. Our approach features a combination of scheduled, predictive and preventative maintenance services that focus on your goals.

As your building technology services partner, Johnson Controls delivers an unmatched service experience delivered by factory-trained, highly skilled technicians who optimize operations of the buildings we work with, creating productive and safe environments for the people within.

By integrating our service expertise with innovative processes and technologies, our value-driven planned service solutions deliver sustainable results, minimize equipment downtime and maximize occupant comfort.

With more than a century of healthy buildings expertise, Johnson Controls leverages technologies to successfully deliver smart solutions to facilities worldwide.



Johnson Controls was recognized by Frost & Sullivan as the 2020 North American Company of the Year for innovation in the Smart Connected Chillers Market

Executive Summary

Planned service proposal for BARNESVILLE SCHOOL - HIGH SCHOOL

Dear Jon Ellerbusch,

We value and appreciate your interest in Johnson Controls as a service provider for your building systems and are pleased to provide a value-driven maintenance solution for your facility. The enclosed proposal outlines the Planned Service Agreement we have developed on your facility.

Details are included in the Planned Service Agreement summary (Schedule A), but highlights are as follows:

- In this proposal we are offering a service agreement for 3 Years starting 07/01/2025 and ending 06/30/2028.
- The agreement price for the first year is \$44,550.00; see Schedule A, Supplemental Price and Payment Terms, for pricing in subsequent years.
- The equipment options and number of visits being provided for each piece of equipment are described in Schedule A, Equipment list.

As a manufacturer of both mechanical and controls systems, Johnson Controls has the expertise and resources to provide proper maintenance and repair services for your facility.

Again, thank you for your interest in Johnson Controls and we look forward to becoming your building technology services partner.

Please contact me if you have any questions.

Sincerely,

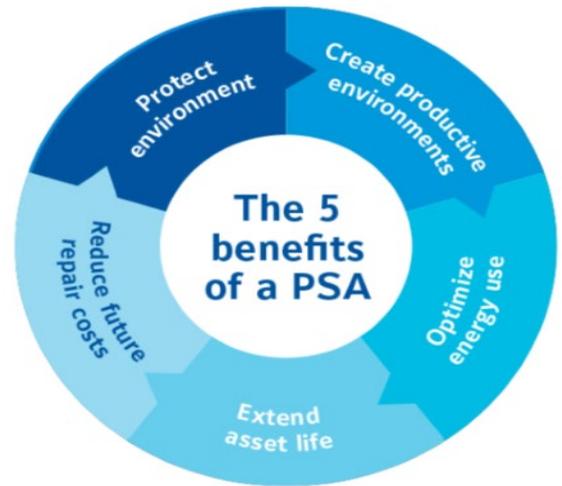
Joshua Woinarowicz
Service Manager
(701) 213-7345

The power behind your mission

Benefits of Planned Service

A Planned Service Agreement with Johnson Controls will allow you to optimize your building's facility performance, providing dependability, sustainability and energy efficiency. You'll get a value-driven solution that fits your specific goals, delivered with the attention of a local service company backed by the resources of a global organization.

With this Planned Service Agreement, Johnson Controls can help you achieve the following five objectives:



1. **Identify Energy Savings Opportunities**

Since HVAC equipment accounts for a major portion of a building's energy usage, keeping your system performing at optimum levels may lead to a significant reduction in energy costs.

2. **Reduce Future Repair Costs**

Routine maintenance may maximize the life of your equipment and may reduce equipment breakdowns.

3. **Extend Asset Life**

Through proactive, factory-recommended maintenance, the life of your HVAC assets may be extended, maximizing the return on your investment.

4. **Ensure Productive Environments**

Whether creating a comfortable place where employees can be productive or controlling a space to meet specialized needs, maintenance can help you achieve an optimal environment for the work that is being accomplished

5. **Promote Environmental Health and Safety**

When proper indoor conditions and plant requirements are maintained, business outcomes may be improved by minimizing sick leave, reducing accidents, minimizing greenhouse gas emissions and managing refrigerant requirements.

All of the services we perform on your equipment are aligned with "The 5 Values of Planned Maintenance" and our technicians understand how the work they perform can help you accomplish your business objectives.

Our Partnership

Personalized Account Management

A Planned Service Agreement also provides you with the support of an entire team that knows your site and can closely work with you on budget planning and asset management. Your local Johnson Controls account management team can help guide planned replacement, energy retrofits and other building improvement projects. You'll have peace of mind that an entire team of skilled professionals will be looking out for what is best for your facility and budget.

A Culture of Safety

Johnson Controls technicians take safety seriously and personally and integrate it into everything they do. All of our technicians participate in regular and thorough safety training. Because of their personal commitment, we are a leader in the HVAC service industry for workplace safety performance. This means that you do not have to worry about us when we are on your site.

Commitment to Customer Satisfaction

Throughout the term of your Planned Service Agreement, we will periodically survey you and use your feedback to continue to make improvements to our service processes and products. Our goal is to deliver the most consistent and complete service experience possible. To meet this goal, we've developed and implemented standards and procedures to ensure you receive the ultimate service experience – every time.

Energy & Sustainability

A more sustainable world one building at a time – Johnson Controls is a company that started more than 125 years ago with a product that reduced energy use in buildings. We've been saving energy for customers ever since. Today, Johnson Controls is a global leader in creating smart environments where people live, work and play, helping to create a more comfortable, safe and sustainable world.

The Value of Integrity

Johnson Controls has a long, proud history of integrity. We do what we say we will do and stand behind our commitments. Our good reputation builds trust and loyalty. In recognition for our commitment to ethics across our global operations, we are honored to be named one of the World's Most Ethical Companies by Ethisphere Institute, a leading think tank dedicated to business ethics and corporate social responsibility. In addition, Corporate Responsibility Magazine recognizes Johnson Controls as one of the top companies in its annual "100 Best Corporate Citizens" list.

Service Delivery

As part of the delivery of this Planned Service Agreement, Johnson Controls will dedicate a local customer service agent responsible for having a clear understanding of the agreement scope, and your facility procedures and protocols.

A high-level overview around our service delivery process is outlined below including scheduling, emergency service, on-site paperwork, communication and performing repairs outside of the agreement scope.

Scheduling

Preventative maintenance service will be scheduled using our automated service management system. In advance of the scheduled service visit, our technician is sent a notice of service to a smartphone. Once the technician acknowledges the request, your customer service agent will call or e-mail your on-site contact to let you know the start date and type of service scheduled.

The technician checks in, wears personal protective equipment, performs the task(s) as assigned, checks out with you and asks for a screen capture signature on the smartphone device. A work order is then e-mailed, faxed or printed for your records.

Emergency Services

Emergency service can be provided 7 days a week, 24 hours a day, 365 days a year. During normal business hours, emergency service will be coordinated by the customer service agent. After hours, weekends and holidays, the emergency service number transfers to Johnson Controls after-hours call center and on-call technicians are dispatched as needed.

Johnson Controls is committed to dispatching a technician within hours of receiving your call through the service line. A work order is e-mailed, faxed or printed for your records. Depending on the terms of your agreement, you may incur charges for after-hour services.

Communication

A detailed communication plan will be provided to you so you know how often we will provide information to you regarding your Planned Service Agreement. The communication plan will also provide you with your main contacts at Johnson Controls.

Approval Process for Non-Covered Items

Johnson Controls will adhere to your procurement process. No work will be performed outside of the agreement scope without prior approval. Johnson Controls will work with you closely to ensure your procurement process is followed before any non-covered item work is started.

Summary of Services and Options

Comprehensive and operational inspections

During comprehensive and operational inspections, Johnson Controls will perform routine checks of the equipment for common issues caused by normal wear and tear on the equipment. Additional tests can be run to confirm the equipment's performance.

Routine maintenance, such as lubrication, cleaning and tightening connections, can be performed depending on the type of equipment being serviced. Routine maintenance is one of the keys to the five values of maintenance – it can help identify energy saving opportunities, reduce future repair costs, extend asset life, ensure productive environments, and promote health and safety.

Combustion Analysis

Combustion analysis and subsequent adjustments are critical to efficient boiler operation. Boiler fuel, whether natural gas or oil, must burn in the proper combination of fuel and air (oxygen). Poor combustion can create soot deposits on the tubes, impairing heat transfer. Incomplete combustion can also lead to the potential formation of CO (carbon monoxide); an odorless gas that can harm occupants in the mechanical room and/or building. Johnson Controls technicians will analyze the flue gas to determine if optimal fuel/air ratios are present.

Filter Replacement

Clean air filters help maintain proper airflow throughout your building. Decreased airflow can impair the performance of the cooling coil and may lead to occupant discomfort and inefficient operation of the HVAC system. Johnson Controls will replace the filters on a regular basis to maintain airflow and maximize air quality.

Customer Portal / Service Information Access

The Johnson Controls customer portal is the online gateway to easily access various elements of your service information. This real-time, self-service mechanism is just one more way for you to stay in touch with our service within your facilities. Using the internet, you can view service call history by location, monitor agreements, as well as view asset and invoice information.

Summary

Thank you for considering Johnson Controls as your building technology services partner. The following agreement document includes all the details surrounding your Planned Service Agreement.

With planned service from Johnson Controls, you'll get a value-driven solution that can help optimize your building controls and equipment performance, providing dependability, sustainability and energy efficiency. You'll get a solution that fits your specific goals, delivered with the attention of a local service company backed by the resources of a global organization.

The power behind **your mission**

Planned Service Agreement

Customer Name: BARNESVILLE SCHOOL - HIGH SCHOOL
Address: 302 3RD ST SE BARNESVILLE, MN 56514
Proposal Date: 04/09/2025
Estimate #: 1-1Q0HMFQN

Scope of Service

Johnson Controls, Inc. ("JCI") and the Customer (collectively the "Parties") agree Preventative Maintenance Services, as defined in Schedule A ("Services"), will be provided by JCI at the Customer's facility. This Planned Service Agreement, the Equipment List, Supplemental Price and Payment Terms, Terms and Conditions, and Schedules attached hereto and incorporated by this reference as if set forth fully herein (collectively the "Agreement"), cover the rights and obligations of both the Customer and JCI.

Extended Service Options for Premium Coverage

If Premium Coverage is selected, on-site repair services to the equipment will be provided as specified in this Agreement for the equipment listed in the attached Equipment List.

Equipment List

Only the equipment listed in the Equipment List will be covered as part of this Agreement. Any changes to the Equipment List must be agreed upon in writing by both Parties.

Term / Automatic Renewal

This Agreement takes effect on 07/01/2025 and will continue until 06/30/2028 ("Original Term"). The Agreement will automatically renew and extend for successive terms equal to the Original Term unless the Customer or JCI gives the other written notice it does not want to renew prior to the end of the then-current term (each a "Renewal Term"). The notice must be delivered at least (90) days prior to the end of the Original Term or of any Renewal Term. The Original Term and any Renewal Term may be referred to herein as the "Term". Renewal price adjustments are discussed in the Terms and Conditions.

Refrigerant Charges

Refrigerant is not included under this Agreement and will be billed separately to the Customer by JCI.

Supplemental Price & Payment Terms (Applies to Multi-Year Contracts Only)

Year	Total Annual Dollar Amount	Payment Frequency
Year1	\$44,550.00	Annually
Year2	\$45,885.00	Annually
Year3	\$47,262.00	Annually

Schedule A - Equipment List

BARNESVILLE SCHOOL- ELEMENTARY SCHOOL

**310 5TH ST SE
 BARNESVILLE, MN 56514-3634**

Product: Condensing Unit, Air Cooled, Scroll, <10 Tons

Quantity: 7

Coverage Level: Basic

Services Provided

- 1 Condenser Coil Cleaning
- 1 Comprehensive

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Serial #</u>
ACCU-1	Trane	TTA18043C	
ACCU-2A	Trane	TTA18043C	
ACCU-2B	Trane	TTA18043C	
ACCU-3	Trane	TTA15043D	
CU-1	Trane		
CU-2	Trane		
CU-3	Trane		

Product: Air Handling Unit (AHU), Mixed Air, <15 HP

Quantity: 7

Coverage Level: Basic

Services Provided

- 1 Operational
- 1 Belt Change
- 1 Comprehensive
- 2 Standard Pleated Filter Change

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Year Installed</u>
AHU-1	Trane	MCAA021	
AHU-2	Trane	MCAA035	
AHU-2	Trane	MCAA021	
AHU-4	Trane	MCAA021	
AHU-5	Trane	MCAA012	
AHU-6	McQuay International	-	
AHU-7	Trane	MCAA021	

Product: Pump, Hot Water, 0-10 HP

Quantity: 7

Coverage Level: Basic

Services Provided

- 1 Comprehensive

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Serial #</u>
BP-1	Bell & Gossett	ECOCIRC 27-320	1-1IY4GF4K
BP-2	Bell & Gossett	ECOCIRC 27-320	1-1IY4GF5E
BP-3	Bell & Gossett	ECOCIRC 55-45	1-1IY4GF54
HWP-1	Bell & Gossett	E 1510 3EB	1-1IY4GF40
HWP-2	Bell & Gossett	ECOCIRC 27-320	1-1IY4GF3G
RCP-1	Bell & Gossett	ECOCIRC 55-45	1-1IXVFWAR
SP-1	Liberty	ELV280	1-1IXVFWB1

Product: Boiler, Gas-Fired, High Efficiency, <50 HP

Quantity: 3
 Coverage Level: Basic

Services Provided
 1 Operational
 1 Combustion Analysis
 1 Comprehensive

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Year Installed</u>
Boiler-1	AERCO	BMK-4000	2020
Boiler-2	AERCO	BMK-4000	2020
Boiler-3	AERCO	BMK-4000	2020

Product: Unit Heater, Gas Fired, <300000 BTU

Quantity: 5
 Coverage Level: Basic

Services Provided
 1 Comprehensive

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Year Installed</u>
CUH-1	Rittal	RWI-310-03	2020
CUH-2	Rittal	RWI-310-03	2020
CUH-3	Rittal	RWI-310-03	2020
CUH-4	Rittal	RWI-310-03	2020
CUH-5	Rittal	RFRC-420-08	2020

Product: Fan, Exhaust Fan, Roof Mounted, 0-5 HP

Quantity: 5
 Coverage Level: Basic

Services Provided
 1 Operational

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Year Installed</u>
EEF-1	Greenheck Fan Corp	SQ-80-VG	2020
EF-1	Greenheck Fan Corp	G-133-VG	2020
EF-2	Greenheck Fan Corp	G-097-VG	2020
EF-3	Greenheck Fan Corp	G-098-VG	2020
EF-4	Greenheck Fan Corp	G-097-VG	2020

Product: Roof Top Unit (RTU), Cooling/HW-Steam Heating, without Economizer, <8 Tons

Quantity: 7
 Coverage Level: Basic

- Services Provided**
- 1 Operational (Mid-Season - Cooling/Heating without Economizer)
 - 1 Belt Change
 - 1 Cooling Comprehensive (without Economizer)
 - 2 Standard Filter Change
 - 1 Condenser Coil Cleaning

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Year Installed</u>
RTU-1	Aaon Inc	RN-026	2020
RTU-2	Aaon Inc	RN-025	2020
RTU-3	Aaon Inc	RN-016	2020
RTU-4	Aaon Inc	RN-016	2020
RTU-5	Aaon Inc	RN-016	2020
RTU-6	Aaon Inc	RN-020	2020
RTU-7	Aaon Inc	RN-011	2020

Product: Split System, Cooling Only, <7.5 Tons

Quantity: 1
 Coverage Level: Basic

- Services Provided**
- 1 Operational (Mid-Season - Cooling Only)

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Year Installed</u>
Split System-1 A/B	Write-In	PKA/PUY-A18	2020

Product: Controls

Quantity: 1
 Coverage Level: Basic

- Services Provided**
- 1 Preventive Maintenance

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Serial #</u>
Building Automation			

BARNESVILLE SCHOOL - HIGH SCHOOL	302 3RD ST SE BARNESVILLE, MN 56514
-----------------------------------------	------------------------------------------------

Product: Condensing Unit, Air Cooled, Scroll, <10 Tons

Quantity: 2
 Coverage Level: Basic

Services Provided
 1 Operational
 1 Condenser Coil Cleaning

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Year Installed</u>
ACCU-1	Aaon Inc	CFA 050	2020
ACCU-2	Aaon Inc	CFA 050	2020

Product: Air Handling Unit (AHU), Mixed Air, <15 HP

Quantity: 5
 Coverage Level: Basic

Services Provided
 2 Operational
 1 Belt Change
 2 Standard Pleated Filter Change

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Year Installed</u>
AHU-1	Innovent	MCAA021	1996
AHU-2	Daikin	MCCA035	1996
AHU-3	Daikin	MCAA021	1998
AHU-4	Innovent	MCAA021	1998
AHU-5	Innovent	MCAA012	1994

Product: Pump, Hot Water, 0-10 HP

Quantity: 6
 Coverage Level: Basic

Services Provided
 1 Comprehensive

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Year Installed</u>
BP-1,2	Bell & Gossett	80 5X5X7B	2020
HWP-1,2	Bell & Gossett	E 1510 3EB	2020
RCP-1	Bell & Gossett	ECOCIRC 55-45	2020
SP-1	Liberty		2020

BARNESVILLE SCHOOL - HIGH SCHOOL	302 3RD ST SE BARNESVILLE, MN 56514
-----------------------------------------	------------------------------------------------

Product: Boiler, Gas-Fired, High Efficiency, <50 HP

Quantity: 5
 Coverage Level: Basic

Services Provided
 1 Operational
 1 Comprehensive
 1 Combustion Analysis

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Year Installed</u>
Boiler-1	AERCO	BMK-4000	2020
Boiler-2	AERCO	BMK-4000	2020
Boiler-3			
Boiler-5	Rittal	RH-121	1-1IXVFWCA

Product: Unit Heater, Gas Fired, <300000 BTU

Quantity: 4
 Coverage Level: Basic

Services Provided
 1 Operational

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Serial #</u>
CUH-1	Rittal	RWI-310-08	1-1IXVFWP2
CUH-2	Rittal	RWI-310-08	1-1IXVFWPW
CUH-3	Rittal	RWI-310-08	1-1IXVFWQG
CUH-4	Rittal	RWI-310-08	1-1IXVFWR0

Product: Fan, Exhaust Fan, Roof Mounted, 0-5 HP

Quantity: 5
 Coverage Level: Basic

Services Provided
 1 Operational
 1 Belt Change

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Year Installed</u>
EEF-1	Greenheck Fan Corp	SQ-80-BG	2020
SEF-1	Greenheck Fan Corp	CUE-131-VG	2020
SEF-2	Greenheck Fan Corp	CUE-131-VG	2020
SEF-3	Greenheck Fan Corp	CUE-121-VG	2020
SEF-4	Greenheck Fan Corp	VEKTOR-CH-12-10-11	2020

BARNESVILLE SCHOOL - HIGH SCHOOL	302 3RD ST SE BARNESVILLE, MN 56514
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Product: Roof Top Unit (RTU), Cooling/HW-Steam Heating, with Economizer, <8 Tons

Quantity: 4
 Coverage Level: Basic

Services Provided
 2 Standard Filter Change
 1 Cooling Comprehensive (with Economizer)
 1 Condenser Coil Cleaning
 1 Belt Change

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Year Installed</u>
RTU-1	Greenheck Fan Corp	RV-45-20	2020
RTU-2	Aaon Inc	RN-0006	2020
RTU-3	Aaon Inc	RN-015	2020
RTU-4			

Product: Split System, Cooling Only, <7.5 Tons

Quantity: 1
 Coverage Level: Basic

Services Provided
 1 Operational (Mid-Season - Cooling Only)
 1 Condenser Coil Cleaning

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Year Installed</u>
Split System-1 A/B	Mitsubishi	PKA/PUY-A18	2020

Product: Metasys Inspection

Quantity: 1
 Coverage Level: Basic

Services Provided
 1 Preventive Maintenance

<u>Customer Tag</u>	<u>Manufacturer</u>	<u>Model #</u>
Metasys Inspection	Johnson Controls	ADS/NAE

Equipment Tasking

Air Handling Unit (AHU), Mixed Air, <15 HP

Belt Change	<p>All work must be performed in accordance with Johnson Controls safety policies Check with appropriate customer representative for operational deficiencies Perform belt change procedures Remove and dispose of any debris from any maintenance activity Document tasks performed during visit and report any observations to appropriate customer representative</p>
Standard Pleated Filter Change	<p>All work must be performed in accordance with Johnson Controls safety policies Check with appropriate customer representative for operational deficiencies Turn equipment off Remove dirty filters Install new filters Turn equipment on Dispose of dirty filter appropriately Document tasks performed during visit and report any observations to appropriate customer representative</p>
Comprehensive	<p>All work must be performed in accordance with Johnson Controls safety policies Check with appropriate customer representative for operational deficiencies Visually inspect damper(s) Check condition of pulleys and belts Check for proper fan operation Check condition of coils Check condition of filters Record temperatures and pressures (if applicable) Check for unusual noise and vibration Check for deterioration of gaskets and seals Check overall condition of unit Visually inspect for fluid leaks of coils and connecting piping Check starter/contactors Check and tighten electrical connections Check damper operation and lubricate as required Visually check control valve(s) Lubricate blower and motor bearings Clean condensate pan and clear drain line Check condition of blower assembly Remove and dispose of any debris from any maintenance activity Document tasks performed during visit and report any observations to appropriate customer representative</p>
Operational	<p>All work must be performed in accordance with Johnson Controls safety policies Check with appropriate customer representative for operational deficiencies Inspect motor mounting isolators Check for integrity of cabinet hardware Visually inspect damper(s) Verify damper operation Check condition of pulleys and belts Check for proper fan operation Check condition of coils Check condition of filters Record temperatures and pressures (if applicable) Check condensate drain</p>

Visually inspect electrical connections
Check for unusual noise and vibration
Check overall condition of unit
Visually inspect for fluid leaks of coils and connecting piping
Document tasks performed during visit and report any observations to appropriate customer representative

Metasys Inspection

Preventive Maintenance Check with appropriate customer representative for operational deficiencies
Perform scheduled block hour tasks
Complete any required maintenance checklists, report observations to appropriate customer representative

Boiler, Gas-Fired, High Efficiency, 0-10 HP

Combustion Analysis All work must be performed in accordance with Johnson Controls safety policies
Check with appropriate customer representative for operational deficiencies
Perform combustion analysis procedures
Document tasks performed during visit and report any observations to appropriate customer representative

Operational All work must be performed in accordance with Johnson Controls safety policies
Check with appropriate customer representative for operational deficiencies
Blow down boiler
Inspect condensate piping, trap and drain
Check for proper operation of low and high gas pressure cut-out switches
Check factory supplied gas piping and components for leakage
Check burner for proper sequence of operation
Check flame quality
Visually inspect combustion chamber, draft diverter and flue for accumulation of soot
Check boiler relief valves for leakage
Verify proper operation of low water cut-out control
Check combustion blower motor operation
Check hot water/steam temperature and pressure
Check proper operation of make-up water valve
Check overall condition of unit
Document tasks performed during visit and report any observations to appropriate customer representative

Comprehensive All work must be performed in accordance with Johnson Controls safety policies
Check with appropriate customer representative for operational deficiencies
Inspect burner contactors for wear
Check and tighten electrical connections
Check for proper gas supply pressure
Check and clean pilot assembly
Clean combustion fan wheel
Visually inspect combustion chamber, draft diverter and flue for accumulation of soot - clean as needed
Check burner for proper sequence of operation
Check operating controls
Check all safety controls
Inspect condensate piping, trap and drain
Lift relief valve to ensure proper operation

- Check boiler relief valves for leakage
- Check combustion blower motor operation and lubricate as needed
- Check factory supplied gas piping and components for leakage
- Drain boiler, open hand hole covers and clean as needed (if applicable)
- Disassemble and clean low water cut-out
- Fill boiler and check for proper operation of make-up water valve
- Verify proper operation of low water cut-out control
- Check overall condition of unit
- Record and log all operating parameters (including pressures and temperatures)
- Remove and dispose of any debris from any maintenance activity
- Document tasks performed during visit and report any observations to appropriate customer representative

Condensing Unit, Air Cooled, Scroll, <10 Tons

Condenser Coil
Cleaning

- All work must be performed in accordance with Johnson Controls safety policies
- Check with appropriate customer representative for operational deficiencies
- Rinse coil(s) thoroughly with water
- Remove and dispose of any debris from any maintenance activity
- Document tasks performed during visit and report any observations to appropriate customer representative

Operational

- All work must be performed in accordance with Johnson Controls safety policies
- Check with appropriate customer representative for operational deficiencies
- Review control panel for proper operation and recorded fault histories
- Check refrigerant charge (sight glass)
- Check for proper crank case heater operation (if applicable)
- Check for visual signs of refrigerant/oil leak(s)
- Check for proper condenser fan operation
- Check for unusual noise and vibration
- Check overall condition of unit
- Record and log all operating parameters
- Document tasks performed during visit and report any observations to appropriate customer representative

Comprehensive

- All work must be performed in accordance with Johnson Controls safety policies
- Check with appropriate customer representative for operational deficiencies
- Review control panel for proper operation and recorded fault histories
- Check for visual signs of refrigerant/oil leak(s)
- Conduct refrigerant leak check
- Check for proper crank case heater operation (if applicable)
- Perform lock-out and tag-out procedure
- Inspect condenser fan and compressor contactors for wear
- Check and tighten electrical connections
- Check for unusual noise and vibration
- Check overall condition of unit
- Record and log all operating parameters
- Remove and dispose of any debris from any maintenance activity
- Document tasks performed during visit and report any observations to appropriate customer representative

Fan, Exhaust Fan, Roof Mounted, 0-5 HP

Belt Change	All work must be performed in accordance with Johnson Controls safety policies Check with appropriate customer representative for operational deficiencies Perform belt change procedures Remove and dispose of any debris from any maintenance activity Document tasks performed during visit and report any observations to appropriate customer representative
Operational	Check with appropriate customer representative for operational deficiencies Check rain guard Check and tighten electrical connections Clean area around equipment Inspect starter Lubricate as required Motor operating amps Check belt guard Check belt(s) (if applicable) Check drive condition Check electrical contacts Check fan blades Check for proper rotation Complete any required maintenance checklists, report observations to appropriate customer representative

Pump, Hot Water, 0-10 HP

Comprehensive	All work must be performed in accordance with Johnson Controls safety policies Check with appropriate customer representative for operational deficiencies Check for leaks Check coupling Lubricate pump and motor bearing(s) per manufacturer's recommendation Record and log all operating parameters Check for unusual noise and vibration Check overall condition of unit Document tasks performed during visit and report any observations to appropriate customer representative
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Roof Top Unit (RTU), Cooling/HW-Steam Heating, with Economizer, <8 Tons

Belt Change	All work must be performed in accordance with Johnson Controls safety policies Check with appropriate customer representative for operational deficiencies Perform belt change procedures Remove and dispose of any debris from any maintenance activity Document tasks performed during visit and report any observations to appropriate customer representative
Standard Filter Change	All work must be performed in accordance with Johnson Controls safety policies Check with appropriate customer representative for operational deficiencies Turn equipment off Remove dirty filters Install new filters Turn equipment on Dispose of dirty filter appropriately Document tasks performed during visit and report any observations to

appropriate customer representative

Condenser Coil Cleaning All work must be performed in accordance with Johnson Controls safety policies
 Check with appropriate customer representative for operational deficiencies
 Rinse coil(s) thoroughly with water
 Remove and dispose of any debris from any maintenance activity
 Document tasks performed during visit and report any observations to appropriate customer representative

Cooling Comprehensive (with Economizer) All work must be performed in accordance with Johnson Controls safety policies
 Check with appropriate customer representative for operational deficiencies
 Review control panel for proper operation and recorded fault histories (if applicable)
 Check and tighten electrical connections
 Check VFD operation and clean cooling fan intake (if applicable)
 Check contactor(s)
 Check condition of condenser coil
 Check condition of evaporator coil
 Check condenser fan motors and blades
 Check blower motor operation
 Lubricate blower and motor bearings
 Check economizer operation
 Lubricate and adjust economizer damper linkages
 Verify proper operation of exhaust motor (if applicable)
 Check condition and alignment of pulley and belts
 Check condition of filters
 Clean condensate pan and clear drain line
 Check for visual signs of refrigerant/oil leak(s)
 Check for unusual noise and vibration
 Record and log all operating parameters
 Check overall condition of unit
 Remove and dispose of any debris from any maintenance activity
 Document tasks performed during visit and report any observations to appropriate customer representative

Roof Top Unit (RTU), Cooling/HW-Steam Heating, without Economizer, <8 Tons

Belt Change All work must be performed in accordance with Johnson Controls safety policies
 Check with appropriate customer representative for operational deficiencies
 Perform belt change procedures
 Remove and dispose of any debris from any maintenance activity
 Document tasks performed during visit and report any observations to appropriate customer representative

Standard Filter Change All work must be performed in accordance with Johnson Controls safety policies
 Check with appropriate customer representative for operational deficiencies
 Turn equipment off
 Remove dirty filters
 Install new filters
 Turn equipment on
 Dispose of dirty filter appropriately
 Document tasks performed during visit and report any observations to appropriate customer representative

Condenser Coil All work must be performed in accordance with Johnson Controls safety policies

Cleaning	Check with appropriate customer representative for operational deficiencies Rinse coil(s) thoroughly with water Remove and dispose of any debris from any maintenance activity Document tasks performed during visit and report any observations to appropriate customer representative
Cooling Comprehensive (without Economizer)	All work must be performed in accordance with Johnson Controls safety policies Check with appropriate customer representative for operational deficiencies Review control panel for proper operation and recorded fault histories (if applicable) Check and tighten electrical connections Check VFD operation and clean cooling fan intake (if applicable) Check contactor(s) Check condition of condenser coil Check condition of evaporator coil Check condenser fan motors and blades Check blower motor operation Lubricate blower and motor bearings Check condition and alignment of pulley and belts Check condition of filters Clean condensate pan and clear drain line Check for visual signs of refrigerant/oil leak(s) Check for unusual noise and vibration Record and log all operating parameters Check overall condition of unit Remove and dispose of any debris from any maintenance activity Document tasks performed during visit and report any observations to appropriate customer representative
Operational (Mid Season - Cooling/Heating without Economizer)	All work must be performed in accordance with Johnson Controls safety policies Check with appropriate customer representative for operational deficiencies Review control panel for proper operation and recorded fault histories (if applicable) Check condition of condenser coil Check condition of evaporator coil Check condenser fan motors and blades Check blower motor operation Check heating operation (when applicable) Check condition of pulley and belts Check condition of filters Check condensate drain Check for visual signs of refrigerant/oil leak(s) Visually inspect electrical connections Check for unusual noise and vibration Check overall condition of unit Document tasks performed during visit and report any observations to appropriate customer representative

Split System, Cooling Only, <7.5 Tons

Condenser Coil Cleaning	All work must be performed in accordance with Johnson Controls safety policies Check with appropriate customer representative for operational deficiencies Spray coil(s) with chemical solution Rinse coil(s) thoroughly with water Remove and dispose of any debris from any maintenance activity Document tasks performed during visit and report any observations to appropriate customer representative
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Operational (Mid
Season - Cooling Only)

All work must be performed in accordance with Johnson Controls safety policies
Check with appropriate customer representative for operational deficiencies
Check condition of condenser coil
Check condenser fan motors and blades
Check condensing unit electrical connections and contactor(s)
Check blower motor operation
Check condition of filters
Check condition of pulley and belts (if applicable)
Check condensate system
Check for visual signs of refrigerant/oil leak(s)
Check for unusual noise and vibration
Check overall condition of unit
Document tasks performed during visit and report any observations to appropriate customer representative

Unit Heater, Gas Fired, <300000 BTU

Comprehensive

All work must be performed in accordance with Johnson Controls safety policies
Check with appropriate customer representative for operational deficiencies
Check integrity of unit heater supports
Check and tighten electrical connections
Check igniter and pilot operation
Check condition of heat exchanger
Check condition of burners and clean as required in place
Check for proper venting
Check for leaks on gas line down stream of manual shutoff
Check condition of pulley and belts (if applicable)
Cycle thermostat and check for proper operation
Check for unusual noise and vibration
Check overall condition of unit
Remove and dispose of any debris from any maintenance activity
Document tasks performed during visit and report any observations to appropriate customer representative

Operational

All work must be performed in accordance with Johnson Controls safety policies
Check with appropriate customer representative for operational deficiencies
Check integrity of unit heater supports
Check condition of pulley and belts (if applicable)
Check for proper fan operation
Cycle thermostat and check for proper operation
Check for unusual noise and vibration
Check overall condition of unit
Document tasks performed during visit and report any observations to appropriate customer representative

Special Additions and Exceptions

As a Planned Service Agreement Customer, we allow the following Exceptions for the term of this contract:

- No PPE Charges
- No Fuel Surcharge
- No DEU charges for Metasys Controls Service outside of the contract.
- No more than 1 DEU per invoice for Mechanical or Chiller Services performed outside of the contract.
- Any item not covered under the planned service agreement will be brought to the attention of the customer and invoiced separately from the planned service agreement. These items will be invoiced at the prevailing base labor of **10% off** or on a quoted basis upon request.

Terms and Conditions
Definitions

SCOPE OF SERVICE AND BASE TERMS AND CONDITIONS: In accepting this Agreement, Customer agrees to the Terms and Conditions found at <https://www.johnsoncontrols.com/legal/hvac-service-psa-us-terms> (the "Service Terms"). Where services include, use, implement, and deploy software and hosted software products, such software related to these services are governed by Company's standard terms for software found at <https://www.johnsoncontrols.com/techterms> (the "Software Terms"). Both the Service Terms and Software Terms, as in effect from time to time, are fully incorporated into this agreement by reference (collectively, the "Terms and Conditions"). Attention is directed to the Customer's commitments and obligations to Company, limitation of liability, warranty, indemnity and other terms and conditions contained therein. It is understood that these terms and conditions shall prevail over any variation in terms and conditions on any purchase order or other document that Customer may issue. Any changes requested by Customer after the execution of Agreement shall be authorized in writing by the parties. This Planned Service Agreement, Terms and Conditions, and any schedules attached hereto are incorporated by reference as if set forth fully herein (collectively the "Agreement"), cover the rights and obligations of the Parties.

Any additional work or services outside the scope of the Agreement and performed by Company at the direction of Customer shall be subject to the Company's standard customer terms and conditions found at <https://www.johnsoncontrols.com/customerterms>, which are also incorporated herein by reference.

This proposal is valid for thirty (30) days from the proposal date. In accepting this proposal, Customer agrees to the Terms and Conditions Covering the Agreement herein and understand they shall prevail over any variation in terms and conditions on any Purchase Order or other documents Customer may issue.

[END OF DOCUMENT]



April 1, 2025

RE: 50790-1055 Barnesville ISD 146

Hello

Thank you for choosing Avēsis as your vision carrier. Below is your group's current plan information:

Current Plan: 927

Lens Options Package: NA

Current rates: \$13.20 / \$23.10 / \$34.33

Based on member utilization, we recommend the following packages, which provide more value than your current plan:

Plans Options	Current:	Recommendation 1:	Recommendation 2:
Current Plan:	927	050130CY	050130CY
Copay:	\$10 / \$10	\$10 / \$10	\$10 / \$10
Frame Allowance:	\$50	\$50	\$50
Contact Lens Allowance:	\$130	\$130	\$130
Frequency:	12/12/12/12	12/12/12/12	12/12/12/12
Lens Options	Current: NA	Recommendation 1: L3	Recommendation 2: L7
Youth Polycarbonate		✓	✓
Adult Polycarbonate		✓	✓
Standard Scratch		✓	✓
UV Screening		✓	✓
Solid or Gradient Tint		✓	✓
Standard Anti-Reflective		✓	✓
Standard Progressives			✓
Premium Progressives			✓
Plan Renewal Pricing	EE \$13.20	EE \$15.21	EE \$16.52
	E1 \$23.10	E1 \$26.87	E1 \$29.31
	EF \$34.33	EF \$40.08	EF \$43.82
Duration	2-Years	4-Years	
Potential Member Savings		\$268	\$498
Renewal Selection	<input type="checkbox"/> 927	<input type="checkbox"/> 050130CYL3	<input type="checkbox"/> 050130CYL7

Unless you request otherwise, your benefits will renew automatically with your current plan, effective **July 01, 2025 to June 30, 2027**. Please select your plan above, then sign and return by email to renewals@avesis.com or to 855-643-6630 within 30 days of the renewal date.

If you have questions, please call 844-630-1100 or email accountmanager@avesis.com.

Signature: _____ Date: _____

Premium is subject to adjustment in the event of changes in benefits, contributions, or the number of eligible employees, or any future additional tax, fee, or assessment imposed by the federal or state governments with associated administrative costs and expenses.

Barnesville ISD 146



Group Number: 50790-1055
Plan Number: 927

Effective Date: 07/01/2025

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Vision Examination		
Includes refraction	Covered in full after \$10 copay	Up to \$35
Retinal Imaging	Up to \$45 member out-of-pocket (OOP) maximum	N/A
Materials		
	\$10 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance		
Up to 20% discount above frame allowance*	Members receive a \$50 wholesale allowance up to \$150 retail value†	Up to \$45
Standard Spectacle Lenses		
Single Vision	Covered in full after \$10 copay	Up to \$25
Bifocal	Covered in full after \$10 copay	Up to \$40
Trifocal	Covered in full after \$10 copay	Up to \$50
Lenticular	Covered in full after \$10 copay	Up to \$80
Standard Progressives	Balance after \$50 allowance + up to 20% off retail	Up to \$40
Other Lens Options	Up to 20% discount*	N/A
Contact Lenses‡		
Elective	\$130 allowance	Up to \$130
Medically Necessary	Covered in full	Up to \$250
Refractive Laser Surgery		
Up to 25% discount‡	Onetime/lifetime \$150 allowance	Onetime/lifetime \$150 allowance
Frequency		
Eye Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 12 months	

Here's How It Works

When you need to see an eye care professional, simply visit www.avesis.com or contact Avēsis' Customer Service Monday through Friday, 7 a.m. to 8 p.m. (EST) at 855-214-6777 to receive a listing of providers in your area.

- 1 Select a provider**
- 2 Make an appointment**
- 3 Visit the provider for service**
- 4 Pay any copays or additional expenses**

Reliable & Dependable

Avēsis provides exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use vision benefit that provides excellent value and protection.

Rates

Employee Paid - Monthly	
Employee Only	\$ 13.20
Employee + One	\$ 23.10
Employee + Family	\$ 34.33

How can we help you?

Avēsis Website:
www.avesis.com

Customer Service:
855-214-6777
7 a.m. - 8 p.m. EST

LASIK Provider:
877-712-2010

^Hearing Provider:
844-366-0039 TTY:711

† Value may be less depending on the providers retail pricing.

* Discounts are not insured benefits.

‡ In lieu of frame and spectacle lenses.

‡ Save up to 25% on average LASIK prices when you use Qualsight (visit qualsight.com/-avesis for more information).

† At participating Walmart/Sam's locations, retail pricing for your plan is \$68.00 .

At participating Costco locations, retail pricing is \$54.99 .

Avēsis vision insurance products are underwritten by Fidelity Security Life Insurance Company® (FSL), Kansas City, MO, when insured by FSL. Approved by FSL date of 08/24. Administered by Avēsis. Policy # VC-16, Form M-9059. 161

Using Out-of-Network Providers

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avēsis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avēsis provider. Out-of-network claim forms can be obtained by contacting Avēsis' Customer Service Center or your group administrator, or by visiting www.avesis.com.

Termination Provisions

The coverage will continue as long as the group policy remains in force, the premiums are paid, and as long as the employee and any covered dependents remain eligible and the employees coverage remains in force.

Notes and Disclaimers

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only, or both contact lenses and professional services (fitting fees). Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avēsis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.

Limitations and Exclusions

Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

Limitations

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avēsis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions

No benefits will be paid for services or materials connected with or charges arising from:

1. Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing; Aniseikonic lenses;
2. Medical and/or surgical treatment of the eye, eyes, or supporting structures;
3. Any Vision Examination, or any corrective eyewear, required by an Employer as a condition of employment and safety eyewear, unless specifically covered under the Policy;
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether Federal, state, or subdivisions thereof;
5. Plano (non-prescription) lenses;
6. Non-prescription sunglasses;
7. Two pair of glasses in lieu of bifocals; or
8. Services or materials provided by any other group benefit plan providing vision care.

Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Period when Vision Materials would next become available.

Refractive Surgery Vision Benefit Exclusions

Benefits are not payable for any of the following:

1. Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or
2. Medical or surgical procedures, services, or treatments:
 - a. not specifically covered under this Rider;
 - b. provided free of charge in the absence of insurance
 - c. payable under any Workers' Compensation law or similar statutory authority
 - d. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

Avēsis
1295 W. Washington Street, Suite 212
Tempe AZ 85281

avesis.com



Barnesville ISD 146-SAMPLE

Group ID: 50790-1055
Effective Date: July 1, 2025
Plan ID: 050130CY-L3

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Vision Examination (includes Refraction) MATERIALS*	Covered in full after \$10 copay \$10 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	Up to \$35
Frame Allowance (Up to 20% discount above frame allowance.)	Members receive a \$50 wholesale allowance up to \$150 retail value	Up to \$45
Standard Spectacle Lenses		
Single Vision	Covered in full after \$10 copay	Up to \$25
Bifocal	Covered in full after \$10 copay	Up to \$40
Trifocal	Covered in full after \$10 copay	Up to \$50
Lenticular	Covered in full after \$10 copay	Up to \$80
Preferred Pricing Options		
Level 3 Lens Option Package		
Polycarbonate (Single Vision/Multi-Focal)	Covered in Full	Up to \$10
Standard Scratch-Resistant Coating	Covered in Full	Up to \$5
Ultra-Violet Screening	Covered in Full	Up to \$6
Solid or Gradient Tint	Covered in Full	Up to \$4
Standard Anti-Reflective Coating	Covered in Full	Up to \$24
Level 1 Progressives	\$75	Up to \$40
Level 2 Progressives	\$110	Up to \$40
All Other Progressives	\$50 allowance + up to 20% discount	Up to \$40
Transitions® (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40	N/A
Other Lens Options	Up to 20% Discount	N/A
Contact Lenses † (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	\$130 allowance	Up to \$110
Medically Necessary	Covered in full	Up to \$250
Refractive Laser Surgery	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance

PLAN DETAILS

Contribution	Voluntary
Frequency	
Eye Exam	Once every 12 month
Lenses	Once every 12 month
Frame	Once every 12 month
Contact Lenses	Once every 12 month
	Rates
	EO \$15.21
	E1 \$26.87
	EF \$40.08

RELIABLE & DEPENDABLE

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value

Policies and rates are guaranteed for 4 years.

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
 Policy #: VC-16, Form M-9059

EO = Employee Only
 E1 = Employee + One
 ES = Employee + Spouse
 EC = Employee + Child(ren)
 EF = Employee + FAM

How can we help you?

Avēsis Website:
www.avesis.com

Customer Service:
 855-214-6777

7:00 a.m. to 8:00 p.m. EST

LASIK Provider:
 877-712-2010

Discounts are not insured benefits.

*At participating Walmart/Sam's locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$54.99.

†Prior Authorization is required for medically necessary contacts.



HERE'S HOW IT WORKS

When you need to see an eye care professional, simply visit www.avesis.com or contact Avësis' Customer Service Monday through Friday, 7:00 a.m. to 8:00 p.m. (EST) at 855-214-6777 to receive a listing of providers in your area.



USING OUT-OF-NETWORK PROVIDERS

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avësis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avësis provider. Out-of-network claim forms can be obtained by contacting Avësis' Customer Service Center or your group administrator, or by visiting

LIMITATIONS AND EXCLUSIONS

Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

Limitations:

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avësis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions:

There are no benefits under the plan for professional services or materials connected with and arising from:

- 1) Orthoptics or vision training;
- 2) Subnormal vision aids and any supplemental testing, aniseikonic lenses;
- 3) Plano (non-prescription) lenses, sunglasses;
- 4) Two pairs of glasses in lieu of bifocal lenses;
- 5) Any medical or surgical treatment of eye or supporting structures;
- 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
- 7) Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear;
- 8) Services or materials provided as a result of Workers' Compensation Law, or similar legislation, required by any governmental agency whether Federal, State, or subdivision thereof.
- 9) Services or materials provided by any other group benefit plan providing vision care.

Refractive Surgery Vision Benefit Exclusions:

Benefits are not payable for any of the following:

- 1) Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or
- 2) Medical or surgical procedures, services, or treatments: not specifically covered under this Rider;
 - a. provided free of charge in the absence of insurance
 - b. payable under any Workers' Compensation law or similar statutory authority
 - c. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

TERMINATION PROVISIONS

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

NOTES AND DISCLAIMERS

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only. Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avësis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.

Insured benefits are administered by Avësis Third Party Administrators, Inc., Phoenix, AZ



Barnesville ISD 146-SAMPLE

Group ID: 50790-1055
Effective Date: July 1, 2025
Plan ID: 050130CY-L7

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Vision Examination (includes Refraction) MATERIALS*	Covered in full after \$10 copay \$10 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	Up to \$35
Frame Allowance (Up to 20% discount above frame allowance.)	Members receive a \$50 wholesale allowance up to \$150 retail value	Up to \$45
Standard Spectacle Lenses		
Single Vision	Covered in full after \$10 copay	Up to \$25
Bifocal	Covered in full after \$10 copay	Up to \$40
Trifocal	Covered in full after \$10 copay	Up to \$50
Lenticular	Covered in full after \$10 copay	Up to \$80
Preferred Pricing Options		
Level 7 Lens Option Package		
Polycarbonate (Single Vision/Multi-Focal)	Covered in Full	Up to \$10
Standard Scratch-Resistant Coating	Covered in Full	Up to \$5
Ultra-Violet Screening	Covered in Full	Up to \$6
Solid or Gradient Tint	Covered in Full	Up to \$4
Standard Anti-Reflective Coating	Covered in Full	Up to \$24
Level 1 Progressives	Covered in Full	Up to \$40
Level 2 Progressives	Covered in Full	Up to \$48
All Other Progressives	\$140 allowance + up to 20% discount	Up to \$48
Transitions® (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40	N/A
Other Lens Options	Up to 20% Discount	N/A
Contact Lenses † (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	\$130 allowance	Up to \$110
Medically Necessary	Covered in full	Up to \$250
Refractive Laser Surgery	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance

PLAN DETAILS

Contribution	Voluntary	
Frequency		Rates
Eye Exam	Once every 12 month	EO \$16.52
Lenses	Once every 12 month	E1 \$29.31
Frame	Once every 12 month	EF \$43.82
Contact Lenses	Once every 12 month	

Discounts are not insured benefits.

*At participating Walmart/Sam's locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$54.99.

†Prior Authorization is required for medically necessary contacts.

RELIABLE & DEPENDABLE

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value

Policies and rates are guaranteed for 4 years.

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
 Policy #: VC-16, Form M-9059

EO = Employee Only
 E1 = Employee + One
 ES = Employee + Spouse
 EC = Employee + Child(ren)
 EF = Employee + FAM

How can we help you?

Avēsis Website:
www.avesis.com

Customer Service:
 855-214-6777

7:00 a.m. to 8:00 p.m. EST

LASIK Provider:
 877-712-2010



HERE'S HOW IT WORKS

When you need to see an eye care professional, simply visit www.avesis.com or contact Avësis' Customer Service Monday through Friday, 7:00 a.m. to 8:00 p.m. (EST) at 855-214-6777 to receive a listing of providers in your area.



USING OUT-OF-NETWORK PROVIDERS

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avësis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avësis provider. Out-of-network claim forms can be obtained by contacting Avësis' Customer Service Center or your group administrator, or by visiting

LIMITATIONS AND EXCLUSIONS

Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

Limitations:

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avësis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions:

There are no benefits under the plan for professional services or materials connected with and arising from:

- 1) Orthoptics or vision training;
- 2) Subnormal vision aids and any supplemental testing, aniseikonic lenses;
- 3) Plano (non-prescription) lenses, sunglasses;
- 4) Two pairs of glasses in lieu of bifocal lenses;
- 5) Any medical or surgical treatment of eye or supporting structures;
- 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
- 7) Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear;
- 8) Services or materials provided as a result of Workers' Compensation Law, or similar legislation, required by any governmental agency whether Federal, State, or subdivision thereof.
- 9) Services or materials provided by any other group benefit plan providing vision care.

Refractive Surgery Vision Benefit Exclusions:

Benefits are not payable for any of the following:

- 1) Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or
- 2) Medical or surgical procedures, services, or treatments: not specifically covered under this Rider;
 - a. provided free of charge in the absence of insurance
 - b. payable under any Workers' Compensation law or similar statutory authority
 - c. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

TERMINATION PROVISIONS

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

NOTES AND DISCLAIMERS

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only. Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avësis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.

Insured benefits are administered by Avësis Third Party Administrators, Inc., Phoenix, AZ



I am Waiving Vision Insurance

AVĒSIS ADVANTAGE VISION CARE EMPLOYEE ENROLLMENT FORM

PLEASE PRINT LEGIBLY

Underwritten by Fidelity Security Life Insurance Company® Kansas City, Missouri

Policy No. VC-16

TO BE COMPLETED BY THE EMPLOYEE

Employee Last Name		Employee First Name		MI
Date of Birth / /	Social Security Number - -		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address				Apartment No.
City		State	Zip Code -	

Do you wish to cover your eligible dependents? Yes No

If yes, complete the following:

	Dependent Name	Date of Birth
Spouse/Domestic Partner		/ /
Child		/ /

I would like to cover additional eligible dependents (PLEASE LIST ON A SECOND ENROLLMENT FORM)

By signing below, I agree to receive all documents and correspondence electronically and that I can access the internet or the email address provided. I understand that I may revoke this authorization or request specific paper documents without revoking this authorization by contacting the Company [or Administrator] by mail, email, or telephone.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I authorize deductions from my earnings at the required contributions towards the cost of the coverage.	
Signature	Date / /

TO BE COMPLETED BY THE EMPLOYER

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Add ○ Dependents	<input type="checkbox"/> Change ○ Address ○ Phone ○ Name ○ COBRA	<input type="checkbox"/> Cancel Coverage ○ Policy Holder ○ Dependent(s)
Reason for Change	<input type="checkbox"/> Employment Status <input type="checkbox"/> Qualifying Event: (PLEASE STATE) _____		
Requested Effective Date / /	167	Date of Employment / /	

Lens Options Packages

Lens options not included in the standard packages described below can be purchased by members at Avēsis Preferred Pricing. Prices displayed are for in-network providers.

	L1	L2	L3	L6	L7
Polycarbonate (Single Vision/ Multi-Focal)	\$40/\$44 member OOP maximum	Covered in full [†]	Covered in full [†]	\$40/\$44 member OOP maximum	Covered in full [†]
Standard Scratch-Resistant Coating	\$17 member OOP maximum	\$17 member OOP maximum	Covered in full [†]	\$17 member OOP maximum	Covered in full [†]
Ultraviolet Screening	\$15 member OOP maximum	\$15 member OOP maximum	Covered in full [†]	\$15 member OOP maximum	Covered in full [†]
Solid or Gradient Tint	\$17 member OOP maximum	\$17 member OOP maximum	Covered in full [†]	\$17 member OOP maximum	Covered in full [†]
Standard Anti-Reflective Coating	\$45 member OOP maximum	\$45 member OOP maximum	Covered in full [†]	\$45 member OOP maximum	Covered in full [†]
Standard Progressives[†]	Up to \$75 allowance (L1) / \$110 allowance (L2)	Up to \$75 allowance (L1) / \$110 allowance (L2)	Up to \$75 allowance (L1) / \$110 allowance (L2)	Covered in full [†]	Covered in full [†]
Premium Progressives[†]	\$50 allowance + up to 20% discount*	\$50 allowance + up to 20% discount*	\$50 allowance + up to 20% discount*	\$140 allowance + up to 20% discount*	\$140 allowance + up to 20% discount*
Plastic Photochromic (Single Vision/ Multi-Focal)	\$70/\$80 member OOP maximum	\$70/\$80 member OOP maximum	\$70/\$80 member OOP maximum	\$70/\$80 member OOP maximum	\$70/\$80 member OOP maximum
Polarized	\$75 member OOP maximum	\$75 member OOP maximum	\$75 member OOP maximum	\$75 member OOP maximum	\$75 member OOP maximum
PGX/PBX	\$40 member OOP maximum	\$40 member OOP maximum	\$40 member OOP maximum	\$40 member OOP maximum	\$40 member OOP maximum
All other lens options	Up to a 20% discount*				

For illustrative purpose only.

*Discounts are not insured benefits.

[†]Insured benefits

Using Out-of-Network Providers

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avēsis for reimbursement, unless the provider accepts an assignment of benefits. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avēsis provider. Out-of-network claim forms can be obtained by contacting Avēsis' Customer Service Center or your group administrator, or by visiting www.avesis.com.

Termination Provisions

The coverage will continue as long as the group policy remains in force, the premiums are paid, and as long as the employee and any covered dependents remain eligible and the employees coverage remains in force.

Notes and Disclaimers

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only. Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avēsis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.

Limitations and Exclusions

Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

Limitations

Vision Examination and Vision Materials. Fees charged by a Provider for services other than Vision Examination or covered Vision Materials must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy.

Benefit allowances provide no remaining balance for future use within the same Benefit Period.

Exclusions

No benefits will be paid for services or materials connected with or charges arising from:

1. Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing; Aniseikonic lenses;
2. Medical and/or surgical treatment of the eye, eyes, or supporting structures;
3. Any eye or Vision Examination, or any corrective eyewear, required by an Employer as a condition of employment and safety eyewear, unless specifically covered under the Policy;
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether Federal, state, or subdivisions thereof;
5. Plano (non-prescription) lenses;
6. Non-prescription sunglasses;
7. Two pair of glasses in lieu of bifocals; or 8) Services or materials provided by any other group benefit plan providing vision care.

Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Period when Vision Materials would next become available.

Refractive Surgery Vision Benefit Exclusions

Benefits are not payable for any of the following:

1. Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or
2. Medical or surgical procedures, services, or treatments:
 - not specifically covered under this Rider;
 - provided free of charge in the absence of insurance
 - payable under any Workers' Compensation law or similar statutory authority
 - payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

Employer Section

Underwriter Documents

FIDELITY SECURITY LIFE INSURANCE COMPANY®
Kansas City, Missouri

POLICYHOLDER: Barnesville ISD 146
POLICY EFFECTIVE DATE: 7/1/2025
POLICY NUMBER: VC-16
STATE OF DELIVERY: Minnesota

READ YOUR POLICY CAREFULLY

This Policy is a legal contract between the Policyholder and Fidelity Security Life Insurance Company. The consideration for this contract is the application and the payment of premiums as set forth herein.

AGREEMENT

This Policy and the attached application form the entire contract between the Policyholder and Us. Oral statements made by the Policyholder, by a Covered Person, by Our agent, or by any other person are not part of this Policy. Only Our President or a Vice President may make changes for Us. Such changes must be in writing and attached to this Policy. We reserve the right to amend the Policy from time to time.

We will pay, with respect to each Covered Person, the insurance benefits provided in this Policy. Payment is subject to the conditions, limitations and exceptions of this Policy. Eligibility requirements to be insured under this Policy are stated in the attached application. This Policy is governed by the laws of the state shown above. The sections set forth on the following pages are a part of this Policy and take effect on the Policy Effective Date.

PREMIUMS

Premiums are payable in advance by the Policyholder.

The first premium is due on the effective date of this Policy. Subsequent premiums are due on the first day of each calendar month thereafter. The required premium due on each premium due date is the sum of the premiums for all employees and their Dependents covered under this Policy. The premiums due will be determined by applying the premium rates then in effect for each type of insurance provided by this Policy to the number of Covered Persons. All premiums are payable to Us at Our Office or to Our authorized agent.

While this Policy is in force, changes may be required in the premium payable due to a change in insurance as follows:

- a. If an amount of insurance is added or increased during a calendar month and the change is not due to a change in the terms of this Policy, premiums will be changed as of the date the change becomes effective.
- b. If an amount of insurance is deleted or decreased during a calendar month and the change is not due to a change in the terms of this Policy, premium will cease at the end of the calendar month in which the deletion or decrease occurred.
- c. If amounts of insurance are changed during a calendar month due to a change in the terms of this Policy, the premium charge or credit will be computed as of the effective date of the change.

**Group Insurance Policy Providing
Limited Benefits for Vision Care
Non-Participating**

If premiums are due Us or premium refunds are due the Policyholder as a result of clerical error in the reporting of dates to Us, all premiums or refunds will be calculated at the current rate of premium payment and limited to a maximum period of six months.

Premium Rate Change. We may change the premium rate on any Policy anniversary date. We will give the Policyholder written notice of any premium rate change at least 31 days prior to the change.

Grace Period. A grace period of 31 days will be allowed to the Policyholder for the payment of each premium due after the first premium. This Policy will remain in force during the grace period. If the required premium is not paid by the end of the 31-day period, this Policy will terminate. The Policyholder will be required to pay premium for the grace period.

Return of Premium. We reserve the right to rescind coverage on one or all employees due to misrepresentation or fraud on the Application for this Policy or an employee's Enrollment Form if such misrepresentation materially affected the acceptance of the risk.

1. If, on the date coverage is rescinded, no claims have been paid under this Policy, We will return to the Policyholder all premiums paid for such coverage.
2. If, on the date coverage is rescinded, claims have been paid under this Policy, We reserve the right to deduct an amount equal to the amount of such claims paid from the premiums returned to the Policyholder.

TERMINATION OF POLICY

The Policyholder or We may terminate or cancel this Policy on any date on or after the first Anniversary date of the Policy's Effective Date. Written notice must be provided to the other party at least 31 days prior to termination.

CERTIFICATES

Fidelity Security Life Insurance Company will furnish to the Policyholder a Certificate which will set forth the essential features of the insurance coverage.

ADDITIONAL INSUREDS

Covered Persons may be added at any time if they meet the eligibility requirements stated in the Policyholder's application, complete an enrollment form, if required, and pay any required premium contributions.

INCORPORATION PROVISION

The provisions of the attached Certificate and all Rider(s) issued to amend this Policy after its effective date are made a part of this Policy. This Policy was signed by the Policyholder on the application. We sign here on behalf of Fidelity Security Life Insurance Company at Kansas City, Missouri.

FIDELITY SECURITY LIFE INSURANCE COMPANY



President

Secretary

FIDELITY SECURITY LIFE INSURANCE COMPANY®
3130 Broadway • Kansas City, Missouri 64111-2406 • (800) 648-8624

**Group Insurance Certificate Providing
Limited Benefits for Vision Care
Non-Participating**

This Certificate will take the place of any and all Certificates and Riders which may have been issued to You at a prior time under the Policy.

GENERAL INFORMATION

About Your Insurance - This Certificate explains the plan of insurance which is underwritten by Fidelity Security Life Insurance Company. Read it closely to become familiar with Your plan. An individual identification card will be issued to You containing Your Group Number and Your Effective Date.

Important Notice - Benefits are payable only for expenses incurred while this insurance is in force. No agent has the right to change the Policy or to waive any part of it. The Policy under which this Certificate is issued may at any time be amended or canceled, as stated in its provisions. Such an action may be taken without the consent of or notice to any person who claims rights or benefits under the Policy. The insurance under the Policy does not take the place of nor does it affect any requirements for coverage by Workers' Compensation or a similar type of insurance. The benefits for Dependents which are described in this Certificate will be applicable to Your Dependents only if You make application to have Your Dependents insured.

DEFINITIONS

The following terms have specific meaning as used in the Policy.

Covered Person means an employee meeting the eligibility requirements of the Policy who is covered for benefits. Covered Person will also include Your Dependents, if enrolled.

Dependent means any of the following persons: 1) Your lawful spouse; 2) Each unmarried child from birth to age 19 who is primarily dependent upon You for support and maintenance; 3) Each unmarried child at least 19 years of age to age 25 who is primarily dependent upon You for support and maintenance and who is a full-time student; or 4) Each unmarried child at least 19 years of age: who is primarily dependent upon You for support and maintenance because the child is incapable of self-sustaining employment by reason of mental incapacity or physical handicap; who was so incapacitated and is a Covered Person under this Policy on his or her 19th birthday; and who has been continuously so incapacitated since his or her 19th birthday. Child includes stepchild, foster child, legally adopted child, child legally placed in Your home for adoption, and child under Your legal guardianship. A full-time student is one who is enrolled at least 12 semester hours for credit in the case of an accredited junior college, college or university; and, in the case of a trade school, is enrolled in a course requiring attendance of 15 or more hours weekly for six or more months. This includes any student who by reason of illness, injury or physical or mental disability as documented by a Physician is unable to carry what the educational institution considers a full-time course load so long as the student's course load is at least 60% of what otherwise is considered by the institution a full-time course load.

Policy means the Policy issued to the Policyholder.

Policyholder means the Employer named as the Policyholder on the face of the Policy.

Provider means a licensed physician or optometrist who is operating within the scope of his or her license or a dispensing Optician.

Vision Examination means a comprehensive ophthalmological service as defined in the Current Procedural Technology (CPT) and the Documentation Guidelines listed under "Eyes-examination items". Comprehensive ophthalmological service describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields and basic sensorimotor examination. It often includes, as indicated by examination: biomicroscopy, examination with cycloplegia or mydriasis and tonometry. It always includes initiation of diagnostic and treatment programs.

THIS PLAN IS NOT MEDICARE SUPPLEMENT. If you are eligible for Medicare, please review "Choosing a Medigap Policy: A Guide to Health Insurance for People With Medicare," available from the Company.

Vision Materials means corrective lenses and/or frames or contact lenses.

We, Our, Us means Fidelity Security Life Insurance Company.

You, Your, Yours means the employee covered under the Policy.

**DEFINITIONS
(PPO and Non-PPO)**

Preferred Agreement means an agreement between the PPO and a Provider concerning the rates and reimbursement methods for services and supplies provided by such Provider.

Non-Preferred Provider means a Provider, located within the PPO Service Area, who has not signed a Preferred Agreement with the PPO.

Preferred Provider means a Provider who has signed a Preferred Agreement with the PPO.

Preferred Provider Organization (“PPO”) means a network of Providers and retail chain stores within the PPO Service Area who have signed Preferred Agreements with the Company.

PPO Service Area means the geographical area where the PPO is located.

EFFECTIVE DATES

Effective Date of Employee’s Insurance - Your insurance will be effective as follows: 1) If the Policyholder does not require You to contribute towards the premium for this coverage, Your insurance will be effective on the date You became eligible; 2) If the Policyholder requires You to contribute towards the premium for this coverage, Your insurance will be effective on the date You became eligible, provided; a) You have given Us Your enrollment form (if required) on, prior to, or within 30 days of the date You became eligible; and b) You have agreed, in writing, to pay the required contributions; 3) If You fail to meet the requirements (a) and (b) within 30 days after becoming eligible, Your coverage will not become effective until We have verified that You have met these requirements. You will then be advised of Your effective date.

Effective Date of Dependent’s Insurance - Coverage for Dependents becomes effective on the later of: 1) the date Dependent Coverage is first included in Your coverage; or 2) the premium due date on or after the date the person first qualifies as Your Dependent. If an enrollment form is required, You must provide such form and agree to pay any premium contribution that may be required prior to coverage becoming effective.

Newborn Children - If a Dependent is covered under Your Certificate, a Dependent child born while this Certificate is in force shall be covered from the moment of birth and thereafter. If additional premium is required, You must enroll the newborn child and furnish the required premium, as We are entitled to all premiums that would have been collected had We been aware of the additional Dependent. If premium is not furnished, We may reduce the benefit payable to You by the amount of past due premiums applicable to the additional Dependent.

Adopted Children - If a Dependent child is placed with You for adoption while the Certificate is in force, such child will be covered from the date of placement for 31 days. In order to continue coverage beyond this 31-day period, You must send in notice and agree to pay any premium contributions that may be required by the Policyholder within this 31-day period. If proper notice has been given, coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement.

SCHEDULE OF BENEFITS

Covered Persons have the right to obtain vision care from the Provider of their choice. However, payment of the Benefit varies depending on the type of Provider chosen. Benefits are payable as shown in the following Schedule:

<u>Benefit</u>	<u>Preferred Provider</u>	<u>Non-Preferred Provider (Up to a Maximum Dollar Amount of):</u>	<u>Benefit Period</u>
Vision Examination:	\$10.00 copayment	\$35.00	12 Months
Vision Materials:	\$10.00 copayment	N/A	
<i>Standard Lenses</i>			12 Months
Single	Paid in full after copayment	\$25.00	
Bifocal	Paid in full after copayment	\$40.00	
Trifocal	Paid in full after copayment	\$50.00	
Lenticular	Paid in full after copayment	\$80.00	
Standard Progressives	\$50.00	\$40.00	
<i>Frames</i>	\$50.00	\$45.00	12 Months
<i>Contact Lenses*</i>			12 Months
Elective	\$130.00	\$130.00	
Medically Necessary	Paid in Full	\$250.00	

*Contact Lenses includes fit, follow-up and Materials.

Any services which cannot be obtained by a Preferred Provider within the PPO Service Area because: 1) due to their specialized nature, there is no Preferred Provider located within the PPO Service Area; 2) are provided by a Provider not in the PPO Service Area; and 3) are specifically authorized in advance by the Covered Person's Provider and approved by the Company, shall be paid in accordance with the Schedule of Benefits, without further deductions, subject to all Policy maximums, limitations, conditions and exclusions.

Benefit Period for Vision Examination is shown in the Schedule of Benefits and begins on the Policy Effective Date.

Benefit Period for Vision Materials is shown in the Schedule of Benefits and begins on the Policy Effective Date.

Vision Examination Benefit - A Covered Person is eligible for one Vision Examination in each successive Benefit Period.

Vision Materials Benefit - If a Vision Examination results in a Covered Person needing corrective Vision Materials for their visual health and welfare, those Vision Materials prescribed by Providers will be supplied, subject to certain limitations and exclusions of the Policy, as follows:

- Lenses - Up to two lenses provided one time in each successive Benefit Period.
- Frame - One frame provided one time in each successive Benefit Period.
- Contact Lenses - Contact lenses benefit provided in lieu of lenses and/or frame.

LIMITATION

Vision Examination and Vision Materials - Fees charged by a Provider for services other than Vision Examination or covered Vision Materials must be paid in full by the Covered Person to the Provider. Such fees or materials are not covered under this Policy.

Benefit allowances provide no remaining balance for future use within the same Benefit Period, except for Contact Lenses benefit.

EXCLUSIONS

No benefits will be paid for services or materials connected with or charges arising from: 1) Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes, or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear, required by an Employer as a condition of employment and safety eyewear, unless specifically covered under the Policy; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether Federal, state, or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; or 8) Services or materials provided by any other group benefit plan providing vision care.

Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Period when Vision Materials would next become available.

TERMINATION OF INSURANCE

For all Covered Persons - All Covered Persons' insurance will end automatically on the earliest of the following dates: a) The date the Policy ends; b) The end of the last period for which any required contribution agreed to in writing has been made; c) The date You are no longer eligible for insurance; d) The date Your employment with the Employer ends. Your coverage will end on the last day of the month in which employment ends. The Employer may, at its option, continue insurance for individuals whose employment has ended, if it: (i) does so without individual selection between employees; and (ii) if it continues making premium payments for those individuals.

For Dependents - A Dependent's insurance will automatically stop on the earlier of: a) the date Your coverage ends; b) the end of the month in which the Dependent ceases to be Your Dependent; c) the end of the last period for which any required contribution has been made.

A Dependent Child will not cease to be a Dependent solely because of age if the child is: a) not capable of self-sustaining employment due to mental incapacity or physical handicap that began before the age limit was reached; and b) mainly dependent on You for support.

We may ask for proof of the eligible child's incapacity and dependency two (2) months before the date the Dependent would otherwise cease to be covered.

We may require the same proof again, but We will not ask for it more than once a year after this coverage has been continued for two (2) years. This continued coverage will end: a) on the date the Policy ends; b) the date the incapacity or dependency ends; c) the last day of the month for which required premium for the child is paid; or d) 60 days after the date We request proof which is not given to Us.

CONTINUATION OF INSURANCE

Continuation of Insurance if a Covered Person is not actively at work: For groups not subject to COBRA or the Family and Medical Leave Act, insurance under the Policy may be continued for You if You are not actively at work and continue to pay the required premium. If You are not actively at work due to injury, sickness, approved leave of absence or temporary lay-off, are placed on part-time employment, or if there is a reduction in hours to the point You are no longer eligible under the Policy, the Policyholder, acting on a basis which does not discriminate for or against any person, may consider You as actively at work until the Policyholder notifies Us differently or stops paying premiums for You. In no event will insurance under the Policy be continued in this manner for longer than eighteen (18) months from the date of the qualifying event.

You will not be eligible for this benefit if You are not actively at work due to termination of employment with the Policyholder.

Continuation Privilege for certain dependents: If coverage terminates as a result of an employee's death, divorce or eligibility under Title XVIII of the Social Security Act (Medicare), the insured Dependent's coverage can continue. The coverage will end at the earliest of:

1. the date the insured Dependent becomes eligible for coverage under any other group plan providing similar benefits;
2. 36 months after continuation was elected if due to the employee being covered under Title XVIII of the Social Security Act (Medicare);
3. the insured Dependent fails to make timely premium payments;
4. the Policy terminates.

Notification Requirements

The insured Dependent must notify the Policyholder of the employee's death or divorce. The Policyholder will provide written notice to the insured Dependent of the right to continue coverage and will send the election form, and instructions for premium payments immediately. The Policyholder, upon request, will provide the insured Dependent with written verification from the Company the cost of this coverage at the time of eligibility. The premium charged will not exceed 102% of the group premium.

If termination is due to the surviving insured Dependent's failure to make the required premium payment, written notice of cancellation must be mailed to the last known address at least 30 days before the cancellation. Failure of the surviving insured Dependent to make the premium

payment within 90 days after notice of the requirement to pay the premiums will be the basis of termination of coverage without written consent.

CLAIMS

Notice Of Claim. Written notice of claim must be given: (a) within 30 days after a covered loss begins; or (b) as soon as reasonably possible after that. This notice may be given to Us at Our Home Office or to Our Administrator. Notice should include the Covered Person's name and the Policy and Certificate numbers.

Claim Forms. When We receive notice of claim, We will send the claimant forms for filing proof of loss within 15 days. If claim forms are not supplied within this 15-day period, a claimant may submit proof in writing, setting forth the nature and extent of the loss.

Proof Of Loss. Proof of loss must be furnished to Us within 90 days after the date of loss. We will not deny or reduce a claim if it was not reasonably possible to give Us proof within the time allowed. In any event, the Covered Person must give Us proof within one (1) year after it is due unless he is legally incapacitated.

Time Of Payment Of Claims. Immediately after receiving written proof of loss, We will pay all benefits then due a Covered Person.

Payment Of Claims. All claims will be paid to You, unless We have the obligation to pay the facility or Provider directly. However, in the event a benefit becomes payable to Your estate, We may pay such benefit, up to an amount equal to \$1,000, to any relative by blood or connection by marriage whom We deem to be equitably entitled thereto. Payment made in good faith fully discharges Us to the extent of any payments made.

Legal Actions. No legal actions may be brought to recover under the Policy: (1) within 60 days after written proof of loss has been furnished as required; or (2) after three years (five years in Kansas and six years in South Carolina) from when written proof of loss is required.

Claim Appeal Procedure. If We partially or fully deny a claim for benefits submitted by a Covered Person and he or she disagrees or does not understand the reasons for this denial, the Covered Person may appeal this decision, and they have the right to: 1) Request a review of the denial; 2) Review pertinent plan documents; and 3) Submit in writing, any data, documents or comments which are relevant to Our review of this denial.

The Covered Person's appeal must be submitted in writing within 180 days of receiving written notice of denial. We will review all information and send written notification within 60 days of the Covered Person's request.

GENERAL PROVISIONS

Entire Contract. The Policy is a legal contract. It is between the Policyholder and Us. The entire contract consists of: (1) the Policy, the Certificate, endorsements and attachments, if any; (2) the Policyholder's Application; and (3) the employees' enrollment forms, if any. Any statement made by the Policyholder or by a Covered Person in an application will, in the absence of fraud, be deemed a representation and not a warranty. No such statement will void the coverage or reduce the benefits or be used in defense to a claim unless it is in writing and a copy of the application is furnished to the Covered Person.

Modification Of Policy. The Policy may be modified at any time by agreement between the Policyholder and Us without consent of any employee. No modification will be valid unless approved by one of Our officers: (1) the President; (2) a Vice President; or (3) the Secretary. The approval must be endorsed on or attached to the Policy. No agent has authority to modify the Policy or waive any of the Policy's provisions to extend the time for premium payment by making any promise or representation.

Incontestability. The validity of the Policy shall not be contested except for non-payment of premiums, fraudulent misstatements or material misrepresentations after it has been in force for two (2) years. Coverage under this Certificate shall not be contested except for non-payment of premiums or material misrepresentation after it has been in force for two (2) years. No statement, except fraudulent misstatements, made by You relating to: 1) Your insurability; or 2) The insurability of Your Dependents; shall be used in contesting the validity of the coverage of the person about whom the statement was made after coverage has been in force for a period of two (2) years. Any such statement must be contained in a written instrument signed by You, a copy of which has been furnished to You.

Fraud. If You or the Policyholder commits fraud pertaining to an employee against Us, as determined by a court of competent jurisdiction, Your coverage will end automatically without notice.

Misstatement Of Age. If a Covered Person's age has been misstated, the benefits will be those which the premium paid would have bought for the correct age. If a Covered Person's correct age was over the maximum issue age, coverage will be voided and the premiums paid for such Covered Person will be refunded.

Assignment Of Benefits. You may assign Your benefits. However, an assignment is not binding until We have received and acknowledged in writing the original or copy of the assignment before payment of the benefit. We do not guarantee the legal validity or effect of such assignment.

Grace Period. A grace period of 31 days will be allowed for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. If the premium is not paid within the grace period, coverage will terminate as of the premium due date. The grace period will not apply if the Covered Person gives written notice to Us of his or her intent not to continue this coverage.

FIDELITY SECURITY LIFE INSURANCE COMPANY



President

Secretary



FIDELITY SECURITY LIFE INSURANCE COMPANY®

3130 Broadway
Kansas City, Missouri 64111-2406
Phone 800-648-8624
A STOCK COMPANY
(Herein Called "the Company")

AMENDMENT RIDER

By attachment of this Rider, the third paragraph of the **PREMIUMS** section in the Policy is amended to add the following:

- d. if a government action, including fees, taxes and assessments, or change in law or regulation materially affects the Company's risk, premium may be adjusted and will be effective upon written notification from the Company at least 31 days before the date of change.

This Rider takes effect on the effective date of the Policy to which it is attached. This Rider terminates concurrently with the Policy to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Policy except as stated.

FIDELITY SECURITY LIFE INSURANCE COMPANY

President

Secretary



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REFRACTIVE SURGERY BENEFIT RIDER

This Rider amends the Policy/Certificate to which it is attached. The following refractive surgical benefits are added:

DEFINITIONS

Injury means a bodily Injury sustained directly and independently of all other causes resulting in a covered loss under this Rider.

LASEK (Laser Assisted Epithelium Keratomileusis) means a slight variation of the traditional LASIK procedure as described below. This surgical procedure utilizes a trephine to create an epithelial flap (as opposed to the deeper stromal flap with LASIK) and an alcohol solution to preserve the epithelial cells. Once the epithelial flap is created and lifted, the treatment proceeds as for traditional PRK, with light smoothing at its conclusion. The epithelial flap is then repositioned with a small spatula.

LASIK (Laser Assisted In-Situ Keratomileusis) means a surgical procedure involving the use of a computer-controlled excimer laser to reshape the cornea (epithelium) without invading the adjacent cell layers. An automated microkeratome is used to shave off a thin, hinged layer of the cornea that is lifted, and the exposed surface is reshaped using the laser. After altering the cornea curvature, the flap is replaced and is adhered without stitches. In **IntraLase Initiated LASIK**, a special laser is used instead of a blade to create the flap. In **Custom Wavefront** or **Wavefront-Guided LASIK** procedures, a 3-dimensional measurement of how the eye processes images is used to guide the laser in re-shaping the front part of the eye (cornea).

PRK (Photorefractive Keratectomy) means a surgical procedure involving removal of the surface layer of the cornea by gentle scraping and use of a computer-controlled excimer laser to reshape the stroma.

Physician means an Ophthalmologist or Optometrist licensed under applicable state law to perform the surgical procedures for which benefits are payable under this Rider, and who is acting within the lawful scope of his or her license to render such service. A Physician cannot be the Covered Person or a member of the Covered Person's Immediate Family. "Immediate Family" means the Covered Person or the Covered Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing with the Covered Person.

Refractive Surgery means a surgical procedure which permanently alters the focusing power of the eye(s) in order to change refractive errors.

BENEFITS

Refractive Surgery Benefit. The Company will pay a one-time surgical indemnity benefit of \$150 (per Covered Person) for one of the following refractive surgical procedures to one or both eyes: LASIK (including Custom Wavefront, Wavefront-Guided or IntraLase initiated LASIK), LASEK or PRK, if performed by a Physician on a Covered Person while covered under this Rider, subject to the Exclusions provision.

EXCLUSIONS

Refractive Surgery Vision Benefit Exclusions

Benefits are not payable for any of the following:

1. Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames or contact lenses; or
2. Medical or surgical procedures, services or treatments:
 - a. not specifically covered under this Rider;
 - b. provided free of charge in the absence of insurance;
 - c. payable under any Workers' Compensation law, or similar statutory authority; or
 - d. payable under any governmental plan or program whether Federal, state or subdivisions thereof.

This Rider takes effect on the effective date of the Policy/Certificate to which it is attached. This Rider terminates concurrently with the Policy/Certificate to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Policy/Certificate except as stated.

FIDELITY SECURITY LIFE INSURANCE COMPANY

The image shows two handwritten signatures in black ink. The signature on the left is 'Bryson T. Jones' and the signature on the right is 'Bradford R. Jones'. Both signatures are written in a cursive, flowing style.

President

Secretary



FIDELITY SECURITY LIFE INSURANCE COMPANY®

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Kansas City, Missouri 64111-2406
Phone 800-648-8624
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AMENDMENT RIDER

By attachment of this Rider, the Policy/Certificate is amended by the following:

Any provision of the Policy/Certificate that provides coverage for a Dependent child up to a certain age is amended to cover such child to age 26, regardless of financial dependency, residency, student status, or marital status.

This Rider takes effect on the effective date of the Policy/Certificate to which it is attached. This Rider terminates concurrently with the Policy/Certificate to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Policy/Certificate except as stated.

FIDELITY SECURITY LIFE INSURANCE COMPANY

President

Secretary



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NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION LAW

If the insurer or health maintenance organization that issued your life, annuity or health insurance policy becomes impaired or insolvent, you are entitled to compensation for your policy or contract from the assets of that insurer. The amount you recover will depend on the financial condition of the insurer or health maintenance organization.

In addition, residents of Minnesota who purchase life insurance, annuities, health insurance, or health maintenance organization coverage from insurance companies authorized to do business in Minnesota are protected, SUBJECT TO LIMITS AND EXCLUSIONS, in the event the insurer or health maintenance organization becomes financially impaired or insolvent. This protection is provided by the Minnesota Life and Health Insurance Guaranty Association.

For purposes of this notice, the terms "insurance company" and "insurer" include health maintenance organizations.

Minnesota Life & Health Insurance Guaranty Association
90 South Seventh Street, 3300 Wells Fargo Center
Minneapolis, MN 55402
(612) 322-8713

The maximum amount the guaranty association will pay for all policies or contracts issued on one life by the same insurer or health maintenance organization is limited to \$500,000. Subject to this \$500,000 limit, the guaranty association will pay up to \$500,000 in life insurance death benefits, \$130,000 in net cash surrender and net cash withdrawal values for life insurance, \$500,000 in health insurance, health maintenance organization, and long-term care benefits, including any net cash surrender and net cash withdrawal values, \$500,000 in disability income insurance, \$250,000 in annuity net cash surrender and net cash withdrawal values, \$410,000 in present value of annuity benefits for annuities which are part of a structured settlement or for annuities in regard to which periodic annuity benefits, for a period of not less than the annuitant's lifetime or for a period certain of not less than ten years, have begun to be paid on or before the date of impairment or insolvency, or if no coverage limit has been specified for a covered policy or benefit, the coverage limit shall be \$500,000 in present value. Unallocated annuity contracts issued to retirement plans, other than defined benefit plans, established under Section 401, 403(b), or 457 of the Internal Revenue Code of 1986, as amended through December 31, 1992, are covered up to \$250,000 in net cash surrender and net cash withdrawal values, for Minnesota residents covered by the plan provided, however, that the association shall not be responsible for more than \$10,000,000 in claims from all Minnesota residents covered by the plan. If total claims exceed \$10,000,000, the \$10,000,000 shall be prorated among all claimants. These are the maximum claim amounts. Coverage by the guaranty association is also subject to other substantial limitations and exclusions and requires continued residency in Minnesota. If your claim exceeds the guaranty association's limits, you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The guaranty association assesses insurers and health maintenance organizations licensed to sell life and health insurance in Minnesota after the insolvency occurs. Claims are paid from this assessment.

Benefits provided by a long-term care rider to a life insurance policy or annuity contract shall be considered the same type of benefits as the base life insurance policy or annuity contract to which it relates.

THE COVERAGE PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY, CONTRACT, OR POLICY, YOU SHOULD NOT RELY ON COVERAGE BY THE GUARANTY ASSOCIATION.

THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDERS OF LIFE, ANNUITY, HEALTH INSURANCE, OR HEALTH MAINTENANCE ORGANIZATION POLICIES AND CONTRACTS OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES FINANCIALLY IMPAIRED OR INSOLVENT. THIS NOTICE IN NO WAY IMPLIES THAT THE COMPANY CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL LIFE, ANNUITY, HEALTH INSURANCE, AND HEALTH MAINTENANCE ORGANIZATION POLICIES AND CONTRACTS ARE REQUIRED TO PROVIDE THIS NOTICE.

FACTS

WHAT DOES Fidelity Security Life Insurance Company® and Affiliates DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> ■ Social Security number and transaction history ■ medical information and insurance claim information ■ assets and checking account information <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Fidelity Security Life Insurance Company and Affiliates choose to share; and whether you can limit this sharing.	
Reasons we can share your personal information	Does Fidelity Security Life Insurance Company share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes – information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share
Questions?	Call 800-648-8624 or go to www.fslins.com	

Who we are	
Who is providing this notice?	Fidelity Security Life Insurance Company and Affiliates including our Administrative, Insurance and Financial Service Providers.
What we do	
How does Fidelity Security Life Insurance Company and Affiliates protect my personal information?	<p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p> <p>These physical, electronic and procedural safeguards were created to protect your information. We also limit employee access as appropriate.</p>
How does Fidelity Security Life Insurance Company and Affiliates collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ■ apply for insurance or pay insurance premiums ■ file an insurance claim or give us your contact information ■ show your driver's license <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ■ sharing for affiliates' everyday business purposes – information about your creditworthiness ■ affiliates from using your information to market to you ■ sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ■ <i>Our affiliates include Fidelity Security Life Insurance Company of New York, Fidelity Security Assurance Company, Forrest T. Jones & Company, Inc. and Forrest T. Jones Consulting Company.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ■ <i>Fidelity Security Life Insurance Company does not share with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ■ <i>Our joint marketing partners include insurance agencies, broker dealers and investment advisor firms.</i>
Other important information	

Employee Section

Underwriter Documents



I am Waiving Vision Insurance

AVĒSIS ADVANTAGE VISION CARE EMPLOYEE ENROLLMENT FORM

PLEASE PRINT LEGIBLY

Underwritten by Fidelity Security Life Insurance Company® Kansas City, Missouri

Policy No. VC-16

TO BE COMPLETED BY THE EMPLOYEE

Employee Last Name		Employee First Name		MI
Date of Birth / /	Social Security Number - -		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address				Apartment No.
City		State	Zip Code -	

Do you wish to cover your eligible dependents? Yes No

If yes, complete the following:

	Dependent Name	Date of Birth
Spouse/Domestic Partner		/ /
Child		/ /

I would like to cover additional eligible dependents (PLEASE LIST ON A SECOND ENROLLMENT FORM)

By signing below, I agree to receive all documents and correspondence electronically and that I can access the internet or the email address provided. I understand that I may revoke this authorization or request specific paper documents without revoking this authorization by contacting the Company [or Administrator] by mail, email, or telephone.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I authorize deductions from my earnings at the required contributions towards the cost of the coverage.	
Signature	Date / /

TO BE COMPLETED BY THE EMPLOYER

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Add ○ Dependents	<input type="checkbox"/> Change ○ Address ○ Phone ○ Name ○ COBRA	<input type="checkbox"/> Cancel Coverage ○ Policy Holder ○ Dependent(s)
Reason for Change	<input type="checkbox"/> Employment Status <input type="checkbox"/> Qualifying Event: (PLEASE STATE) _____		
Requested Effective Date / /	188	Date of Employment / /	

FIDELITY SECURITY LIFE INSURANCE COMPANY®
3130 Broadway • Kansas City, Missouri 64111-2406 • (800) 648-8624

**Group Insurance Certificate Providing
Limited Benefits for Vision Care
Non-Participating**

This Certificate will take the place of any and all Certificates and Riders which may have been issued to You at a prior time under the Policy.

GENERAL INFORMATION

About Your Insurance - This Certificate explains the plan of insurance which is underwritten by Fidelity Security Life Insurance Company. Read it closely to become familiar with Your plan. An individual identification card will be issued to You containing Your Group Number and Your Effective Date.

Important Notice - Benefits are payable only for expenses incurred while this insurance is in force. No agent has the right to change the Policy or to waive any part of it. The Policy under which this Certificate is issued may at any time be amended or canceled, as stated in its provisions. Such an action may be taken without the consent of or notice to any person who claims rights or benefits under the Policy. The insurance under the Policy does not take the place of nor does it affect any requirements for coverage by Workers' Compensation or a similar type of insurance. The benefits for Dependents which are described in this Certificate will be applicable to Your Dependents only if You make application to have Your Dependents insured.

DEFINITIONS

The following terms have specific meaning as used in the Policy.

Covered Person means an employee meeting the eligibility requirements of the Policy who is covered for benefits. Covered Person will also include Your Dependents, if enrolled.

Dependent means any of the following persons: 1) Your lawful spouse; 2) Each unmarried child from birth to age 19 who is primarily dependent upon You for support and maintenance; 3) Each unmarried child at least 19 years of age to age 25 who is primarily dependent upon You for support and maintenance and who is a full-time student; or 4) Each unmarried child at least 19 years of age: who is primarily dependent upon You for support and maintenance because the child is incapable of self-sustaining employment by reason of mental incapacity or physical handicap; who was so incapacitated and is a Covered Person under this Policy on his or her 19th birthday; and who has been continuously so incapacitated since his or her 19th birthday. Child includes stepchild, foster child, legally adopted child, child legally placed in Your home for adoption, and child under Your legal guardianship. A full-time student is one who is enrolled at least 12 semester hours for credit in the case of an accredited junior college, college or university; and, in the case of a trade school, is enrolled in a course requiring attendance of 15 or more hours weekly for six or more months. This includes any student who by reason of illness, injury or physical or mental disability as documented by a Physician is unable to carry what the educational institution considers a full-time course load so long as the student's course load is at least 60% of what otherwise is considered by the institution a full-time course load.

Policy means the Policy issued to the Policyholder.

Policyholder means the Employer named as the Policyholder on the face of the Policy.

Provider means a licensed physician or optometrist who is operating within the scope of his or her license or a dispensing Optician.

Vision Examination means a comprehensive ophthalmological service as defined in the Current Procedural Technology (CPT) and the Documentation Guidelines listed under "Eyes-examination items". Comprehensive ophthalmological service describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields and basic sensorimotor examination. It often includes, as indicated by examination: biomicroscopy, examination with cycloplegia or mydriasis and tonometry. It always includes initiation of diagnostic and treatment programs.

**THIS PLAN IS NOT MEDICARE SUPPLEMENT. If you are eligible for Medicare, please review
"Choosing a Medigap Policy: A Guide to Health Insurance for People With Medicare," available
from the Company.**

Vision Materials means corrective lenses and/or frames or contact lenses.

We, Our, Us means Fidelity Security Life Insurance Company.

You, Your, Yours means the employee covered under the Policy.

**DEFINITIONS
(PPO and Non-PPO)**

Preferred Agreement means an agreement between the PPO and a Provider concerning the rates and reimbursement methods for services and supplies provided by such Provider.

Non-Preferred Provider means a Provider, located within the PPO Service Area, who has not signed a Preferred Agreement with the PPO.

Preferred Provider means a Provider who has signed a Preferred Agreement with the PPO.

Preferred Provider Organization (“PPO”) means a network of Providers and retail chain stores within the PPO Service Area who have signed Preferred Agreements with the Company.

PPO Service Area means the geographical area where the PPO is located.

EFFECTIVE DATES

Effective Date of Employee’s Insurance - Your insurance will be effective as follows: 1) If the Policyholder does not require You to contribute towards the premium for this coverage, Your insurance will be effective on the date You became eligible; 2) If the Policyholder requires You to contribute towards the premium for this coverage, Your insurance will be effective on the date You became eligible, provided; a) You have given Us Your enrollment form (if required) on, prior to, or within 30 days of the date You became eligible; and b) You have agreed, in writing, to pay the required contributions; 3) If You fail to meet the requirements (a) and (b) within 30 days after becoming eligible, Your coverage will not become effective until We have verified that You have met these requirements. You will then be advised of Your effective date.

Effective Date of Dependent’s Insurance - Coverage for Dependents becomes effective on the later of: 1) the date Dependent Coverage is first included in Your coverage; or 2) the premium due date on or after the date the person first qualifies as Your Dependent. If an enrollment form is required, You must provide such form and agree to pay any premium contribution that may be required prior to coverage becoming effective.

Newborn Children - If a Dependent is covered under Your Certificate, a Dependent child born while this Certificate is in force shall be covered from the moment of birth and thereafter. If additional premium is required, You must enroll the newborn child and furnish the required premium, as We are entitled to all premiums that would have been collected had We been aware of the additional Dependent. If premium is not furnished, We may reduce the benefit payable to You by the amount of past due premiums applicable to the additional Dependent.

Adopted Children - If a Dependent child is placed with You for adoption while the Certificate is in force, such child will be covered from the date of placement for 31 days. In order to continue coverage beyond this 31-day period, You must send in notice and agree to pay any premium contributions that may be required by the Policyholder within this 31-day period. If proper notice has been given, coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement.

SCHEDULE OF BENEFITS

Covered Persons have the right to obtain vision care from the Provider of their choice. However, payment of the Benefit varies depending on the type of Provider chosen. Benefits are payable as shown in the following Schedule:

<u>Benefit</u>	<u>Preferred Provider</u>	<u>Non-Preferred Provider (Up to a Maximum Dollar Amount of):</u>	<u>Benefit Period</u>
Vision Examination:	\$10.00 copayment	\$35.00	12 Months
Vision Materials:	\$10.00 copayment	N/A	
<i>Standard Lenses</i>			12 Months
Single	Paid in full after copayment	\$25.00	
Bifocal	Paid in full after copayment	\$40.00	
Trifocal	Paid in full after copayment	\$50.00	
Lenticular	Paid in full after copayment	\$80.00	
Standard Progressives	\$50.00	\$40.00	
<i>Frames</i>	\$50.00	\$45.00	12 Months
<i>Contact Lenses*</i>			12 Months
Elective	\$130.00	\$130.00	
Medically Necessary	Paid in Full	\$250.00	

*Contact Lenses includes fit, follow-up and Materials.

Any services which cannot be obtained by a Preferred Provider within the PPO Service Area because: 1) due to their specialized nature, there is no Preferred Provider located within the PPO Service Area; 2) are provided by a Provider not in the PPO Service Area; and 3) are specifically authorized in advance by the Covered Person's Provider and approved by the Company, shall be paid in accordance with the Schedule of Benefits, without further deductions, subject to all Policy maximums, limitations, conditions and exclusions.

Benefit Period for Vision Examination is shown in the Schedule of Benefits and begins on the Policy Effective Date.

Benefit Period for Vision Materials is shown in the Schedule of Benefits and begins on the Policy Effective Date.

Vision Examination Benefit - A Covered Person is eligible for one Vision Examination in each successive Benefit Period.

Vision Materials Benefit - If a Vision Examination results in a Covered Person needing corrective Vision Materials for their visual health and welfare, those Vision Materials prescribed by Providers will be supplied, subject to certain limitations and exclusions of the Policy, as follows:

- Lenses - Up to two lenses provided one time in each successive Benefit Period.
- Frame - One frame provided one time in each successive Benefit Period.
- Contact Lenses - Contact lenses benefit provided in lieu of lenses and/or frame.

LIMITATION

Vision Examination and Vision Materials - Fees charged by a Provider for services other than Vision Examination or covered Vision Materials must be paid in full by the Covered Person to the Provider. Such fees or materials are not covered under this Policy.

Benefit allowances provide no remaining balance for future use within the same Benefit Period, except for Contact Lenses benefit.

EXCLUSIONS

No benefits will be paid for services or materials connected with or charges arising from: 1) Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes, or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear, required by an Employer as a condition of employment and safety eyewear, unless specifically covered under the Policy; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether Federal, state, or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; or 8) Services or materials provided by any other group benefit plan providing vision care.

Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Period when Vision Materials would next become available.

TERMINATION OF INSURANCE

For all Covered Persons - All Covered Persons' insurance will end automatically on the earliest of the following dates: a) The date the Policy ends; b) The end of the last period for which any required contribution agreed to in writing has been made; c) The date You are no longer eligible for insurance; d) The date Your employment with the Employer ends. Your coverage will end on the last day of the month in which employment ends. The Employer may, at its option, continue insurance for individuals whose employment has ended, if it: (i) does so without individual selection between employees; and (ii) if it continues making premium payments for those individuals.

For Dependents - A Dependent's insurance will automatically stop on the earlier of: a) the date Your coverage ends; b) the end of the month in which the Dependent ceases to be Your Dependent; c) the end of the last period for which any required contribution has been made.

A Dependent Child will not cease to be a Dependent solely because of age if the child is: a) not capable of self-sustaining employment due to mental incapacity or physical handicap that began before the age limit was reached; and b) mainly dependent on You for support.

We may ask for proof of the eligible child's incapacity and dependency two (2) months before the date the Dependent would otherwise cease to be covered.

We may require the same proof again, but We will not ask for it more than once a year after this coverage has been continued for two (2) years. This continued coverage will end: a) on the date the Policy ends; b) the date the incapacity or dependency ends; c) the last day of the month for which required premium for the child is paid; or d) 60 days after the date We request proof which is not given to Us.

CONTINUATION OF INSURANCE

Continuation of Insurance if a Covered Person is not actively at work: For groups not subject to COBRA or the Family and Medical Leave Act, insurance under the Policy may be continued for You if You are not actively at work and continue to pay the required premium. If You are not actively at work due to injury, sickness, approved leave of absence or temporary lay-off, are placed on part-time employment, or if there is a reduction in hours to the point You are no longer eligible under the Policy, the Policyholder, acting on a basis which does not discriminate for or against any person, may consider You as actively at work until the Policyholder notifies Us differently or stops paying premiums for You. In no event will insurance under the Policy be continued in this manner for longer than eighteen (18) months from the date of the qualifying event.

You will not be eligible for this benefit if You are not actively at work due to termination of employment with the Policyholder.

Continuation Privilege for certain dependents: If coverage terminates as a result of an employee's death, divorce or eligibility under Title XVIII of the Social Security Act (Medicare), the insured Dependent's coverage can continue. The coverage will end at the earliest of:

1. the date the insured Dependent becomes eligible for coverage under any other group plan providing similar benefits;
2. 36 months after continuation was elected if due to the employee being covered under Title XVIII of the Social Security Act (Medicare);
3. the insured Dependent fails to make timely premium payments;
4. the Policy terminates.

Notification Requirements

The insured Dependent must notify the Policyholder of the employee's death or divorce. The Policyholder will provide written notice to the insured Dependent of the right to continue coverage and will send the election form, and instructions for premium payments immediately. The Policyholder, upon request, will provide the insured Dependent with written verification from the Company the cost of this coverage at the time of eligibility. The premium charged will not exceed 102% of the group premium.

If termination is due to the surviving insured Dependent's failure to make the required premium payment, written notice of cancellation must be mailed to the last known address at least 30 days before the cancellation. Failure of the surviving insured Dependent to make the premium

payment within 90 days after notice of the requirement to pay the premiums will be the basis of termination of coverage without written consent.

CLAIMS

Notice Of Claim. Written notice of claim must be given: (a) within 30 days after a covered loss begins; or (b) as soon as reasonably possible after that. This notice may be given to Us at Our Home Office or to Our Administrator. Notice should include the Covered Person's name and the Policy and Certificate numbers.

Claim Forms. When We receive notice of claim, We will send the claimant forms for filing proof of loss within 15 days. If claim forms are not supplied within this 15-day period, a claimant may submit proof in writing, setting forth the nature and extent of the loss.

Proof Of Loss. Proof of loss must be furnished to Us within 90 days after the date of loss. We will not deny or reduce a claim if it was not reasonably possible to give Us proof within the time allowed. In any event, the Covered Person must give Us proof within one (1) year after it is due unless he is legally incapacitated.

Time Of Payment Of Claims. Immediately after receiving written proof of loss, We will pay all benefits then due a Covered Person.

Payment Of Claims. All claims will be paid to You, unless We have the obligation to pay the facility or Provider directly. However, in the event a benefit becomes payable to Your estate, We may pay such benefit, up to an amount equal to \$1,000, to any relative by blood or connection by marriage whom We deem to be equitably entitled thereto. Payment made in good faith fully discharges Us to the extent of any payments made.

Legal Actions. No legal actions may be brought to recover under the Policy: (1) within 60 days after written proof of loss has been furnished as required; or (2) after three years (five years in Kansas and six years in South Carolina) from when written proof of loss is required.

Claim Appeal Procedure. If We partially or fully deny a claim for benefits submitted by a Covered Person and he or she disagrees or does not understand the reasons for this denial, the Covered Person may appeal this decision, and they have the right to: 1) Request a review of the denial; 2) Review pertinent plan documents; and 3) Submit in writing, any data, documents or comments which are relevant to Our review of this denial.

The Covered Person's appeal must be submitted in writing within 180 days of receiving written notice of denial. We will review all information and send written notification within 60 days of the Covered Person's request.

GENERAL PROVISIONS

Entire Contract. The Policy is a legal contract. It is between the Policyholder and Us. The entire contract consists of: (1) the Policy, the Certificate, endorsements and attachments, if any; (2) the Policyholder's Application; and (3) the employees' enrollment forms, if any. Any statement made by the Policyholder or by a Covered Person in an application will, in the absence of fraud, be deemed a representation and not a warranty. No such statement will void the coverage or reduce the benefits or be used in defense to a claim unless it is in writing and a copy of the application is furnished to the Covered Person.

Modification Of Policy. The Policy may be modified at any time by agreement between the Policyholder and Us without consent of any employee. No modification will be valid unless approved by one of Our officers: (1) the President; (2) a Vice President; or (3) the Secretary. The approval must be endorsed on or attached to the Policy. No agent has authority to modify the Policy or waive any of the Policy's provisions to extend the time for premium payment by making any promise or representation.

Incontestability. The validity of the Policy shall not be contested except for non-payment of premiums, fraudulent misstatements or material misrepresentations after it has been in force for two (2) years. Coverage under this Certificate shall not be contested except for non-payment of premiums or material misrepresentation after it has been in force for two (2) years. No statement, except fraudulent misstatements, made by You relating to: 1) Your insurability; or 2) The insurability of Your Dependents; shall be used in contesting the validity of the coverage of the person about whom the statement was made after coverage has been in force for a period of two (2) years. Any such statement must be contained in a written instrument signed by You, a copy of which has been furnished to You.

Fraud. If You or the Policyholder commits fraud pertaining to an employee against Us, as determined by a court of competent jurisdiction, Your coverage will end automatically without notice.

Misstatement Of Age. If a Covered Person's age has been misstated, the benefits will be those which the premium paid would have bought for the correct age. If a Covered Person's correct age was over the maximum issue age, coverage will be voided and the premiums paid for such Covered Person will be refunded.

Assignment Of Benefits. You may assign Your benefits. However, an assignment is not binding until We have received and acknowledged in writing the original or copy of the assignment before payment of the benefit. We do not guarantee the legal validity or effect of such assignment.

Grace Period. A grace period of 31 days will be allowed for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. If the premium is not paid within the grace period, coverage will terminate as of the premium due date. The grace period will not apply if the Covered Person gives written notice to Us of his or her intent not to continue this coverage.

FIDELITY SECURITY LIFE INSURANCE COMPANY



President

Secretary



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REFRACTIVE SURGERY BENEFIT RIDER

This Rider amends the Policy/Certificate to which it is attached. The following refractive surgical benefits are added:

DEFINITIONS

Injury means a bodily Injury sustained directly and independently of all other causes resulting in a covered loss under this Rider.

LASEK (Laser Assisted Epithelium Keratomileusis) means a slight variation of the traditional LASIK procedure as described below. This surgical procedure utilizes a trephine to create an epithelial flap (as opposed to the deeper stromal flap with LASIK) and an alcohol solution to preserve the epithelial cells. Once the epithelial flap is created and lifted, the treatment proceeds as for traditional PRK, with light smoothing at its conclusion. The epithelial flap is then repositioned with a small spatula.

LASIK (Laser Assisted In-Situ Keratomileusis) means a surgical procedure involving the use of a computer-controlled excimer laser to reshape the cornea (epithelium) without invading the adjacent cell layers. An automated microkeratome is used to shave off a thin, hinged layer of the cornea that is lifted, and the exposed surface is reshaped using the laser. After altering the cornea curvature, the flap is replaced and is adhered without stitches. In **IntraLase Initiated LASIK**, a special laser is used instead of a blade to create the flap. In **Custom Wavefront** or **Wavefront-Guided LASIK** procedures, a 3-dimensional measurement of how the eye processes images is used to guide the laser in re-shaping the front part of the eye (cornea).

PRK (Photorefractive Keratectomy) means a surgical procedure involving removal of the surface layer of the cornea by gentle scraping and use of a computer-controlled excimer laser to reshape the stroma.

Physician means an Ophthalmologist or Optometrist licensed under applicable state law to perform the surgical procedures for which benefits are payable under this Rider, and who is acting within the lawful scope of his or her license to render such service. A Physician cannot be the Covered Person or a member of the Covered Person's Immediate Family. "Immediate Family" means the Covered Person or the Covered Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing with the Covered Person.

Refractive Surgery means a surgical procedure which permanently alters the focusing power of the eye(s) in order to change refractive errors.

BENEFITS

Refractive Surgery Benefit. The Company will pay a one-time surgical indemnity benefit of \$150 (per Covered Person) for one of the following refractive surgical procedures to one or both eyes: LASIK (including Custom Wavefront, Wavefront-Guided or IntraLase initiated LASIK), LASEK or PRK, if performed by a Physician on a Covered Person while covered under this Rider, subject to the Exclusions provision.

EXCLUSIONS

Refractive Surgery Vision Benefit Exclusions

Benefits are not payable for any of the following:

1. Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames or contact lenses; or
2. Medical or surgical procedures, services or treatments:
 - a. not specifically covered under this Rider;
 - b. provided free of charge in the absence of insurance;
 - c. payable under any Workers' Compensation law, or similar statutory authority; or
 - d. payable under any governmental plan or program whether Federal, state or subdivisions thereof.

This Rider takes effect on the effective date of the Policy/Certificate to which it is attached. This Rider terminates concurrently with the Policy/Certificate to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Policy/Certificate except as stated.

FIDELITY SECURITY LIFE INSURANCE COMPANY

The image shows two handwritten signatures in black ink. The signature on the left is 'Bryson T. Jones' and the signature on the right is 'Bradford R. Jones'. Both signatures are written in a cursive, flowing style.

President

Secretary



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AMENDMENT RIDER

By attachment of this Rider, the Policy/Certificate is amended by the following:

Any provision of the Policy/Certificate that provides coverage for a Dependent child up to a certain age is amended to cover such child to age 26, regardless of financial dependency, residency, student status, or marital status.

This Rider takes effect on the effective date of the Policy/Certificate to which it is attached. This Rider terminates concurrently with the Policy/Certificate to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Policy/Certificate except as stated.

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NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION LAW

If the insurer or health maintenance organization that issued your life, annuity or health insurance policy becomes impaired or insolvent, you are entitled to compensation for your policy or contract from the assets of that insurer. The amount you recover will depend on the financial condition of the insurer or health maintenance organization.

In addition, residents of Minnesota who purchase life insurance, annuities, health insurance, or health maintenance organization coverage from insurance companies authorized to do business in Minnesota are protected, SUBJECT TO LIMITS AND EXCLUSIONS, in the event the insurer or health maintenance organization becomes financially impaired or insolvent. This protection is provided by the Minnesota Life and Health Insurance Guaranty Association.

For purposes of this notice, the terms "insurance company" and "insurer" include health maintenance organizations.

Minnesota Life & Health Insurance Guaranty Association
90 South Seventh Street, 3300 Wells Fargo Center
Minneapolis, MN 55402
(612) 322-8713

The maximum amount the guaranty association will pay for all policies or contracts issued on one life by the same insurer or health maintenance organization is limited to \$500,000. Subject to this \$500,000 limit, the guaranty association will pay up to \$500,000 in life insurance death benefits, \$130,000 in net cash surrender and net cash withdrawal values for life insurance, \$500,000 in health insurance, health maintenance organization, and long-term care benefits, including any net cash surrender and net cash withdrawal values, \$500,000 in disability income insurance, \$250,000 in annuity net cash surrender and net cash withdrawal values, \$410,000 in present value of annuity benefits for annuities which are part of a structured settlement or for annuities in regard to which periodic annuity benefits, for a period of not less than the annuitant's lifetime or for a period certain of not less than ten years, have begun to be paid on or before the date of impairment or insolvency, or if no coverage limit has been specified for a covered policy or benefit, the coverage limit shall be \$500,000 in present value. Unallocated annuity contracts issued to retirement plans, other than defined benefit plans, established under Section 401, 403(b), or 457 of the Internal Revenue Code of 1986, as amended through December 31, 1992, are covered up to \$250,000 in net cash surrender and net cash withdrawal values, for Minnesota residents covered by the plan provided, however, that the association shall not be responsible for more than \$10,000,000 in claims from all Minnesota residents covered by the plan. If total claims exceed \$10,000,000, the \$10,000,000 shall be prorated among all claimants. These are the maximum claim amounts. Coverage by the guaranty association is also subject to other substantial limitations and exclusions and requires continued residency in Minnesota. If your claim exceeds the guaranty association's limits, you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The guaranty association assesses insurers and health maintenance organizations licensed to sell life and health insurance in Minnesota after the insolvency occurs. Claims are paid from this assessment.

Benefits provided by a long-term care rider to a life insurance policy or annuity contract shall be considered the same type of benefits as the base life insurance policy or annuity contract to which it relates.

THE COVERAGE PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY, CONTRACT, OR POLICY, YOU SHOULD NOT RELY ON COVERAGE BY THE GUARANTY ASSOCIATION.

THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDERS OF LIFE, ANNUITY, HEALTH INSURANCE, OR HEALTH MAINTENANCE ORGANIZATION POLICIES AND CONTRACTS OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES FINANCIALLY IMPAIRED OR INSOLVENT. THIS NOTICE IN NO WAY IMPLIES THAT THE COMPANY CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL LIFE, ANNUITY, HEALTH INSURANCE, AND HEALTH MAINTENANCE ORGANIZATION POLICIES AND CONTRACTS ARE REQUIRED TO PROVIDE THIS NOTICE.



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NOTICE OF ADMINISTRATOR'S CAPACITY

PLEASE READ: This notice advises insured persons of the identity and relationship among the administrator, the policyholder and the insurer:

1. Fidelity Security Life Insurance Company (FSL) has, by agreement, arranged for Avesis Third Party Administrators, LLC. to provide administrative services for your insurance plan. As administrator, Avesis Third Party Administrators, LLC. may be authorized to market, underwrite, bill and collect premiums, process claims payment, and perform other services, according to the terms of its agreement with the insurance company. Avesis Third Party Administrators, LLC. is not the insurance company or the policyholder.
2. The policyholder is the entity to whom the insurance policy has been issued. The policyholder is identified on either the face page or schedule page of the policy or certificate.
3. Fidelity Security Life Insurance Company is liable for the funds to pay your insurance claims.

If Avesis Third Party Administrators, LLC. is authorized to process claims for the insurance company, they will do so promptly. In the event there are delays in claims processing, you will have no greater rights to interest or other remedies against Avesis Third Party Administrators, LLC. than would otherwise be afforded to you by law.



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HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice describes how the Company, (herein referred to as "we", "our" or "us"), protects personal health information we have about you which relates to our medical, dental, vision and prescription drug coverage. Protected Health Information ("PHI") is individually identifiable information about you. All of the following are examples of PHI: demographic information like your name, address and social security number; health information that relates to your past, present or future physical or mental health that is collected, created or received from you, a health care provider, a health plan, employer or a health care clearinghouse; the providing of health care; or the past, present or future payment for providing health care to you.

Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your PHI. We are required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect February 1, 2022, or the date coverage became effective for you, whichever is later, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time. The new terms of our notice will be effective for all PHI that we maintain, including PHI we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to you at the time of change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the "Contact Information" provided at the end of this Notice.

Uses and Disclosures of Your PHI

In conducting our business we may create, receive and maintain PHI records regarding you and the insurance services we provide you. The main reasons for which we may use and may disclose your PHI are to evaluate and process any requests for medical coverage and claims for benefits you may make. The following describe these and other uses and disclosures, together with some examples:

For Treatment: We may use or disclose your PHI to facilitate medical treatment by providers. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to treat you. We may request the services of a business associate to assist us in these activities.

For Payment: We may use and disclose your PHI to facilitate payment of benefits under your insurance coverage. For example, we might disclose your PHI to determine your eligibility for benefits, to coordinate benefits with other insurance carriers, to examine medical necessity, to obtain payments including obtaining payment under a contract for re-insurance, and related health care data processing, and to issue explanations of benefits. We also may use your PHI to obtain payment from third parties that may be responsible for your premium payments, such as family members.

For Health Care Operations: We may use and disclose your PHI as necessary, and as permitted by law, for our health care operations. Health care operations include: (i) rating our risk and determining our premiums for your insurance; (ii) conducting quality assessment and improvement activities; (iii) conducting or arranging for medical review, legal services, audit services, fraud and abuse detection and compliance programs; and (iv) business planning and development.

On Your Authorization: You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. You should understand that we will not be able to take back any disclosures we have already made with authorization. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this notice. We also need to obtain your prior written authorization if your PHI relates to psychotherapy notes or where the PHI is to be used for marketing or sales purposes.

To Your Family and Friends: We may disclose your PHI to a family member, friend, or other person to the extent necessary to help with your health care or for payment of your health care. We may use or disclose your name, location and general condition or death to notify, or assist in the notification, of (including identifying or locating) a person involved in your care.

Before we disclose your PHI to a person involved with your health care or payment for your health care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your PHI based on our professional judgment of whether the disclosure would be in your best interest.

To Your Employer or Organization Sponsoring Your Health Plan: We may disclose your PHI and the PHI of others enrolled in your group insurance plan to the employer or other organization that sponsors your group insurance plan to permit the plan administrator to perform plan administration functions. We may also disclose summary information about the enrollees in your group insurance plan to the plan administrator to use to obtain premium bids for the health insurance coverage offered through your group insurance plan or to decide whether to modify, amend or terminate your group insurance plan. The summary information we may disclose may summarize claims history, claims expenses, or types of claims experienced by the enrollees in your group insurance plan. The summary information will be stripped of demographic information about the enrollees in the group insurance plan, but the plan administrator may still be able to identify you or other participants in your group health plan from the summary information. We may also disclose enrollment and disenrollment information to either the plan administrator or plan sponsor of your group insurance plan.

For Underwriting: We may receive your PHI for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose your PHI for any other purpose, except as required by law, unless the contract of health insurance or health benefits is placed with us, or where we disclose such information to MIB, LLC., a non-profit membership organization of life and health insurance companies, which operates an information exchange on behalf of its members. In those cases, our use and disclosure of your PHI will only be as described in this notice. We are also prohibited from using or disclosing your genetic information for underwriting.

For the Public Benefit: We may use or disclose your PHI without your authorization when required or permitted by law for the following purposes deemed in the public interest or benefit:

- for public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- to report adult abuse, neglect, or domestic violence;
- to health oversight agencies;
- in response to court and administrative orders and other lawful processes;
- to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- to coroners, medical examiners, and funeral directors;
- to organ procurement organizations;
- to avert a serious threat to health and safety;
- to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- to correctional institutions regarding inmates; and
- as authorized by state worker's compensation laws.

To Avert a Serious Threat to Health or Safety: We may disclose PHI to avert a serious threat to someone's health or safety. We may also disclose PHI to federal, state or local agencies engaged in disaster relief, as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.

To Business Associates: Certain aspects and components of our business are performed through contracts with outside persons or organizations. Examples of these outside persons and organizations include our duly appointed insurance agents, third party administrators, financial auditors, actuarial and underwriting services, reinsurers, legal services, enrollment and billing services, claim payment and medical management services and collection agencies. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations who assist us with our payment or health care operations. In all cases, we disclose only the minimum information necessary for these business associates to perform their responsibilities, and we require them to abide by specific HIPAA rules to appropriately safeguard the privacy of your information.

For Disclosures of PHI Deemed Highly Sensitive or Confidential: For certain kinds of PHI, federal and state law may require enhanced privacy protection. These may include PHI that is (1) About alcohol and drug abuse prevention, treatment and referral; (2) About HIV/AIDS testing, diagnosis or treatment; (3) About genetic testing; or (4) About psychotherapy notes. If the PHI is subject to enhanced protection, we can only disclose it with your prior written authorization unless specifically permitted or required by law.

Your Rights Regarding PHI That We Maintain About You

The following are your various rights as a consumer under HIPAA concerning your PHI. Should you have questions about or wish to exercise a specific right, please contact us in writing using the “Contact Information” provided at the end of this Notice.

Right to Inspect and Copy Your PHI: In most cases, you have the right to inspect and/or obtain an electronic or hard copy of the PHI that we maintain about you. You may also send a written request designating another individual to receive your PHI on your behalf. Written requests must be signed and dated by you or your personal representative using the “Contact Information” provided at the end of this Notice. The request must clearly identify the individual to receive your PHI. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. However, certain types of PHI will not be made available for inspection and copying. This includes psychotherapy notes and PHI collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances we may deny your request to inspect and obtain a copy of your PHI. If we do, you may request that the denial be reviewed. The review will be conducted by an individual chosen by us who was not involved in the original decision to deny your request. We will comply with the outcome of that review.

Right to List of Disclosures: You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes other than for treatment, payment, health care operations, purposes of national security, to law enforcement, to corrections personnel, directly to you or as otherwise authorized by you during the six years prior to the date the accounting is requested. For example, we would account for your PHI or demographic information we disclose during an audit by an insurance department or pursuant to a court order. You must make your request in writing using the “Contact Information” provided at the end of this Notice. Your request should indicate in what form you want the list (for example, paper or electronic). If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on PHI we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While we will consider your request, we are not required to agree to it. If we do agree to it, we will comply with your request. To request a restriction, you must make your request in writing using the “Contact Information” provided at the end of this Notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on PHI uses or disclosures that are legally required, or which are necessary to administer our business.

Unauthorized Access: You are entitled to receive notification of unauthorized access to your PHI. We maintain physical, electronic and procedural safeguards that are compliant with applicable federal and state privacy laws. However, if your PHI is ever compromised, we will notify you of the incident.

Right to Request Confidential Communications: You have the right to request that we communicate with you about PHI in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing using the “Contact Information” provided at the end of this Notice and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

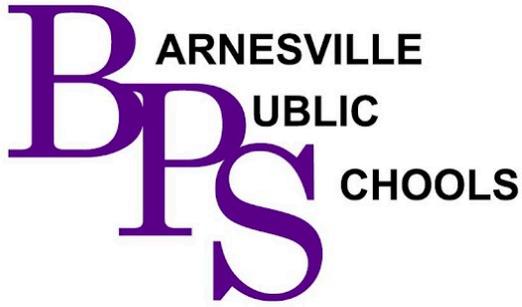
Right to Amend Your PHI: If you believe that your PHI is incorrect or that an important part of it is missing, you have the right to ask us to amend your PHI while it is kept by or for us. You must provide your request and your reason for the request in writing using the “Contact Information” provided at the end of this Notice. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend PHI that: (i) is accurate and complete; (ii) was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment; (iii) is not part of the PHI kept by or for us; or (iv) is not part of the PHI which you would be permitted to inspect and copy.

Right to Notification Following a Breach of Unsecured Protected Health Information: We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with us using the “Contact Information” provided at the end of this Notice. All complaints must be submitted in writing. You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. You will not be retaliated against for filing a complaint.

Contact Information: If you have questions regarding this Notice or need further assistance regarding this Notice, please contact us at:

Contact Office: Fidelity Security Life Insurance Company, HIPAA Customer Service
Telephone: 800-648-8624 Fax: 816-968-0660
Address: 3130 Broadway, Kansas City, MO 64111-2406



INDEPENDENT SCHOOL DISTRICT #146

District Office 302-324 3rd Street South
PO Box 189 - Barnesville, MN 56514
Phone 218 354-2217 - Fax 218 354-7260
www.barnesville.k12.mn.us

“Commitment
To
Excellence”

The Minnesota Department of Education (MDE), Professional Educator Licensing Standards Board (PELSB), and Office of Higher Education (OHE) require annual designation of an Identified Official with Authority (IOWA) for each local educational agency that uses the Education Identity and Access Management (EDIAM) system. The IOWA is responsible for authorizing, reviewing, and recertifying user access for their local educational agency in accordance with the State of Minnesota Enterprise Identity and Access Management Standard, which states that all user access rights to Minnesota state systems must be reviewed and recertified at least annually. The IOWA will authorize user access to State of Minnesota Education secure systems in accordance with the user’s assigned job duties, and will revoke that user’s access when it is no longer needed to perform their job duties.

Your school board or equivalent governing board must designate an IOWA to authorize user access to State of Minnesota Education secure websites for your organization. This EDIAM board resolution must be completed and submitted to the Minnesota Department of Education annually, as well as any time there is a change in the assignment of the Identified Official with Authority.

It is strongly recommended that only one person at the local educational agency or organization (the superintendent or exec. director) is designated as the IOWA. The IOWA will grant the IOWA Proxy role(s).

Designation of the Identified Official with Authority for Education Identity and Access Management

Organization Name: Barnesville ISD146

6-Digit or 9-Digit Organization Number (e.g. 1234-01 or 1234-01-000): 0146-01

Superintendent or Exec. Director Name: Jon Ellerbusch

Will act as the IOWA? Yes No

If no, identify below the individual who will act as the IOWA for your organization.

The Superintendent or Exec. Director recommends the Board authorize the below named individual(s) to act as the Identified Official with Authority (IOWA) for this organization:

Print Name: Jon Ellerbusch

Title: Superintendent

Board Member Signature:

Name: _____

Date: _____

Once the EDIAM Board Resolution is completed, scan and email it to: useraccess.mde@state.mn.us



Lakes Country Service Cooperative
 School District Membership Agreement
 FY 2026
 July 1, 2025 - June 30, 2026

Membership	Total
Base Fee per district	\$1,400.00
Plus \$1.75 per student <u>870</u> *student count	\$1,522.50
Subtotal	\$2,922.50
Adjusted Membership Fee (Smaller of the Subtotal or \$5,500.00 Max)	\$2,922.50
Capital Outlay (Cooperative facility maintenance fee) Facilities Maintenance Fee	<u>\$1,000.00</u>
Total Membership	\$3,922.50

Enclosed, please find our payment
 Please invoice us

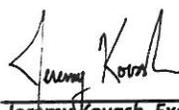
*Student count was taken from the MDE website. Please update if necessary.

Barnesville Public School District
 School District Name


 Superintendent

Date

Lakes Country Service Cooperative

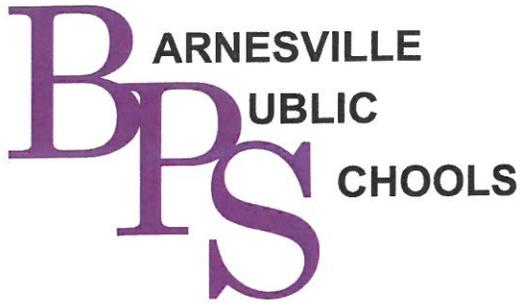

 Jeremy Kovash, Executive Director

5/19/2025
 Date

Please return completed agreement by July 1, 2025 to:
 Lakes Country Service Cooperative
 1001 E. Mount Faith
 Fergus Falls, MN 56537
 Questions? Contact Marissa Skinnemoen at 218-737-6542 or
 mskinnemoen@lsc.org

K. Membership in Minnesota Rural Education Association (MREA)
L. Support for Upgrades to Blue Eagle East Bathroom Facility

210



INDEPENDENT SCHOOL DISTRICT #146

District Office 302-324 3rd Street South
PO Box 189 - Barnesville, MN 56514
Phone 218 354-2217 - Fax 218 354-7260
www.barnesville.k12.mn.us

"Commitment
To
Excellence"

June 10, 2025

Re: Support for the Blue Eagle Park Bathroom Renovation

Dear T-Mobile Grant Review Committee,

On behalf of Barnesville Public School, I am writing to express our enthusiastic support for the **Blue Eagle Park Restroom Renovation** grant application. We strongly believe this project is crucial for the well-being and enrichment of our students and the broader Barnesville community.

At Barnesville Public School, we understand the importance of outdoor play and community gathering spaces for children and families. Unfortunately, the current state of the Blue Eagle Park restroom facility significantly limits this. Many families are hesitant to even use the bathrooms due to their outdated condition and lack of appropriate amenities. This creates barriers for families who would otherwise spend more time enjoying recreational activities in the park and socializing with fellow community members. Building community and supporting one another outside of school is essential to our youth development.

Blue Eagle Park is a hub of activity for our students, serving as a location for T-Ball and Softball games, as well as general recreation, particularly through our Community Education Program. These opportunities for healthy outdoor engagement are integral to our students' development. However, the current restroom facilities do not adequately meet the needs of all community members. Most notably, they lack **handicap accessibility**, leaving students with special needs and their families at a disadvantage.

In addition, the absence of a changing station in the restroom has forced parents to change their infants and toddlers on the grass, far from the action. This situation is neither sanitary nor dignified for our families. We firmly believe that renovating the restroom to include modern, accessible, and family-friendly amenities will not only enhance the use of Blue Eagle Park but also ensure that all families, regardless of their circumstances, feel welcome and included.

Thank you for your time and consideration of this essential project. We fully support the application for the T-Mobile grant and urge you to consider the significant positive impact it will have on our students and community.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dr. Jon Ellerbusch', written over a horizontal line.

Jon Ellerbusch, Ed. D.
Superintendent

Approved Items for Remaining Voter Approved Authority

June 16, 2025

		Item Price	Total
1	Furniture in Elementary Classrooms, HS Commons (Library), Community Ed/Technology Offices	\$266,630.64	\$266,630.64
2	Stage Platforms	\$19,942.13	\$19,942.13
		Total	\$286,572.77

- 13. Discussion/Information
- 14. Enrollment Update

Barnesville Public School
Student Enrollment
SY 2024-2025

	2023-24 Oct 1 Count	2023-24 End-of-Year	2024-25 Projection	Sep 4	Oct 1	Nov 1	Dec 1	Jan 1	Feb 1	Mar 1	Apr 1	May 1	May 25
Grade K	56	56	65	68	68	68	68	67	67	67	67	67	67
Grade 1	74	76	53	52	53	54	53	52	53	53	53	53	53
Grade 2	72	71	75	77	77	77	77	77	78	78	79	79	79
Grade 3	76	75	72	70	70	70	69	68	69	69	69	69	69
Grade 4	72	73	79	74	73	73	73	73	73	73	73	73	73
Grade 5	76	73	74	74	74	74	75	75	75	74	74	74	74
Grade 6	68	68	74	76	76	76	76	76	76	76	77	77	77
	494	492	490	491	491	492	491	488	491	490	492	492	492
Grade 7	59	59	69	67	67	67	66	66	67	68	68	68	68
Grade 8	74	73	58	61	61	61	61	60	59	61	60	60	60
Grade 9	60	60	69	75	74	74	74	74	73	73	73	74	74
Grade 10	58	57	54	60	61	61	61	61	61	60	60	60	60
Grade 11	59	60	52	56	56	56	56	56	57	57	57	57	57
Grade 12	68	67	55	61	61	61	61	61	62	62	62	62	62
	378	376	356	380	380	380	379	378	379	381	380	381	381
Grades K-12	872	868	846	871	871	872	870	866	870	871	872	873	873

Barnesville Public School
 Student Enrollment
 SY 2025-2026

	2024-25 Oct 1 Count	2024-25 End-of-Year	2025-26 Projection	Sep 5	Oct 1	Nov 1	Dec 1	Jan 1	Feb 1	Mar 1	Apr 1	May 1	May 22
Grade K	68	67	68										
Grade 1	53	53	67										
Grade 2	77	79	53										
Grade 3	70	69	79										
Grade 4	73	73	69										
Grade 5	74	74	73										
Grade 6	76	77	74										
	491	492	483										
Grade 7	67	68	77										
Grade 8	61	60	68										
Grade 9	74	74	60										
Grade 10	61	60	74										
Grade 11	56	57	60										
Grade 12	61	62	57										
	380	381	396										
Grades K-12	871	873	879	0									

15. Dates to Remember

A. Regular School Board Meeting

1) Monday, July 21, 2025, 7:00 PM, Barnesville High School

16. Adjournment