

VILLAGE PRESIDENT
Ray Danford

VILLAGE CLERK
Jerry Menard

VILLAGE TRUSTEES
Rita Baker
Charlie Mattern
Kevin Groth
Corby Valentine
Steve Smith
Tony Miller

VILLAGE OF FREEBURG

FREEBURG MUNICIPAL CENTER
14 SOUTHGATE CENTER, FREEBURG, IL 62243
PHONE: (618) 539-5545 • FAX: (618) 539-5590
Web Site: www.freeburg.com

VILLAGE ADMINISTRATOR
Dennis Herzing

VILLAGE TREASURER
Bryan A. Vogel

PUBLIC WORKS DIRECTOR
Ronald Dintelmann

POLICE CHIEF
Melvin E. Woodruff, Jr.

VILLAGE ATTORNEY
Stephen R. Wigginton

April 28, 2008

NOTICE

MEETING OF FINANCE COMMITTEE **(Finance/Industrial Park/Economic Development/Budget)** **(Smith/Groth/Valentine)**

VILLAGE OF FREEBURG

A Finance Committee Meeting of the Village of Freeburg will be held at the Municipal Center, Executive Board Room, **Wednesday, April 30, 2008, at 5:30 p.m.**

FINANCE COMMITTEE MEETING AGENDA

- I. Items To Be Reviewed
 - A. Review of Board List and Warrant List
 - B. Review of Investments
 - C. Income Statement
 - D. Old Business
 - 1. Approval of 4/2/08 and 4/16/08 minutes
 - 2. Health Insurance Renewal
 - 3. Attorney's invoices
 - 4. Alternative payment method for utilities
 - E. New Business
 - 1. Agreement for Sale - Niebruegge
 - F. Public Participation
 - G. Adjourn

At said Finance Meeting, the Village Trustees may vote on whether or not to hold an Executive Session to discuss potential litigation [5 ILCS, 120/2 - (c)(11)]; the selection of a person to fill a public office [5 ILCS, 120/2 - (c) (3)]; personnel [5 ILCS, 120/2 - (c) (1) a.]; or real estate transactions [5 ILCS, 120/2-(c)(5)].

VILLAGE BOARD OF TRUSTEES MEETINGS ARE HELD ON THE FIRST AND THIRD MONDAY OF EVERY MONTH

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Finance Committee Meeting
(Finance/Industrial Park/Economic Development/Budget)
Smith/Groth/Valentine
Wednesday, April 30, 2008 at 5:30 p.m.

Chairperson Steve Smith officially called the meeting of the Finance Committee to order at 5:30 p.m. Those in attendance were Chairperson Steve Smith, Trustee Kevin Groth, Trustee Corby Valentine, Treasurer Bryan Vogel, Public Works Director Ron Dintelmann, Finance Clerk Debbie Pierce and Office Manager.

A. REVIEW OF WARRANT LIST:

The Board Lists and Warrant List were reviewed by the committee.

Trustee Corby Valentine motioned to recommend to the full Board approval of the Warrant List in the amount of \$15,503.51 and Trustee Kevin Groth seconded the motion. All voting aye, the motion carried.

B. REVIEW OF INVESTMENTS: Treasurer Vogel reported nothing new this month other than he commented the interest rate was lowered another quarter percentage point.

C. INCOME STATEMENT: The budget comparison analysis for April, 2008 was reviewed. Corby commented on the holiday pay in the police department. Debbie advised it was overtime for Good Friday. Steve requested a separate line item for the Megsi grant which is currently included under 01-21-539 and also a separate line item for the pool feasibility study. Corby asked about the pay phone at the pool and Ron confirmed it has been taken out.

D. OLD BUSINESS:

1. Approval of 4/2/08 and 4/16/08 minutes: *Trustee Kevin Groth motioned to accept the April 2, 2008 minutes and Trustee Corby Valentine seconded the motion. All voting aye, the motion carried. Trustee Kevin Groth motioned to approve the April 16, 2008 minutes and Trustee Corby Valentine seconded the motion. All voting aye, the motion carried.*

2. Health Insurance Renewal: Julie provided additional quotes received from United Healthcare. Julie explained that all of the quotes received under the HSA plan require that no one in the family is eligible to receive benefits until the family deductible is met. Upon further review of the quotes received, there is a 3-person maximum for the family deductible, so for the quote with a \$2500 individual deductible, the family deductible is \$7500 and that has to be met before any benefits will be paid out. Julie further advised that Misty could not find any other

Finance Committee Minutes
Wednesday, April 30, 2008
Page 1 of 2

plan offered by United Healthcare comparable to the one we are currently enrolled in. The committee asked for the quotes to be reviewed by the personnel committee.

3. Attorney's invoices: A copy of the April 3, 2008 invoice was included in the packet. Julie advised the committee that Dennis coded each line item with a total for each department provided at the end of the invoice. Corby questioned the amount of money spent on the barking dog issue and Mayor Danford advised it was handled as a FOIA request, and that information was protected and not released to him.

4. Alternative payment method for utilities: Julie advised that Jane will get prices from other municipalities using E-Pay and have that for next month's meeting.

E. NEW BUSINESS:

1. Agreement for Sale - Niebruegge: Ron advised this 1.5 acre lot is the one in front of Rhutasels with the entrance being off of Industrial Drive and not the highway.

Trustee Kevin Groth motioned to recommend to the full Board the Ordinance Authorizing Sale of Lot 11A of Freeburg Industrial Park to Craig Niebruegge be approved and Trustee Corby Valentine seconded the motion. All voting aye, the motion carried.

F. GENERAL CONCERNS: None.

G. PUBLIC PARTICIPATION: None.

H. ADJOURN: *Trustee Kevin Groth motioned to adjourn the meeting at 6:00 p. m. and Trustee Corby Valentine seconded the motion. All voting aye, the motion carried.*



Julie Polson
Office Manager

Finance Committee Meeting
Wednesday, April 30, 2008
Review of Board and Warrant Lists

Review of Board List:

Board List - EL Bond:	\$ 0.00
Board List - MFT:	\$ 0.00
Board List - General:	<u>\$ 424,086.70</u>
Total Board List:	<u>\$ 424,086.70</u>

Review of Warrant List:

Warrant List – EL Bond Approve Payment for:	\$ 0.00
Warrant List – MFT Approve Payment for:	\$ 0.00
Warrant List - General Approve Payment for:	<u>\$ 15,503.51</u>
	<u>\$ 15,503.51</u>

GRAND TOTAL: **\$ 439,590.21**

DATE: 04/09/08

PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
AHLERS, KENT WILLIAM	04/09/08	38059	375.30	
MedReim 3/31 D	01-21-534	PD MEDICAL	55.00	
MedReim 3/31 Ke	01-21-534	PD MEDICAL	230.00	
MedReim 3/31 Li	01-21-534	PD MEDICAL	90.30	
CARTER WATERS CONST MATRL 722169	04/09/08 52-43-612	38060 SR SUPPLIES, EQUI	176.42 176.42	
CAVANAUGH, TIMOTHY	04/09/08	38061	27.16	
Mileage Mar 08	01-11-562	AD TRAVEL EXPENSE	27.16	
ECKELS, GREGORY	04/09/08	38062	16.67	
MedReim 3/31 Gr	01-41-534	ST MEDICAL	1.67	
	51-42-534	WR MEDICAL	5.00	
	52-43-534	SR MEDICAL	3.33	
	53-40-534	EL MEDICAL	6.67	
FLETCHER-REINHARDT CO. 563913	04/09/08 53-40-615	38063 EL SUPPL, INFRAST	1705.60 1705.60	
GAUCH, DONALD	04/09/08	38064	50.00	
MedReim 3/31 D	01-41-534	ST MEDICAL	5.00	
	51-42-534	WR MEDICAL	15.00	
	52-43-534	SR MEDICAL	10.00	
	53-40-534	EL MEDICAL	20.00	
I.E.P.A. IEPA20080312	04/09/08	38065	15764.54	
	51-42-713	WR IEPA LOAN/PRN/	5681.06	
	51-42-723	WR IEPA LOAN/INT/	2201.22	
	52-43-713	SR IEPA LOAN/PRN/	5681.05	
	52-43-723	SR IEPA LOAN/INT/	2201.21	
KAESBERG, BARBARA	04/09/08	38066	50.00	
MedReim 3/31 Ba	01-11-534	AD MEDICAL	2.00	
	51-42-534	WR MEDICAL	2.00	
	52-43-534	SR MEDICAL	2.00	
	53-40-534	EL MEDICAL	4.00	
MedReim 3/31 Bi	01-11-534	AD MEDICAL	8.00	
	51-42-534	WR MEDICAL	8.00	
	52-43-534	SR MEDICAL	8.00	
	53-40-534	EL MEDICAL	16.00	
KASPER, RANDY	04/09/08	38067	34.99	
MedReim 3/31 Di	53-40-534	EL MEDICAL	34.99	
KRAMPER, JANE	04/09/08	38068	25.44	

DATE: 04/09/08

PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
MedReim 3/31 Br	01-11-534	AD MEDICAL	5.09	
	51-42-534	WR MEDICAL	5.09	
	52-43-534	SR MEDICAL	5.09	
	53-40-534	EL MEDICAL	10.17	
LOCIS 28432	04/09/08	38069	3600.00	
	01-11-539	AD OTHER PROF SER	900.00	
	51-42-539	WR OTHER PROF SER	900.00	
	52-43-539	SR OTHER PROF SER	900.00	
	53-40-539	EL OTHER PROF SER	900.00	
LUCASH, CLARK MedReim 3/31 Cl	04/09/08	38070	50.00	
	53-40-534	EL MEDICAL	50.00	
SCHUTZENHOFER, MICHAEL MedReim 3/31 Ad	04/09/08	38071	607.74	
	01-21-534	PD MEDICAL	211.88	
MedReim 3/31 Em	01-21-534	PD MEDICAL	330.23	
MedReim 3/31 H	01-21-534	PD MEDICAL	65.63	
TEKLAB, INC 79709	04/09/08	38072	87.50	
	51-42-515	WR SERV, INFRASTR	87.50	
UTILITY REFUND VPF20080326	04/09/08	38073	76.27	
	53-00-257	ELECT CUSTOMER DE	76.27	
UTILITY REFUND ANDREW BARTLEY	04/09/08	38074	23.73	
	53-00-257	ELECT CUSTOMER DE	23.73	
UTILITY REFUND SHEPPARD CONST	04/09/08	38075	100.00	
	53-00-257	ELECT CUSTOMER DE	100.00	
UTILITY REFUND FRG PHARM03/25/	04/09/08	38076	300.00	
	51-00-257	WATER CUSTOMER DE	50.00	
	52-00-257	SEWER CUSTOMER DE	50.00	
	53-00-257	ELECT CUSTOMER DE	200.00	
USA BLUEBOOK 557994	04/09/08	38077	81.71	
	51-42-652	WR OPERATING SUPP	81.71	
VOGEL, BRYAN BRYAN VOGEL03/2	04/09/08	38078	2525.00	
	01-11-531	AD ACCOUNTING	2525.00	
WASTE MANAGEMENT OF ST LO 3527339-1841-6	04/09/08	38079	12810.00	
	13-44-573	GA GARBAGE DISPOS	12810.00	
WATTS, THOMAS MedReim 3/31 To	04/09/08	38080	59.97	
	01-21-534	PD MEDICAL	59.97	
** TOTAL CHECKS ISSUED			38548.04	

PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
ACE HARDWARE OF FREEBURG	04/10/08	38081	465.32	
ACE20080331	01-11-612	AD SUPPLIES, EQUI	9.40	
	01-11-536	AD JANITORIAL	6.00	
	01-11-651	AD OFFICE SUPPLIE	4.79	
	01-21-536	PD JANITORIAL	5.99	
	01-21-612	PD SUPPLIES, EQUI	3.99	
	01-21-512	PD SERVICES, EQUI	5.28	
	01-21-654	PD JANITORIAL	26.34	
	01-41-612	ST SUPPLIES, EQUI	24.40	
	01-41-614	ST SUPPLIES, STRE	6.13	
	51-42-615	WR SUPPL, INFRAST	76.91	
	51-42-652	WR OPERATING SUPP	2.29	
	52-43-612	SR SUPPLIES, EQUI	1.10	
	52-43-652	SR OPERATING SUPP	2.79	
	52-43-653	SR SMALL TOOLS	54.47	
	53-40-615	EL SUPPL, INFRAST	174.17	
	53-40-652	EL OPERATING SUPP	20.04	
	53-40-653	EL SMALL TOOLS	41.23	
ALTEC INDUSTRIES INC	04/10/08	38082	368.00	
5589552	53-40-613	EL SUPPLIES, VEHI	368.00	
AT&T	04/10/08	38083	1226.35	
539-3132	01-21-552	PD TELEPHONE	390.27	
615383131033	01-21-552	PD TELEPHONE	63.49	
6185392107033	52-43-552	SR TELEPHONE	31.17	
6185393094033	53-40-552	EL TELEPHONE	26.42	
6185393106033	53-40-552	EL TELEPHONE	87.61	
6185393112033	53-40-552	EL TELEPHONE	80.18	
6185395545033	01-11-552	AD TELEPHONE	410.58	
	58-55-552	SWP TELEPHONE	53.80	
6185395625033	53-40-552	EL TELEPHONE	27.85	
6185395876033	53-40-552	EL TELEPHONE	28.56	
6185395916033	01-11-552	AD TELEPHONE	26.42	
BARNES HENRY MEISENHEIMER	04/10/08	38084	16711.62	
1019.168	53-40-532	EL ENGINEERING	2671.62	
1261.100	53-40-532	EL ENGINEERING	14040.00	
BHMG SERVICE CORPORATION	04/10/08	38085	7880.10	
1175.1SC.105	53-40-532	EL ENGINEERING	7880.10	
CINTAS CORPORATION	04/10/08	38086	512.37	
731623928	51-42-471	WR UNIFORM RENTAL	72.41	
	52-43-471	SR UNIFORM RENTAL	72.41	
	53-40-471	EL UNIFORM RENTAL	72.40	

DATE: 04/09/08

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PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
731629719	01-11-611	AD SUPPLIES, BUIL	32.91	
	01-21-536	PD JANITORIAL	45.02	
731629722	51-42-471	WR UNIFORM RENTAL	72.41	
	52-43-471	SR UNIFORM RENTAL	72.41	
	53-40-471	EL UNIFORM RENTAL	72.40	
CN MIDWEST DIVISION CN20080327	04/10/08 53-40-811	38087 EL LAND/EASEMT AC	1200.00 1200.00	
CENTRAL MANAGEMENT SERVIC T0828399	04/10/08 01-21-539	38088 PD OTHER PROF SER	96.50 96.50	
CREGGER COMPANY, INC. S1154370.001	04/10/08 01-11-611	38089 AD SUPPLIES, BUIL	22.18 22.18	
DM COMMUNICATION SERVICES DMCOMIN6061	04/10/08 51-42-612	38090 WR SUPPLIES, EQUI	31.49 31.49	
DRESSLER TRUCK SERVICE 35928	04/10/08 01-41-614	38091 ST SUPPLIES, STRE	1485.00 1485.00	
FORGY, MARY MARY FORGY08040	04/10/08 51-00-361	38092 WR WATER SALES	17.12 17.12	
FREEBURG PHARMACY 24648/01 39268/02	04/10/08 12-23-651 01-21-612	38093 ES OFFICE SUPPLIE PD SUPPLIES, EQUI	9.87 5.38 4.49	
GALL'S INC 59338437 5933843700011	04/10/08 01-21-471 01-21-471	38094 PD UNIFORM ALLOWA PD UNIFORM ALLOWA	297.91 168.70 129.21	
GOODALL TRUCK TESTING 5026	04/10/08 53-40-513	38095 EL SERVICES, VEHI	23.10 23.10	
ILLINOIS MUNICIPAL UTILIT 08-030020	04/10/08 01-41-563 51-42-563 52-43-563 53-40-563	38096 ST TRAINING WR TRAINING SR TRAINING EL TRAINING	300.00 75.00 75.00 75.00 75.00	
ILL DEPT OF REVENUE ILDEPTREV200842	04/10/08 53-00-219.2	38097 ACCRUED UTILITY T	8461.10 8461.10	
JIM'S AUTOMOTIVE INC 7920 7929	04/10/08 01-21-513 01-21-513	38098 PD SERVICES, VEHI PD SERVICES, VEHI	551.42 173.32 378.10	

DATE: 04/09/08

PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
KRAMPER, JANE JANE KRAMPER04	04/10/08 01-11-562	38099 AD TRAVEL EXPENSE	10.18	10.18
KRAUSS SHANE SHANEKRAUSS0803	04/10/08 53-40-552	38100 EL TELEPHONE	29.99	29.99
LEVI & GARRETT LICENSE & LEVI&GARRETTS08	04/10/08 53-40-613	38101 EL SUPPLIES, VEHI	206.00	206.00
NEXTEL COMMUNICATIONS 910410425-052	04/10/08 01-11-552	38102 AD TELEPHONE	1341.55	268.31
	01-21-552	PD TELEPHONE		268.31
	51-42-552	WR TELEPHONE		268.31
	52-43-552	SR TELEPHONE		268.31
	53-40-552	EL TELEPHONE		268.31
O'REILLY AUTOMOTIVE, INC 1069-312952	04/10/08 51-42-613	38103 WR SUPPLIES, VEHI	13.19	13.19
SAM'S CLUB SAMS20080402	04/10/08 01-11-651	38104 AD OFFICE SUPPLIE	15.52	15.52
TOM'S SUPERMARKET TOMS20080331	04/10/08 01-11-651	38105 AD OFFICE SUPPLIE	121.26	121.26
UTILITY REFUND VOF20080331	04/10/08 51-00-257	38106 WATER CUSTOMER DE	398.53	25.00
	52-00-257	SEWER CUSTOMER DE		25.00
	53-00-257	ELECT CUSTOMER DE		100.00
VOF20080402	51-00-257	WATER CUSTOMER DE		15.00
	52-00-257	SEWER CUSTOMER DE		15.00
	53-00-257	ELECT CUSTOMER DE		20.00
VOF20080404	51-00-257	WATER CUSTOMER DE		8.56
	52-00-257	SEWER CUSTOMER DE		8.56
	53-00-257	ELECT CUSTOMER DE		11.03
VOF200804042	51-00-257	WATER CUSTOMER DE		8.56
	52-00-257	SEWER CUSTOMER DE		8.56
	53-00-257	ELECT CUSTOMER DE		13.97
VOF200804043	53-00-257	ELECT CUSTOMER DE		92.20
VOF200804044	53-00-257	ELECT CUSTOMER DE		47.09
UTILITY REFUND AUC, LLC2	04/10/08 51-00-257	38107 WATER CUSTOMER DE	21.85	6.44
	52-00-257	SEWER CUSTOMER DE		6.44
	53-00-257	ELECT CUSTOMER DE		8.97
UTILITY REFUND	04/10/08	38108		118.91

PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
KRISTY TRENT	51-00-257	WATER CUSTOMER DE	16.44	
	52-00-257	SEWER CUSTOMER DE	16.44	
	53-00-257	ELECT CUSTOMER DE	86.03	
UTILITY REFUND MATT MCCALL	04/10/08 53-00-257	38109 ELECT CUSTOMER DE	7.80	7.80
UTILITY REFUND S&ECONT20080404	04/10/08 53-00-257	38110 ELECT CUSTOMER DE	52.91	52.91
U.S. POST OFFICE USPO20080404	04/10/08	38111	175.00	
	51-42-551	WR POSTAGE	35.00	
	52-43-551	SR POSTAGE	35.00	
	53-40-551	EL POSTAGE	35.00	
	13-44-551	GA POSTAGE	35.00	
	01-11-551	AD POSTAGE	35.00	
WATSON'S OFFICE CITY 75281	04/10/08 01-11-651	38112 AD OFFICE SUPPLIE	435.24	435.24
WILSON, SHANE E. 5220303	04/10/08 01-21-612	38113 PD SUPPLIES, EQUI	36.00	36.00
** TOTAL CHECKS ISSUED			42643.38	

PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
HERZING, DENNIS	04/10/08	38114	1717.67	
04/07 MedReim D	01-11-534	AD MEDICAL	429.42	
	51-42-534	WR MEDICAL	429.42	
	52-43-534	SR MEDICAL	429.42	
	53-40-534	EL MEDICAL	429.41	
KAESBERG, BARBARA	04/10/08	38115	91.66	
2007 MedReim Bi	01-11-534	AD MEDICAL	18.33	
	51-42-534	WR MEDICAL	18.33	
	52-43-534	SR MEDICAL	18.33	
	53-40-534	EL MEDICAL	36.67	
MOHR, JEFF	04/10/08	38116	35.00	
4/07 MedReim Sa	01-41-534	ST MEDICAL	3.50	
	51-42-534	WR MEDICAL	10.50	
	52-43-534	SR MEDICAL	7.00	
	53-40-534	EL MEDICAL	14.00	
TOLAN, JOHN	04/10/08	38117	499.53	
4/07 MedReim Ca	01-41-534	ST MEDICAL	6.91	
	51-42-534	WR MEDICAL	20.74	
	52-43-534	SR MEDICAL	13.82	
	53-40-534	EL MEDICAL	27.65	
4/07 MedReim Ha	01-41-534	ST MEDICAL	12.22	
	51-42-534	WR MEDICAL	36.66	
	52-43-534	SR MEDICAL	24.44	
	53-40-534	EL MEDICAL	48.87	
4/07 MedReim Jo	01-41-534	ST MEDICAL	30.82	
	51-42-534	WR MEDICAL	92.47	
	52-43-534	SR MEDICAL	61.64	
	53-40-534	EL MEDICAL	123.29	
** TOTAL CHECKS ISSUED			2343.86	

DATE: 04/09/08

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PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
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REGIONS - PAYROLL	04/04/08	184	38447.01	
#07-08	01-00-215	PR W/H FICA	4056.11-	
	01-00-216	PR W/H RETIREMENT	2325.15-	
	01-00-213	PR W/H FIT	6468.41-	
	01-00-214	PR W/H SIT	1654.43-	
	01-11-552	AD TELEPHONE	30.00-	
	12-00-111	CASH IN UNION - E	50.00-	
	51-00-111	CASH IN UNION - W	4809.00-	
	52-00-111	CASH IN UNION SEW	5228.48-	
	53-00-111	CASH IN UNOIN - E	12525.93-	
	53-40-552	EL TELEPHONE	40.00-	
#7-08	01-21-421	PD REGULAR SALARI	16223.36	
	01-21-422	PD OVERTIME	532.65	
	01-21-423	PD HOLIDAY OVERTI	1626.12	
	01-21-425	PD PART-TIME SALA	192.00	
	01-21-426	PD LONGEVITY/EDUC	226.93	
	01-11-431	AD ELECTED SALARI	1016.67	
	01-11-421	AD REGULAR SALARI	1517.75	
	01-16-421	ZO REGULAR SALARI	560.00	
	01-41-421	ST REGULAR SALARI	8389.74	
	01-41-423	ST OVERTIME	82.48	
	12-23-421	ES REGULAR SALARI	50.00	
	01-00-111	CASH IN UNION - G	50.00	
	51-42-421	WR REGULAR SALARI	4718.13	
	51-42-423	WR OVERTIME	90.87	
	01-00-111	CASH IN UNION - G	4809.00	
	52-43-421	SR REGULAR SALARI	3777.81	
	52-43-422	SR TEMP SALARIES	1450.67	
	01-00-111	CASH IN UNION - G	5228.48	
	53-40-421	EL REGULAR SALARI	12565.93	
	01-00-111	CASH IN UNION - G	12525.93	

REGIONS - PAYROLL TAXES	04/04/08	185	16730.45	
#07-08	12-00-111	CASH IN UNION - E	3.83-	
	51-00-111	CASH IN UNION - W	434.41-	
	52-00-111	CASH IN UNION SEW	440.90-	
	53-00-111	CASH IN UNOIN - E	1056.67-	
#7-08	01-00-215	PR W/H FICA	4056.11	
	01-00-213	PR W/H FIT	6468.41	
	01-00-214	PR W/H SIT	1654.43	
	01-21-453	PD UNEMPLOYMENT I	131.33	
	01-21-461	PD SOCIAL SECURIT	1423.59	
	01-21-461	PD SOCIAL SECURIT	14.69	
	01-11-461	AD SOCIAL SECURIT	77.78	
	01-11-453	AD UNEMPLOYMENT I	17.13	
	01-11-461	AD SOCIAL SECURIT	116.11	

DATE: 04/09/08

PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
	01-41-453	ST UNEMPLOYMENT I	144.10	
	01-41-461	ST SOCIAL SECURIT	648.12	
	01-16-461	ZO SOCIAL SECURIT	42.84	
	12-23-461	ES SOCIAL SECURIT	3.83	
	01-00-111	CASH IN UNION - G	3.83	
	51-42-453	WR UNEMPLOYMENT I	66.52	
	51-42-461	WR SOCIAL SECURIT	367.89	
	01-00-111	CASH IN UNION - G	434.41	
	52-43-453	SR UNEMPLOYMENT I	40.92	
	52-43-461	SR SOCIAL SECURIT	399.98	
	01-00-111	CASH IN UNION - G	440.90	
	53-40-453	EL UNEMPLOYMENT I	95.38	
	53-40-461	EL SOCIAL SECURIT	961.29	
	01-00-111	CASH IN UNION - G	1056.67	
ADP - CHARGES #7-08	04/04/08	186	106.05	
	01-11-539	AD OTHER PROF SER	26.51	
	51-42-539	WR OTHER PROF SER	26.51	
	52-43-539	SR OTHER PROF SER	26.51	
	53-40-539	EL OTHER PROF SER	26.52	
** TOTAL CHECKS ISSUED			55283.51	

DATE: 04/16/08

PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
BELLEVILLE SEED HOUSE 213102	04/16/08 52-43-615	38119 SR SUPPL, INFRAST	2.70	2.70
CARDINAL WIPING CLOTH 3185	04/16/08 01-41-652	38120 ST OPERATING SUPP	89.50	22.38
	51-42-652	WR OPERATING SUPP		22.38
	52-43-652	SR OPERATING SUPP		22.37
	53-40-652	EL OPERATING SUPP		22.37
CASEY'S GENERAL STORES CASEYS20080331	04/16/08 01-21-655	38121 PD AUTO FUEL/OIL	2608.81	2072.98
	01-41-655	ST AUTO FUEL/OIL		151.38
	51-42-655	WR AUTO FUEL/OIL		228.63
	52-43-655	SR AUTO FUEL/OIL		57.23
	53-40-655	EL AUTO FUEL/OIL		98.59
CN MIDWEST DIVISION CNMIDWEST200804	04/16/08 53-40-811	38122 EL LAND/EASEMT AC	750.00	750.00
DAVE'S HOME IMPROVEMENT 2845	04/16/08 51-42-593	38123 WR RENTALS	382.50	382.50
DINTELMANN, RONALD RON DINTELMANN8	04/16/08 53-40-652	38124 EL OPERATING SUPP	19.99	19.99
FREEBURG TOWNSHIP FRGTWNSP200804	04/16/08 13-44-575	38125 GA RECYCLING	292.17	292.17
FREEBURG PRINT & PUBLISH 70441	04/16/08 58-55-554	38126 SWP PRINTING, COP	375.44	150.00
	58-55-553	SWP PUBLISH,ADVER		15.50
70456	01-11-652	AD OPERATING SUPP		164.94
70482	58-55-553	SWP PUBLISH,ADVER		21.00
	52-43-553	SR PUBLISH,ADVERT		24.00
FSH WATER COMMISSION 113122	04/16/08 51-42-575	38127 WR WATER PURCHASE	23222.40	23222.40
HD SUPPLY WATERWORKS, 6811623	LTD 04/16/08 51-42-851	38128 WR INFRASTRUCTURE	1572.06	1572.06
HEIL SOUND LTD 14096	04/16/08 01-11-832	38129 AD SECURITY SYSTE	1959.50	1959.50
HTC TELEPHONE COMPANY HTC20080408	04/16/08 01-11-552	38130 AD TELEPHONE	16.15	4.42

PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
	01-21-552	PD TELEPHONE	5.18	
	53-40-552	EL TELEPHONE	6.55	
HD SUPPLY UTILITIES LTD.	04/16/08	38131	125.59	
827679-00	53-40-653	EL SMALL TOOLS	5.00	
827679-01	53-40-653	EL SMALL TOOLS	120.59	
IMEA REVENUE FUND	04/16/08	38132	147674.56	
CMIMEA20080409	53-00-395	EL REFUNDS, REIMB	1553.39-	
IMEA20080409	53-40-576	EL ELECTRICITY PU	149227.95	
JACKSON-HIRSH, INC	04/16/08	38133	73.96	
695077	58-55-652	SWP OPERATING SUP	73.96	
JULIE, INC.	04/16/08	38134	79.85	
03-08-0545	51-42-539	WR OTHER PROF SER	26.62	
	52-43-539	SR OTHER PROF SER	26.62	
	53-40-539	EL OTHER PROF SER	26.61	
LOCIS	04/16/08	38135	125.00	
28710	01-11-563	AD TRAINING/COMP	125.00	
MIDWEST METER, INC.	04/16/08	38136	1830.00	
46597	51-42-851	WR INFRASTRUCTURE	1830.00	
NORCOM 2000, INC	04/16/08	38137	15.00	
POR:36185	01-21-539	PD OTHER PROF SER	15.00	
PDC LABORATORIES, INC	04/16/08	38138	180.00	
594789S	51-42-539	WR OTHER PROF SER	180.00	
RESERVE ACCOUNT	04/16/08	38139	600.00	
PITBOWES2008040	01-11-551	AD POSTAGE	150.00	
	51-42-551	WR POSTAGE	150.00	
	52-43-551	SR POSTAGE	150.00	
	53-40-551	EL POSTAGE	150.00	
RHUTASEL & ASSOCIATES, INC	04/16/08	38140	526.00	
6940	01-16-532	ZO ENGINEERING	526.00	
TEKLAB, INC	04/16/08	38141	175.00	
102853	52-43-515	SR SERV, INFRAS/H	25.00	
102876	52-43-515	SR SERV, INFRAS/H	25.00	
102899	52-43-515	SR SERV, INFRAS/H	75.00	
103029	52-43-539	SR OTHER PROF SER	50.00	
TINOCO, INC.	04/16/08	38142	50.00	

SYS DATE:04/16/08

Village of Freeburg
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PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT DIST
2008286	01-11-913	AD COMMUNITY RELA	16.67
	01-21-539	PD OTHER PROF SER	16.67
	53-40-913	EL COMMUNITY RELA	16.66
UTILITY REFUND	04/16/08	38143	.00
USA BLUEBOOK 564761	04/16/08 52-43-612	38144 SR SUPPLIES, EQUI	353.84 353.84
U.S. POST OFFICE USPO20080326	04/16/08	38145	800.00
	51-42-551	WR POSTAGE	200.00
	52-43-551	SR POSTAGE	200.00
	53-40-551	EL POSTAGE	200.00
	13-44-551	GA POSTAGE	200.00
** TOTAL CHECKS ISSUED			183900.02

PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
=====				
UTILITY REFUND	04/16/08	38146	50.00	
LARRY RHUTASEL	51-00-257	WATER CUSTOMER DE	15.00	
	52-00-257	SEWER CUSTOMER DE	15.00	
	53-00-257	ELECT CUSTOMER DE	20.00	
UTILITY REFUND	04/16/08	38147	50.00	
STEPHEN SCHILLI	51-00-257	WATER CUSTOMER DE	15.00	
	52-00-257	SEWER CUSTOMER DE	15.00	
	53-00-257	ELECT CUSTOMER DE	20.00	
** TOTAL CHECKS ISSUED			100.00	

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Wednesday April 16,2008

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PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
BLOMENKAMP, GREG Meals 3/18	04/16/08 52-43-562	38148 SR TRAVEL EXPENSE	22.50 22.50	
CAVANAUGH, TIMOTHY 3/31-4/13/08	04/16/08 01-11-562	38149 AD TRAVEL EXPENSE	8.25 8.25	
ELDEN, ROBERT Meals 3/18 MedReim 4/14 Te	04/16/08 52-43-562 01-41-534 51-42-534 52-43-534 53-40-534	38150 SR TRAVEL EXPENSE ST MEDICAL WR MEDICAL SR MEDICAL EL MEDICAL	42.50 7.50 3.50 10.50 7.00 14.00	
GAUCH, DONALD Meals 3/19/08 MedReim 4/14 Ja	04/16/08 52-43-562 01-41-534 51-42-534 52-43-534 53-40-534	38151 SR TRAVEL EXPENSE ST MEDICAL WR MEDICAL SR MEDICAL EL MEDICAL	480.50 22.50 45.80 137.40 91.60 183.20	
KASPER, RANDY MedReim 4/14 Di	04/16/08 53-40-534	38152 EL MEDICAL	10.00 10.00	
KRAMPER, JANE MedReim 4/14 Ne	04/16/08 01-11-534 51-42-534 52-43-534 53-40-534	38153 AD MEDICAL WR MEDICAL SR MEDICAL EL MEDICAL	52.72 10.54 10.54 10.54 21.10	
KUNKELMAN, TIM Meals 3/18-3/19	04/16/08 52-43-562	38154 SR TRAVEL EXPENSE	15.00 15.00	
MOHR, JEFF MedReim 4/14 Li	04/16/08 01-41-534 51-42-534 52-43-534 53-40-534	38155 ST MEDICAL WR MEDICAL SR MEDICAL EL MEDICAL	60.00 6.00 18.00 12.00 24.00	
SCHUTZENHOFER, MICHAEL MedReim 4/14 Ad MedReim 4/14 Mi MedReim 4/14 Tr MedReim 4/15 Tr	04/16/08 01-21-534 01-21-534 01-21-534 01-21-534	38156 PD MEDICAL PD MEDICAL PD MEDICAL PD MEDICAL	987.60 307.88 52.72 194.00 433.00	
WOODRUFF JR, MELVIN MedReim 4/14 Ki	04/16/08 01-21-534	38157 PD MEDICAL	20.00 10.00	

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PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
MedReim 4/14 Me	01-21-534	PD MEDICAL	10.00	
** TOTAL CHECKS ISSUED			1699.07	

PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT DIST
ALTEC INDUSTRIES INC	04/23/08	38158	635.79
9345342	53-40-653	EL SMALL TOOLS	639.80
9347962	53-40-653	EL SMALL TOOLS	124.99
CM9129713	53-40-653	EL SMALL TOOLS	129.00-
ANDERSON'S PRODUCE	04/23/08	38159	33.89
50231	53-40-551	EL POSTAGE	16.55
50999	53-40-551	EL POSTAGE	17.34
BELLEVILLE SEED HOUSE	04/23/08	38160	159.00
214330	01-41-614	ST SUPPLIES, STRE	159.00
CINTAS CORPORATION	04/23/08	38161	852.99
731632619	51-42-471	WR UNIFORM RENTAL	94.61
	52-43-471	SR UNIFORM RENTAL	94.61
	53-40-471	EL UNIFORM RENTAL	94.60
731635533	01-11-611	AD SUPPLIES, BUIL	32.91
	01-21-536	PD JANITORIAL	45.02
731635535	51-42-471	WR UNIFORM RENTAL	72.41
	52-43-471	SR UNIFORM RENTAL	72.41
	53-40-471	EL UNIFORM RENTAL	72.40
731638457	51-42-471	WR UNIFORM RENTAL	91.34
	52-43-471	SR UNIFORM RENTAL	91.34
	53-40-471	EL UNIFORM RENTAL	91.34
DR. RICHARD B. HAMM O D	04/23/08	38162	165.00
FREEBURG VISION	51-42-471	WR UNIFORM RENTAL	82.50
	52-43-471	SR UNIFORM RENTAL	82.50
FKG OIL	04/23/08	38163	1183.94
1-0022801	01-21-655	PD AUTO FUEL/OIL	74.80
	01-41-655	ST AUTO FUEL/OIL	366.45
	51-42-655	WR AUTO FUEL/OIL	223.49
	52-43-655	SR AUTO FUEL/OIL	242.18
	53-40-655	EL AUTO FUEL/OIL	277.02
FREEBURG PRINT & PUBLISH	04/23/08	38164	33.00
70634	01-11-651	AD OFFICE SUPPLIE	33.00
GREEN MILL SERVICE STA.	04/23/08	38165	512.53
4/12-4/20/08	01-21-655	PD AUTO FUEL/OIL	512.53
HIRTH PLUMBING & HEATING	04/23/08	38166	384.00
33545	01-11-512	AD SERVICES, EQUI	256.00
	53-40-512	EL SERVICES, EQUI	128.00
HD SUPPLY UTILITIES LTD.	04/23/08	38167	198.00

PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
780233-04	53-40-653	EL SMALL TOOLS	198.00	
LEWIS LAWN CARE 97464	04/23/08 01-41-517 51-42-517 52-43-517	38168 ST SERVICES, MOWI WR SERV, LAWN MOW SR SERV, LAWN MOW	229.00 22.50 47.50 159.00	
MACLAIR ASPHALT SALES, LL 6330	04/23/08 01-41-614	38169 ST SUPPLIES, STRE	342.99 342.99	
MCMASTER-CARR SUPPLY COMP 84553697	04/23/08 53-40-615	38170 EL SUPPL, INFRAST	42.84 42.84	
O'REILLY AUTOMOTIVE, INC 1069-314808 1069-314877 1069-314958 1069-314961	04/23/08 01-41-613 52-43-613 53-40-613 51-42-613	38171 ST SUPPLIES, VEHI SR SUPPLIES, VEHI EL SUPPLIES, VEHI WR SUPPLIES, VEHI	677.22 418.51 142.72 108.29 7.70	
PIERCE, DEBORAH DEBBIE PIERCE08	04/23/08 01-11-562	38172 AD TRAVEL EXPENSE	18.43 18.43	
PROFESSIONAL METAL WORKS 3757	04/23/08 01-41-890	38173 ST OTHER IMPROVEM	792.00 792.00	
REXEL ELECTRICAL & DATACO 71-074253 71-076430	04/23/08 53-40-615 53-40-615	38174 EL SUPPL, INFRAST EL SUPPL, INFRAST	1144.23 457.50 686.73	
ST. CLAIR COUNTY TREASURE 2008NTT1711 2008NTT1712	04/23/08 01-21-554 01-21-554	38175 PD PRINTING, COPY PD PRINTING, COPY	77.43 62.43 15.00	
TEKLAB, INC 103097 103124 103181 103197 103224 103407 79766	04/23/08 52-43-539 52-43-539 52-43-539 52-43-539 51-42-539 53-40-539 52-43-539	38176 SR OTHER PROF SER SR OTHER PROF SER SR OTHER PROF SER SR OTHER PROF SER WR OTHER PROF SER EL OTHER PROF SER SR OTHER PROF SER	450.00 25.00 25.00 25.00 25.00 75.00 100.00 175.00	
T & R ELECTRIC SUPPLY 102718	04/23/08 53-40-851	38177 EL UTILITY SYS PR	1740.00 1740.00	
UNITED HEALTHCARE INS 13344963	04/23/08 01-00-151	38178 DUE FROM EMPLOYEE	23478.79 313.37	

PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
	01-11-451	AD HEALTH INSURAN	842.85	
	01-21-451	PD HEALTH INSURAN	8998.71	
	01-41-451	ST HEALTH INSURAN	1473.91	
	51-42-451	WR HEALTH INSURAN	2316.76	
	52-43-451	SR HEALTH INSURAN	2316.76	
	53-40-451	EL HEALTH INSURAN	7216.43	
VANDEVANTER ENGINEERING 1139271	04/23/08 52-43-615	38179 SR SUPPL, INFRAST	260.00 260.00	
VILLAGE OF FRG UTILITIES 3/16/08-4/15/08	04/23/08	38180	2643.22	
	01-11-571	AD UTILITIES	432.02	
	01-21-571	PD UTILITIES	288.01	
	01-41-571	ST UTILITIES	64.68	
	51-42-571	WR UTILITIES	132.61	
	52-43-576	SR ELECTRICITY PU	1525.79	
	53-40-571	EL UTILITIES	191.55	
	58-55-571	SWP UTILITIES	8.56	
WATSON'S OFFICE CITY 75559 75566	04/23/08 01-21-651 01-11-651	38181 PD OFFICE SUPPLIE AD OFFICE SUPPLIE	234.27 166.47 67.80	
WEIL-LOMBARDO TRAILERS 15994 15996	04/23/08 01-41-613 51-42-613	38182 ST SUPPLIES, VEHI WR SUPPLIES, VEHI	71.40 14.90 56.50	
WEILMUNSTER & WIGGINTON ww200804031	04/23/08	38183	3173.89	
	01-11-533	AD LEGAL	581.49	
	01-16-533	ZO LEGAL	1696.50	
	01-21-533	PD LEGAL	38.75	
	01-41-533	ST LEGAL	31.00	
	53-40-533	EL LEGAL	161.50	
ww200804032	01-16-533	ZO LEGAL	547.05	
ww200804033	01-16-533	ZO LEGAL	117.60	
** TOTAL CHECKS ISSUED			39533.85	

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PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
BURROWS, STEVEN	04/23/08	38184	296.64	
MedReim 4/21 Da	01-21-534	PD MEDICAL	50.99	
MedReim 4/21 Ja	01-21-534	PD MEDICAL	16.03	
MedReim 4/21 Ke	01-21-534	PD MEDICAL	80.00	
MedReim 4/22 Da	01-21-534	PD MEDICAL	54.07	
MedReim 4/22 Ja	01-21-534	PD MEDICAL	85.55	
MedReim 4/22 Ke	01-21-534	PD MEDICAL	10.00	
CAPPELLO, JOHN	04/23/08	38185	141.04	
MedReim 4/21 Jo	01-21-534	PD MEDICAL	141.04	
ECKELS, GREGORY	04/23/08	38186	144.78	
Meals 4/13/08	01-41-562	ST TRAVEL EXPENSE	15.00	
MedReim 4/22 Gr	01-41-534	MEDICAL	6.97	
	51-42-534	MEDICAL	13.95	
	52-43-534	MEDICAL	20.93	
	53-40-534	MEDICAL	27.93	
MedReim 4/22 ke	01-41-534	MEDICAL	4.00	
	51-42-534	MEDICAL	8.00	
	52-43-534	MEDICAL	12.00	
	53-40-534	MEDICAL	16.00	
MedReim 4/22 vi	01-41-534	MEDICAL	2.00	
	51-42-534	MEDICAL	4.00	
	52-43-534	MEDICAL	6.00	
	53-40-534	MEDICAL	8.00	
ELDEN, ROBERT	04/23/08	38187	92.87	
MedReim 4/21 Te	01-41-534	MEDICAL	9.28	
	51-42-534	MEDICAL	18.57	
	52-43-534	MEDICAL	27.86	
	53-40-534	MEDICAL	37.16	
GAUCH, DONALD	04/23/08	38188	15.00	
Meals 4/13/08	01-41-562	ST TRAVEL EXPENSE	15.00	
JENKINS, ROBERT	04/23/08	38189	7.50	
Meals 4/13/08	01-41-562	ST TRAVEL EXPENSE	7.50	
KAESBERG, BARBARA	04/23/08	38190	132.72	
MedReim 4/21 Ba	01-11-534	MEDICAL	26.54	
	51-42-534	MEDICAL	26.54	
	52-43-534	MEDICAL	26.54	
	53-40-534	MEDICAL	53.10	
KASPER, RANDY	04/23/08	38191	10.00	
MedReim 4/21 Di	53-40-534	EL MEDICAL	10.00	

PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
KRAMPER, JANE	04/23/08	38192	101.80	
MedReim 4/21 Br	01-11-534	MEDICAL	2.80	
	51-42-534	MEDICAL	2.80	
	52-43-534	MEDICAL	2.80	
	53-40-534	MEDICAL	5.63	
MedReim 4/21 Jo	01-11-534	AD MEDICAL	17.55	
	51-42-534	WR MEDICAL	17.55	
	52-43-534	SR MEDICAL	17.55	
	53-40-534	EL MEDICAL	35.12	
KUNKELMAN, TIM	04/23/08	38193	7.50	
Meals 4/13/08	01-41-562	ST TRAVEL EXPENSE	7.50	
** TOTAL CHECKS ISSUED			949.85	

SYS DATE:04/25/08

Village of Freeburg
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FIA CARD SERVICES	04/25/08	38194	3076.13	
FIACARD20080417	01-11-922	AD MISC	17.50	
FIACARD20084172	01-21-655	PD AUTO FUEL/OIL	988.96	
FIACARD20084173	01-21-563	PD TRAINING	19.10	
	01-21-612	PD SUPPLIES, EQUI	439.98	
FIACARD20084174	51-42-655	WR AUTO FUEL/OIL	480.63	
FIACARD20084175	53-40-563	EL TRAINING	11.51	
	53-40-612	EL SUPPLIES, EQUI	123.97	
FIACARD20084176	01-41-655	ST AUTO FUEL/OIL	145.91	
FIACARD20084177	52-43-655	SR AUTO FUEL/OIL	483.15	
FIACARD200846	53-40-655	EL AUTO FUEL/OIL	365.42	

** TOTAL CHECKS ISSUED 3076.13

SYS DATE:04/25/08

Village of Freeburg
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Friday April 25,2008

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PAYABLE TO
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GL NO

CHECK NO
DESCRIPTION

AMOUNT

DIST

PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
ST CLAIR COUNTY RECORDER 2008051853	04/11/08 01-11-559	38118 AD RECORDING FEES	69.00 29.00	
	01-41-557	ST RECORDING FEES	40.00	

** TOTAL CHECKS ISSUED 69.00

PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
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REGIONS - PAYROLL #8-08	04/18/08	186	39043.58	
	01-21-421	PD REGULAR SALARI	16275.17	
	01-21-422	PD OVERTIME	1979.55	
	01-21-425	PD PART-TIME SALA	240.00	
	01-21-473	PD LONGEVITY/EDUC	226.93	
	01-11-431	AD ELECTED SALARI	1416.67	
	01-11-421	AD REGULAR SALARI	1562.60	
	01-16-421	ZO REGULAR SALARI	560.00	
	01-41-421	ST REGULAR SALARI	9230.15	
	01-41-423	ST OVERTIME	982.87	
	12-23-421	ES REGULAR SALARI	50.00	
	01-00-111	CASH IN UNION - G	50.00	
	51-42-421	WR REGULAR SALARI	5035.48	
	51-42-423	WR OVERTIME	156.38	
	01-00-111	CASH IN UNION - G	5191.86	
	52-43-421	SR REGULAR SALARI	3244.85	
	01-00-111	CASH IN UNION - G	3244.85	
	53-40-421	EL REGULAR SALARI	12776.10	
	53-40-423	EL OVERTIME	73.22	
'#8-08	01-00-111	CASH IN UNION - G	12849.32	
	01-00-215	PR W/H FICA	4116.49-	
	01-00-216	PR W/H RETIREMENT	2349.57-	
	01-00-213	PR W/H FIT	6624.46-	
	01-00-196	EXCHANGE - PAYROL	1675.87-	
	12-00-111	CASH IN UNION - E	50.00-	
	51-00-111	CASH IN UNION - W	5191.86-	
	52-00-111	CASH IN UNION SEW	3244.85-	
	53-00-111	CASH IN UNOIN - E	12849.32-	

REGIONS - PAYROLL TAXES #8-08	04/18/08	187	16791.20	
	01-00-215	PR W/H FICA	4116.49	
	01-00-213	PR W/H FIT	6624.46	
	01-00-214	PR W/H SIT	1675.87	
	01-21-453	PD UNEMPLOYMENT I	54.55	
	01-21-461	PD SOCIAL SECURIT	1413.85	
	01-21-461	PD SOCIAL SECURIT	18.36	
	01-11-461	AD SOCIAL SECURIT	108.38	
	01-11-453	AD UNEMPLOYMENT I	15.15	
	01-11-461	AD SOCIAL SECURIT	119.54	
	01-16-453	ZO UNEMPLOYMENT I	11.20	
	01-16-461	ZO SOCIAL SECURIT	42.84	
	01-41-453	ST UNEMPLOYMENT I	92.76	
	01-41-461	ST SOCIAL SECURIT	781.30	
	12-23-461	ES SOCIAL SECURIT	3.83	
	51-42-453	WR UNEMPLOYMENT I	24.85	
	51-42-461	WR SOCIAL SECURIT	397.18	

PAYABLE TO INV NO	CHECK DATE GL NO	CHECK NO DESCRIPTION	AMOUNT	DIST
	52-43-453	SR UNEMPLOYMENT I	24.85	
	52-43-461	SR SOCIAL SECURIT	248.23	
	01-00-111	CASH IN UNION - G	273.08	
	53-40-453	EL UNEMPLOYMENT I	34.54	
	53-40-461	EL SOCIAL SECURIT	982.97	
	01-00-111	CASH IN UNION - G	1017.51	
	01-00-111	CASH IN UNION - G	422.03	
'#8-08	01-00-111	CASH IN UNION - G	3.83	
	12-00-111	CASH IN UNION - E	3.83-	
	51-00-111	CASH IN UNION - W	422.03-	
	52-00-111	CASH IN UNION SEW	273.08-	
	53-00-111	CASH IN UNOIN - E	1017.51-	
ADP - CHARGES #8-08	04/18/08	188	105.21	
	01-11-539	AD OTHER PROF SER	26.30	
	51-42-539	WR OTHER PROF SER	26.30	
	52-43-539	SR OTHER PROF SER	26.30	
	53-40-539	EL OTHER PROF SER	26.31	
** TOTAL CHECKS ISSUED			55939.99	

PAYABLE TO	INV NO	CHECK DATE G/L NUMBER	CHECK NO DESCRIPTION	AMOUNT	DIST
ALTEC INDUSTRIES INC 9350919		53-40-513	EL SERVICES, VEHI	153.33	153.33
FREEBURG TOWNSHIP FRGTWNSP2008423		01-41-617	ST SNOW REMOVAL	176.50	176.50
KRAUSS SHANE SHANEKRAUSS4		53-40-552	EL TELEPHONE	29.99	29.99
MCMASTER-CARR SUPPLY COMP 85113047 85197255		53-40-612 53-40-612	EL SUPPLIES, EQUI EL SUPPLIES, EQUI	157.58	92.67 64.91
MUNICIPAL ELECTRONICS INC 54878		01-21-512	PD SERVICES, EQUI	228.00	228.00
NUDEAL OIL COMPANY 24357		53-40-613	EL SUPPLIES, VEHI	1321.85	1321.85
SCHULTE SUPPLY S1031140.001 S1031140.001		53-40-615 51-42-615	EL SUPPL, INFRAST WR SUPPL, INFRAST	404.51	224.73 179.78
SHAFFERS TIRE SERVICE 25046 25104		01-21-513 01-21-513	PD SERVICES, VEHI PD SERVICES, VEHI	40.00	28.00 12.00
USA BLUEBOOK 575908		52-43-615	SR SUPPL, INFRAST	181.75	181.75
WASTE MANAGEMENT OF ST LO 355336-1841-7		13-44-573	GA GARBAGE DISPOS	12810.00	12810.00
** TOTAL CHECKS TO BE ISSUED				15503.51	

A / P W A R R A N T L I S T

[NW1]

DATE: 04/28/08 REGISTER # 459
Monday April 28,2008

FUND	AMOUNT
GENERAL FUND	444.50
GARBAGE FUND	12810.00
WATER FUND	179.78
SEWER FUND	181.75
ELECTRIC FUND	1887.48
*** GRAND TOTAL ***	15503.51

INVESTMENT NUMBER	PURCHASE DATE	MATURITY DATE	ACCOUNT NUMBER	PRINCIPAL	INTEREST RATE	INVESTMENT PERIOD	EXPECTED INTEREST	PRINCIPAL PAID BACK	INTEREST RECEIVED	TOTAL DUE
01-001 GEN - 3 YR CD CSB	03/09/05	01/09/09	01-00-116	20107.61	4.5500	3 (Y)	2744.68	.00	.00	22852.29
			INVESTMENT-CERT. OF DEPOSIT							
01-002 GEN - 4 yr CD CITIZENS	03/09/06	03/09/10	01-00-116	20107.61	4.8000	4 (Y)	3860.66	.00	.00	23968.27
			INVESTMENT-CERT. OF DEPOSIT							
15-001 MFT - 3 YR CD CSB	01/09/06	01/09/10	15-00-116	62000.00	4.5500	4 (Y)	11284.00	.00	.00	73284.00
			INVESTMENT-CERT. OF DEPOSIT							
15-002 MFT - 4 yr CD CITIZENS	03/09/06	03/09/10	15-00-116	62000.00	4.8000	4 (Y)	11904.00	.00	.00	73904.00
			INVESTMENT-CERT. OF DEPOSIT							
15-004 MFT - 35 MONTH CD CITIZENS	07/28/05	06/28/08	15-00-116	75000.00	4.4200	35 (M)	9668.75	.00	.00	84668.75
			INVESTMENT-CERT. OF DEPOSIT							
20-001 IMPACT - 3 YR CD CITIZENS	06/28/07	06/28/10	20-00-116	15000.00	5.1500	3 (Y)	2317.50	.00	.00	17317.50
			INVESTMENT - CERTIFICATE OF DEPO							
51-001 WR - 3 YR CD CBS	01/09/06	01/09/09	51-00-116	13500.00	4.5500	3 (Y)	1842.75	.00	.00	15342.75
			INVESTMENT - CERT OF DEPOSIT							
51-002 WR - 4 yr CD CITIZENS	03/09/06	03/09/10	51-00-116	13500.00	4.8000	4 (Y)	2592.00	.00	.00	16092.00
			INVESTMENT - CERT OF DEPOSIT							
51-003 WR - 3 YR CD CSB	10/03/05	10/03/08	51-00-116	60000.00	4.6500	3 (Y)	8370.00	.00	.00	68370.00
			INVESTMENT - CERT OF DEPOSIT							
52-001 SR - 4 YR CD CITIZENS	03/09/06	03/09/10	52-00-116	47156.00	4.8000	4 (Y)	9053.95	.00	.00	56209.95
			INVESTMENT - CERT OF DEPOSIT							
52-002 SR - 3 YR CD CBS	01/09/06	01/09/09	52-00-116	47156.00	4.5500	3 (Y)	6436.79	.00	.00	53592.79
			INVESTMENT - CERT OF DEPOSIT							
52-003 SR - 3 YR CD CSB	10/03/05	10/03/08	52-00-116	40000.00	4.6500	3 (Y)	5580.00	.00	.00	45580.00
			INVESTMENT - CERT OF DEPOSIT							
53-001 EL - 3 YR CD CSB	01/09/06	01/09/09	53-00-116	454500.00	4.5500	3 (Y)	62039.25	.00	.00	516539.25
			INVESTMENT - CERT OF DEPOSIT							

INVESTMENT NUMBER	PURCHASE DATE	MATURITY DATE	ACCOUNT NUMBER	PRINCIPAL	INTEREST RATE	INVESTMENT PERIOD	EXPECTED INTEREST	PRINCIPAL PAID BACK	INTEREST RECEIVED	TOTAL DUE
53-002 EL 4 YR CD CITZENS	03/09/06	03/09/10	53-00-116 INVESTMENT - CERT OF DEPOSIT	454500.00	4.8000	4 (Y)	87264.00	.00	.00	541764.00
53-003 EL- 3 YR CD CSB	10/03/05	10/03/08	53-00-116 INVESTMENT - CERT OF DEPOSIT	280000.00	4.6500	3 (Y)	39060.00	.00	.00	319060.00
53-004 ELECTRIC - 4 YR CITZENS	08/09/07	08/09/11	53-00-116 INVESTMENT - CERT OF DEPOSIT	50000.00	5.2000	4 (Y)	10400.00	.00	.00	60400.00
53-005 ELECTRIC - 4 YR CD CITZENS	08/09/06	08/09/10	53-00-116 INVESTMENT - CERT OF DEPOSIT	100000.00	5.2800	4 (Y)	21120.00	.00	.00	121120.00
17 INVESTMENTS		TOTALS:		1814527.22			295538.33	.00	.00	2110065.55

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE		ENCUMBERED	FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR **	
		M-T-D	Y-T-D				M-T-D	Y-T-D
REVENUE								
01-00-311	PROPERTY TAX	.00	.00		97600.00	97600.00	.00	.00
01-00-312	AD POL PROTECTION TX	.00	.00		25400.00	25400.00	.00	.00
01-00-314	AD IMRF	.00	.00		112000.00	112000.00	.00	.00
01-00-315	AD SIMPLIFIED TELECOMUNIC	11726.69	11726.69		180000.00	168273.31	13366.16	13366.16
01-00-318	AD ELEC FRANCHISE FEE	.00	.00		200000.00	200000.00	12210.91	12210.91
01-00-321	AD LIQUOR LICENSES	100.00	100.00		3700.00	3600.00	.00	.00
01-00-323	AD BUSINESS LICENSES	580.00	580.00		1600.00	1020.00	940.00	940.00
01-00-325	AD FRANCHISE LICENSES	.00	.00		22000.00	22000.00	.00	.00
01-00-326	AD PEDDLERS LICENSE	.00	.00		50.00	50.00	.00	.00
01-00-327	AD COIN OPR MACH LIC	480.00	480.00		2150.00	1670.00	20.00	20.00
01-00-328	AD RAFFLE LICENSE	.00	.00		25.00	25.00	.00	.00
01-00-331	AD BUILDING PERMITS	3881.00	3881.00		42000.00	38119.00	2516.00	2516.00
01-00-332	AD AREA BULK VAR PERM	.00	.00		1500.00	1500.00	.00	.00
01-00-333	AD AMENDMENT	.00	.00		250.00	250.00	.00	.00
01-00-334	AD FENCE PERMIT	20.00	20.00		100.00	80.00	20.00	20.00
01-00-335	AD WRECKING PERMIT	.00	.00		100.00	100.00	10.00	10.00
01-00-336	AD SIGN PERMIT	.00	.00		150.00	150.00	10.00	10.00
01-00-338	AD SPECIAL USE PERMIT	.00	.00		500.00	500.00	.00	.00
01-00-341	AD STATE INCOME TAX	.00	.00		384000.00	384000.00	19158.02	19158.02
01-00-342	AD REPLACEMENT TAX	.00	.00		7300.00	7300.00	1305.99	1305.99
01-00-345	AD SALES TAX	27812.79	27812.79		384000.00	356187.21	29679.52	29679.52
01-00-346	AD ROAD & BRIDGE TAX	.00	.00		77000.00	77000.00	.00	.00
01-00-349	AD LOCAL USE TAX	4189.65	4189.65		54000.00	49810.35	3449.05	3449.05
01-00-350	AD RETURN CHECK FEE	20.00	20.00		500.00	480.00	20.00	20.00
01-00-351	AD COURT FINES	1903.99	1903.99		17500.00	15596.01	1640.28	1640.28
01-00-352	AD PARKING FINES	.00	.00		5.00	5.00	.00	.00
01-00-370	AD ACCIDENT REPORT SALES	10.00	10.00		400.00	390.00	30.00	30.00
01-00-371	AD MAP, ZON ORD SALE	.00	.00		30.00	30.00	.00	.00
01-00-372	AD COPY WK,LAMINATG	.50	.50		35.00	34.50	.00	.00
01-00-373	AD POSTAGE	.00	.00		15.00	15.00	.00	.00
01-00-381	AD INTEREST INCOME	159.45	159.45		22000.00	21840.55	3111.43	3111.43
01-00-384	AD SPECTRA SITE LEASE	575.00	575.00		6900.00	6325.00	575.00	575.00
01-00-385	AD GRANTS	.00	.00		450.00	450.00	.00	.00
01-00-386	AD T.I.F./FREEBURG CENTER	.00	.00		145000.00	145000.00	.00	.00
01-00-388	AD POL DUI - VEHICLE FUND	120.00	120.00		2000.00	1880.00	340.00	340.00
01-00-389	AD OTHER REVENUE (From Re	.00	.00		33000.00	33000.00	1115.20	1115.20
01-00-389.2	AD POL RESTITUTION DUI	113.03	113.03		1000.00	886.97	.00	.00
01-00-389.7	AD TOBACCO COMPLIANCE GRA	.00	.00		1800.00	1800.00	.00	.00
01-00-391	AD PROCEEDS FIXED ASSET S	.00	.00		750.00	750.00	620.00	620.00
01-00-394	AD PROCEEDS - LOT SALE IP	.00	.00		14500.00	14500.00	.00	.00

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE			FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR **	
		M-T-D	Y-T-D	ENCUMBERED			M-T-D	Y-T-D
01-00-395	AD REFUNDS,REIMBMTS	.00	.00		500.00	500.00	.00	.00
01-00-395.1	ST REIMBURSEMENTS/SUPPLIE	.00	.00		2500.00	2500.00	.00	.00
01-00-400	AD BATEMAN RESTITUTION	.00	.00		50.00	50.00	.00	.00
	REVENUE	51692.10	51692.10		1844360.00	1792667.90	90137.56	90137.56
	***** DEPARTMENT 00 TOTALS ***	51692.10	51692.10		1844360.00	1792667.90	.00	.00
ADMINISTRATIVE								
01-11-421	AD REGULAR SALARIES	3060.35	3060.35	.00	41750.00	38689.65	2914.83	2914.83
01-11-423	AD OVERTIME	.00	.00	.00	250.00	250.00	.00	.00
01-11-426	AD Employee Bonuses	.00	.00	.00	1600.00	1600.00	.00	.00
01-11-431	AD ELECTED SALARIES	2433.34	2433.34	.00	35000.00	32566.66	2333.34	2333.34
01-11-451	AD HEALTH INSURANCE	842.85	842.85	.00	10114.00	9271.15	683.64	683.64
01-11-453	AD UNEMPLOYMENT INSURANCE	32.28	32.28	.00	250.00	217.72	89.74	89.74
01-11-454	AD WORKERS COMPENSATION	.00	.00	.00	900.00	900.00	.00	.00
01-11-461	AD SOCIAL SECURITY	421.81	421.81	.00	6100.00	5678.19	401.54	401.54
01-11-462	AD IMRF	.00	.00	.00	4120.00	4120.00	.00	.00
01-11-511	AD SERVICES, BUILDING	.00	.00	.00	750.00	750.00	150.00	150.00
01-11-512	AD SERVICES, EQUIPMT	256.00	256.00	.00	1000.00	744.00	155.00	155.00
01-11-519	AD SERVICES, OTHER	.00	.00	.00	3000.00	3000.00	.00	.00
01-11-531	AD ACCOUNTING	2525.00	2525.00	.00	5000.00	2475.00	.00	.00
01-11-532	AD ENGINEERING	.00	.00	.00	1000.00	1000.00	650.00	650.00
01-11-533	AD LEGAL	581.49	581.49	.00	30000.00	29418.51	5930.14	5930.14
01-11-534	AD MEDICAL	520.27	520.27	.00	6000.00	5479.73	124.56	124.56
01-11-536	AD JANITORIAL	6.00	6.00	.00	750.00	744.00	.00	.00
01-11-538	AD CODE CODIFICATION	.00	.00	.00	1000.00	1000.00	.00	.00
01-11-539	AD OTHER PROF SERVICES	952.81	952.81	.00	11000.00	10047.19	1411.02	1411.02
01-11-551	AD POSTAGE	185.00	185.00	.00	1500.00	1315.00	374.86	374.86
01-11-552	AD TELEPHONE	679.73	679.73	.00	7500.00	6820.27	513.16	513.16
01-11-553	AD PUBLISHING,ADVERTMT	.00	.00	.00	150.00	150.00	.00	.00
01-11-554	AD PRINTING, COPYING	.00	.00	.00	100.00	100.00	.00	.00
01-11-559	AD RECORDING FEES	29.00	29.00	.00	750.00	721.00	54.00	54.00
01-11-561	AD DUES	.00	.00	.00	120.00	120.00	.00	.00
01-11-562	AD TRAVEL EXPENSE	64.02	64.02	.00	6000.00	5935.98	16.01	16.01
01-11-563	AD TRAINING/COMP CLASSES	125.00	125.00	.00	1000.00	875.00	100.00	100.00
01-11-565	AD PUBLICATIONS	.00	.00	.00	100.00	100.00	.00	.00
01-11-571	AD UTILITIES	432.02	432.02	.00	6500.00	6067.98	362.06	362.06
01-11-591	AD LIABILITY INSURANCE	.00	.00	.00	2900.00	2900.00	.00	.00

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE			FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR **	
		M-T-D	Y-T-D	ENCUMBERED			M-T-D	Y-T-D
01-11-592	AD GENERAL INSURANCE	.00	.00	.00	2250.00	2250.00	.00	.00
01-11-611	AD SUPPLIES, BUILDING	88.00	88.00	.00	1250.00	1162.00	112.20	112.20
01-11-612	AD SUPPLIES, EQUIPMT	9.40	9.40	.00	500.00	490.60	.00	.00
01-11-619	AD SUPPLIES, OTHER	.00	.00	.00	350.00	350.00	.00	.00
01-11-651	AD OFFICE SUPPLIES	677.61	677.61	.00	5750.00	5072.39	612.63	612.63
01-11-652	AD OPERATING SUPPLIES	164.94	164.94	.00	1000.00	835.06	.00	.00
01-11-659	AD OTHER GEN SUPPLIES	34.50-	34.50-	.00	400.00	434.50	114.49	114.49
01-11-832	AD SECURITY SYSTEM	1959.50	1959.50	.00	5000.00	3040.50	.00	.00
01-11-835	AD EQUIPMENT, COMP	.00	.00	.00	4500.00	4500.00	.00	.00
01-11-894	AD INDUSTRIAL PARK DEVELO	.00	.00	.00	1600.00	1600.00	.00	.00
01-11-896	AD TIF FREEBURG CENTER	.00	.00	.00	245000.00	245000.00	.00	.00
01-11-913	AD COMMUNITY RELATIONS	16.67	16.67	.00	500.00	483.33	38.00	38.00
01-11-922	AD MISC	17.50	17.50	.00	250.00	232.50	.00	.00
01-11-955	AD REFUNDS (Real Estate T	.00	.00	.00	6000.00	6000.00	.00	.00
01-11-959	AD INTERFUND TRANSFER (Po	.00	.00	.00	49450.00	49450.00	.00	.00
EXPENSE		16046.09	16046.09	.00	510004.00	493957.91	17141.22	17141.22
***** DEPARTMENT 11 TOTALS ***		16046.09-	16046.09-	.00	510004.00-	493957.91-	.00	.00

ZONING

01-16-421	ZO REGULAR SALARIES	1120.00	1120.00	.00	21000.00	19880.00	.00	.00
01-16-431	ZO SALARIES, APPOINTED	.00	.00	.00	3200.00	3200.00	.00	.00
01-16-453	ZO UNEMPLOYMENT INSURANCE	11.20	11.20	.00	235.00	223.80	1.25	1.25
01-16-454	ZO WORKERS COMPENSATION	.00	.00	.00	450.00	450.00	.00	.00
01-16-461	ZO SOCIAL SECURITY	85.68	85.68	.00	1900.00	1814.32	.00	.00
01-16-462	ZO RETIREMENT	.00	.00	.00	2250.00	2250.00	.00	.00
01-16-532	ZO ENGINEERING	526.00	526.00	.00	5000.00	4474.00	.00	.00
01-16-533	ZO LEGAL	2361.15	2361.15	.00	10000.00	7638.85	.00	.00
01-16-535	ZO COUNTY INSPECTIONS	.00	.00	.00	26000.00	26000.00	.00	.00
01-16-539	ZO OTHER PROF SERVICES	.00	.00	.00	1000.00	1000.00	.00	.00
01-16-553	ZO PUBLISHING, ADVERTMT	.00	.00	.00	1850.00	1850.00	.00	.00
01-16-554	ZO PRINTING, COPYING	.00	.00	.00	100.00	100.00	.00	.00
01-16-557	ZO RECORDING EASEMT	.00	.00	.00	250.00	250.00	50.00	50.00
01-16-651	ZO OFFICE SUPPLIES	.00	.00	.00	250.00	250.00	62.89	62.89
01-16-652	ZO OPERATING SUPPLIES	.00	.00	.00	250.00	250.00	.00	.00
01-16-653	ZO MAPPING	.00	.00	.00	4500.00	4500.00	3157.25	3157.25
01-16-872	ZO COMPREHENSIVE PLANNING	.00	.00	.00	5000.00	5000.00	.00	.00

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE		ENCUMBERED	FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR **	
		M-T-D	Y-T-D				M-T-D	Y-T-D
	EXPENSE	4104.03	4104.03	.00	83235.00	79130.97	3288.36	3288.36
	***** DEPARTMENT 16 TOTALS ***	4104.03-	4104.03-	.00	83235.00-	79130.97-	.00	.00
	POLICE DEPARTMENT							
	EXPENSE	.00	.00	.00	.00	.00	.00	.00
	REVENUE	.00	.00		.00	.00	.00	.00
01-21-421	PD REGULAR SALARIES	32498.53	32498.53	.00	450000.00	417501.47	29777.50	29777.50
01-21-422	PD OVERTIME	2512.20	2512.20	.00	15000.00	12487.80	2261.84	2261.84
01-21-423	PD HOLIDAY OVERTIME	1626.12	1626.12	.00	16500.00	14873.88	1257.52	1257.52
01-21-425	PD PART-TIME SALARIES	432.00	432.00	.00	6000.00	5568.00	1254.00	1254.00
01-21-426	PD LONGEVITY/EDUCATION	226.93	226.93	.00	6750.00	6523.07	365.37	365.37
01-21-451	PD HEALTH INSURANCE	8998.71	8998.71	.00	111560.00	102561.29	6760.20	6760.20
01-21-453	PD UNEMPLOYMENT INSURANCE	185.88	185.88	.00	2650.00	2464.12	469.76	469.76
01-21-454	PD WORKERS COMPENSATION	.00	.00	.00	19171.00	19171.00	.00	.00
01-21-461	PD SOCIAL SECURITY	2870.49	2870.49	.00	37900.00	35029.51	2819.99	2819.99
01-21-462	PD RETIREMENT	.00	.00	.00	52200.00	52200.00	.00	.00
01-21-471	PD UNIFORM ALLOWANCE	297.91	297.91	.00	6500.00	6202.09	137.92	137.92
01-21-473	PD LONGEVITY/EDUCATION	226.93	226.93	.00	.00	226.93-	.00	.00
01-21-511	PD MAINT BUILDING	.00	.00	.00	400.00	400.00	70.95	70.95
01-21-512	PD SERVICES, EQUIPMT	5.28	5.28	.00	1500.00	1494.72	198.50	198.50
01-21-513	PD SERVICES, VEHICLE	551.42	551.42	.00	11000.00	10448.58	414.00	414.00
01-21-533	PD LEGAL	38.75	38.75	.00	5000.00	4961.25	.00	.00
01-21-534	PD MEDICAL	2488.29	2488.29	.00	58000.00	55511.71	2248.66	2248.66
01-21-536	PD JANITORIAL	96.03	96.03	.00	500.00	403.97	145.95	145.95
01-21-538	PD DISPATCHING SERVICE	.00	.00	.00	21000.00	21000.00	.00	.00
01-21-539	PD OTHER PROF SERVICES	128.17	128.17	.00	9000.00	8871.83	188.02	188.02
01-21-551	PD POSTAGE	.00	.00	.00	200.00	200.00	.00	.00
01-21-552	PD TELEPHONE	727.25	727.25	.00	7000.00	6272.75	502.51	502.51
01-21-554	PD PRINTING, COPYING	77.43	77.43	.00	500.00	422.57	.00	.00
01-21-561	PD DUES	.00	.00	.00	1800.00	1800.00	50.00	50.00
01-21-563	PD TRAINING	19.10	19.10	.00	1100.00	1080.90	.00	.00

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE			FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR **	
		M-T-D	Y-T-D	ENCUMBERED			M-T-D	Y-T-D
01-21-564	PD TUITION REIMBURSE	.00	.00	.00	6000.00	6000.00	2044.50	2044.50
01-21-571	PD UTILITIES	288.01	288.01	.00	4000.00	3711.99	241.37	241.37
01-21-591	PD LIABILITY INSURANCE	.00	.00	.00	900.00	900.00	.00	.00
01-21-592	PD GENERAL INSURANCE	.00	.00	.00	9567.00	9567.00	.00	.00
01-21-611	PD SUPPLIES, BUILDING	.00	.00	.00	300.00	300.00	64.66	64.66
01-21-612	PD SUPPLIES, EQUIPMT	484.46	484.46	.00	1000.00	515.54	.00	.00
01-21-613	PD SUPPLIES, VEHICLE	.00	.00	.00	1000.00	1000.00	.00	.00
01-21-651	PD OFFICE SUPPLIES	166.47	166.47	.00	2000.00	1833.53	248.42	248.42
01-21-652	PD OPERATING SUPPLIES	.00	.00	.00	1500.00	1500.00	.00	.00
01-21-654	PD JANITORIAL	26.34	26.34	.00	200.00	173.66	.00	.00
01-21-655	PD AUTO FUEL/OIL	3649.27	3649.27	.00	32000.00	28350.73	2610.71	2610.71
01-21-831	PD OFFICE EQUIPMT (COPIER	.00	.00	.00	1500.00	1500.00	.00	.00
01-21-834	PD COMPUTER SOFTWARE	.00	.00	.00	1000.00	1000.00	.00	.00
01-21-837	PD COUNTY RADIOS	.00	.00	.00	13450.00	13450.00	.00	.00
01-21-841	PD VEHICLES	.00	.00	.00	19000.00	19000.00	17046.82	17046.82
01-21-959	PD INTERFUND TRANSFER (ES	.00	.00	.00	2150.00	2150.00	.00	.00
	EXPENSE	58621.97	58621.97	.00	936798.00	878176.03	71179.17	71179.17
	***** DEPARTMENT 21 TOTALS ***	58621.97-	58621.97-	.00	936798.00-	878176.03-	.00	.00
	EXPENSE	.00	.00	.00	.00	.00	.00	.00

STREETS AND ALLEYS

01-41-421	ST REGULAR SALARIES	17619.89	17619.89	.00	125000.00	107380.11	8750.00	8750.00
01-41-422	ST TEMPORARY SALARIES	.00	.00	.00	12500.00	12500.00	.00	.00
01-41-423	ST OVERTIME	1065.35	1065.35	.00	3000.00	1934.65	292.60	292.60
01-41-451	ST HEALTH INSURANCE	1473.91	1473.91	.00	11500.00	10026.09	583.33	583.33
01-41-453	ST UNEMPLOYMENT INSURANCE	236.86	236.86	.00	1500.00	1263.14	209.63	209.63
01-41-454	ST WORKERS COMPENSATION	.00	.00	.00	24100.00	24100.00	.00	.00
01-41-461	ST SOCIAL SECURITY	1429.42	1429.42	.00	10800.00	9370.58	695.59	695.59
01-41-462	ST RETIREMENT	.00	.00	.00	13700.00	13700.00	.00	.00
01-41-512	ST SERVICES, EQUIPMT	.00	.00	.00	1000.00	1000.00	76.13	76.13
01-41-513	ST SERVICES, VEHICLE	.00	.00	.00	2500.00	2500.00	87.82	87.82
01-41-515	ST MAINT SERVICE/SIGNAL L	.00	.00	.00	4000.00	4000.00	.00	.00

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE			FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR **	
		M-T-D	Y-T-D	ENCUMBERED			M-T-D	Y-T-D
01-41-517	ST SERVICES, MOWING	22.50	22.50	.00	1500.00	1477.50	.00	.00
01-41-532	ST ENGINEERING	.00	.00	.00	2000.00	2000.00	.00	.00
01-41-533	ST LEGAL	31.00	31.00	.00	3000.00	2969.00	.00	.00
01-41-534	ST MEDICAL	137.67	137.67	.00	4400.00	4262.33	262.74	262.74
01-41-539	ST OTHER PROF SERVICES	.00	.00	.00	3000.00	3000.00	.00	.00
01-41-553	ST PUBLISHING,ADVERTMT	.00	.00	.00	75.00	75.00	.00	.00
01-41-554	ST PRINTING, COPYING	.00	.00	.00	100.00	100.00	.00	.00
01-41-557	ST RECORDING FEES	40.00	40.00	.00	150.00	110.00	.00	.00
01-41-562	ST TRAVEL EXPENSE	45.00	45.00	.00	250.00	205.00	25.00	25.00
01-41-563	ST TRAINING	75.00	75.00	.00	750.00	675.00	.00	.00
01-41-571	ST UTILITIES	64.68	64.68	.00	1100.00	1035.32	.00	.00
01-41-591	ST LIABILITY INSURANCE	.00	.00	.00	5536.00	5536.00	.00	.00
01-41-592	ST GENERAL INSURANCE	.00	.00	.00	500.00	500.00	.00	.00
01-41-593	ST RENTALS	.00	.00	.00	3000.00	3000.00	640.00	640.00
01-41-612	ST SUPPLIES, EQUIPMT	24.40	24.40	.00	7500.00	7475.60	.00	.00
01-41-613	ST SUPPLIES, VEHICLE	433.41	433.41	.00	3000.00	2566.59	45.30	45.30
01-41-614	ST SUPPLIES, STREET	1993.12	1993.12	.00	10000.00	8006.88	931.66	931.66
01-41-615	ST SIDEWALK MATERIAL SUPP	.00	.00	.00	5000.00	5000.00	911.06	911.06
01-41-617	ST SNOW REMOVAL	.00	.00	.00	7500.00	7500.00	562.50	562.50
01-41-652	ST OPERATING SUPPLIES	22.38	22.38	.00	1000.00	977.62	.00	.00
01-41-653	ST SMALL TOOLS	.00	.00	.00	1000.00	1000.00	4.49	4.49
01-41-655	ST AUTO FUEL/OIL	663.74	663.74	.00	19000.00	18336.26	1021.17	1021.17
01-41-656	ST CHEMICALS	.00	.00	.00	12000.00	12000.00	.00	.00
01-41-659	ST OTHER GEN SUPPLIES	.00	.00	.00	250.00	250.00	.00	.00
01-41-831	ST EQUIP (SKID STEER)	.00	.00	.00	3000.00	3000.00	.00	.00
01-41-841	ST VEHICLE - TRUCK	.00	.00	.00	5000.00	5000.00	.00	.00
01-41-890	ST OTHER IMPROVEMENTS	792.00	792.00	.00	5000.00	4208.00	.00	.00
EXPENSE		26170.33	26170.33	.00	314211.00	288040.67	15099.02	15099.02
***** DEPARTMENT 41 TOTALS ***		26170.33-	26170.33-	.00	314211.00-	288040.67-	.00	.00
** FUND 01 TOTAL		53250.32-	53250.32-					

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE M-T-D	EXPENSE Y-T-D	ENCUMBERED	FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR M-T-D	** Y-T-D
11-00-316	REVENUES AU AUDIT TAX	.00	.00		5200.00	5200.00	.00	.00
	REVENUE	.00	.00		5200.00	5200.00	.00	.00
	***** DEPARTMENT 00 TOTALS ***	.00	.00		5200.00	5200.00	.00	.00
11-11-531	EXPENSES AU ACCOUNTING	.00	.00	.00	5200.00	5200.00	.00	.00
	EXPENSE	.00	.00	.00	5200.00	5200.00	.00	.00
	***** DEPARTMENT 11 TOTALS ***	.00	.00	.00	5200.00-	5200.00-	.00	.00
	** FUND 11 TOTAL	.00	.00					

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE			FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR **	
		M-T-D	Y-T-D	ENCUMBERED			M-T-D	Y-T-D
=====								
REVENUES								
12-00-315	ESDA TAX	.00	.00		1450.00	1450.00	.00	.00
12-00-399	ES INTERFUND TRANSFER	.00	.00		2150.00	2150.00	.00	.00
	REVENUE	.00	.00		3600.00	3600.00	.00	.00
***** DEPARTMENT 00 TOTALS ***		.00	.00		3600.00	3600.00	.00	.00
EXPENSES								
12-23-421	ES REGULAR SALARIES	100.00	100.00	.00	1300.00	1200.00	100.00	100.00
12-23-453	ES UNEMPLOYMENT INSURANCE	.00	.00	.00	15.00	15.00	1.50	1.50
12-23-461	ES SOCIAL SECURITY	7.66	7.66	.00	100.00	92.34	3.83	3.83
12-23-512	ES SERVICES, EQUIPMT	.00	.00	.00	100.00	100.00	.00	.00
12-23-563	ES TRAINING	.00	.00	.00	650.00	650.00	.00	.00
12-23-565	ES PUBLICATIONS	.00	.00	.00	100.00	100.00	.00	.00
12-23-612	ES SUPP/EQUIPMT/BAT/PATC	.00	.00	.00	250.00	250.00	.00	.00
12-23-615	ES SUPPLIES, UNFRASTR	.00	.00	.00	250.00	250.00	.00	.00
12-23-619	ES OTHER MAINT SUPPLIES	.00	.00	.00	100.00	100.00	.00	.00
12-23-651	ES OFFICE SUPPLIES	5.38	5.38	.00	200.00	194.62	.00	.00
12-23-652	ES OPERATING SUPPLIES	.00	.00	.00	250.00	250.00	.00	.00
12-23-831	ES EQUIPMENT, PAGERS	.00	.00	.00	250.00	250.00	.00	.00
	EXPENSE	113.04	113.04	.00	3565.00	3451.96	105.33	105.33
***** DEPARTMENT 23 TOTALS ***		113.04-	113.04-	.00	3565.00-	3451.96-	.00	.00
** FUND 12 TOTAL		113.04-	113.04-					

Village of Freeburg
 B U D G E T C O M P A R I S O N A N A L Y S I S F O R 04/08
 Monday April 28,2008

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE M-T-D	EXPENSE Y-T-D	ENCUMBERED	FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR M-T-D	** Y-T-D
REVENUES								
13-00-353	GA PENALTIES	160.42	160.42		1750.00	1589.58	142.74	142.74
13-00-366	GA TIRES	94.00	94.00		25.00	69.00-	24.00	24.00
13-00-367	GA WHITE ITEMS	40.00	40.00		100.00	60.00	100.00	100.00
13-00-368	GA COLLECTION	11959.35	11959.35		165000.00	153040.65	13243.05	13243.05
	REVENUE	12253.77	12253.77		166875.00	154621.23	13509.79	13509.79
	***** DEPARTMENT 00 TOTALS ***	12253.77	12253.77		166875.00	154621.23	.00	.00
EXPENSES								
13-44-551	GA POSTAGE	235.00	235.00	.00	1750.00	1515.00	32.00	32.00
13-44-573	GA GARBAGE DISPOSAL	12810.00	12810.00	.00	156400.00	143590.00	12632.60	12632.60
13-44-575	GA RECYCLING	292.17	292.17	.00	3500.00	3207.83	.00	.00
13-44-576	GA CLEANUP ACTIVITIES	.00	.00	.00	4000.00	4000.00	.00	.00
	EXPENSE	13337.17	13337.17	.00	165650.00	152312.83	12664.60	12664.60
	***** DEPARTMENT 44 TOTALS ***	13337.17-	13337.17-	.00	165650.00-	152312.83-	.00	.00
	** FUND 13 TOTAL	1083.40-	1083.40-					

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE M-T-D	Y-T-D	ENCUMBERED	FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR M-T-D	** Y-T-D
REVENUES								
15-00-343	MOTOR FUEL TAX	.00	.00		110000.00	110000.00	9254.73	9254.73
15-00-381	MFT INTEREST INCOME	491.65	491.65		10000.00	9508.35	1195.07	1195.07
15-00-389	MFT OTHER REVENUE (From R	.00	.00		68000.00	68000.00	.00	.00
	REVENUE	491.65	491.65		188000.00	187508.35	10449.80	10449.80
	***** DEPARTMENT 00 TOTALS ***	491.65	491.65		188000.00	187508.35	.00	.00
EXPENSES								
15-41-421	MFT REGULAR SALARIES	.00	.00	.00	13900.00	13900.00	.00	.00
15-41-453	MFT UNEMPLOYMENT INSURANC	.00	.00	.00	75.00	75.00	.00	.00
15-41-461	MFT SOCIAL SECURITY	.00	.00	.00	1065.00	1065.00	.00	.00
15-41-462	MFT RETIREMENT	.00	.00	.00	1500.00	1500.00	.00	.00
15-41-530	MFT BANK CHARGES	.00	.00	.00	100.00	100.00	11.03	11.03
15-41-532	MFT ENGINEERING	.00	.00	.00	8000.00	8000.00	.00	.00
15-41-593	MFT RENTALS	.00	.00	.00	5800.00	5800.00	.00	.00
15-41-614	MFT SUPPLIES, STREET	.00	.00	.00	10000.00	10000.00	.00	.00
15-41-615	MFT SUPPLIES, SIDEWALKS	.00	.00	.00	10000.00	10000.00	.00	.00
15-41-618	MFT SUPPLIES, TRAF SIGNS	.00	.00	.00	500.00	500.00	.00	.00
15-41-891	MFT STREET IMPROVEMENTS	.00	.00	.00	111500.00	111500.00	.00	.00
15-41-891.1	MFT COLD PATCH	.00	.00	.00	15000.00	15000.00	.00	.00
15-41-891.2	MFT CALL ROCK	.00	.00	.00	10500.00	10500.00	.00	.00
	EXPENSE	.00	.00	.00	187940.00	187940.00	11.03	11.03
	***** DEPARTMENT 41 TOTALS ***	.00	.00	.00	187940.00-	187940.00-	.00	.00
	** FUND 15 TOTAL	491.65	491.65					

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE M-T-D	EXPENSE Y-T-D	ENCUMBERED	FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR M-T-D	** Y-T-D
REVENUES								
	REVENUE	.00	.00		.00	.00	.00	.00
EXPENSES								
	EXPENSE	.00	.00	.00	.00	.00	.00	.00
	** FUND 20 TOTAL	.00	.00					

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE M-T-D	Y-T-D	ENCUMBERED	FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR M-T-D	** Y-T-D
REVENUE								
51-00-353	WR WATER PENALTIES	446.54	446.54		7000.00	6553.46	542.12	542.12
51-00-361	WR WATER SALES	32932.82	32932.82		605000.00	572067.18	43535.34	43535.34
51-00-364	WR WATER SALES AT PLANT	.00	.00		3000.00	3000.00	.00	.00
51-00-365	WR TAP-ON FEES	500.00	500.00		12000.00	11500.00	1500.00	1500.00
51-00-366	WR CONN CHRGS/DEL RECN	100.00	100.00		1500.00	1400.00	100.00	100.00
51-00-367	WR MET, SUP, LABOR SLS	1125.70	1125.70		30000.00	28874.30	2879.24	2879.24
51-00-381	WR INTEREST INCOME	344.02	344.02		4500.00	4155.98	577.54	577.54
51-00-382	WR RENTAL INCOME (FIRE HY	.00	.00		9700.00	9700.00	.00	.00
51-00-389	WR OTHER REVENUE (From Re	.00	.00		65000.00	65000.00	.00	.00
REVENUE		35449.08	35449.08		737700.00	702250.92	49134.24	49134.24
***** DEPARTMENT 00 TOTALS ***		35449.08	35449.08		737700.00	702250.92	.00	.00
WATER FUND EXPENSES								
51-42-421	WR REGULAR SALARIES	9753.61	9753.61	.00	165000.00	155246.39	9140.32	9140.32
51-42-422	WR TEMP SALARIES	.00	.00	.00	3500.00	3500.00	.00	.00
51-42-423	WR OVERTIME	247.25	247.25	.00	5000.00	4752.75	290.00	290.00
51-42-426	WR EMPLOYEE BONUS	.00	.00	.00	350.00	350.00	.00	.00
51-42-451	WR HEALTH INSURANCE	2316.76	2316.76	.00	34100.00	31783.24	2395.88	2395.88
51-42-453	WR UNEMPLOYMENT INSURANCE	91.37	91.37	.00	900.00	808.63	112.58	112.58
51-42-454	WR WORKER'S COMP INSURANC	.00	.00	.00	6550.00	6550.00	.00	.00
51-42-461	WR SOCIAL SECURITY	765.07	765.07	.00	13350.00	12584.93	721.42	721.42
51-42-462	WR RETIREMENT	.00	.00	.00	18380.00	18380.00	.00	.00
51-42-471	WR UNIFORM RENTAL	485.68	485.68	.00	5000.00	4514.32	689.98	689.98
51-42-512	WR SERVICES, EQUIPMT	.00	.00	.00	2000.00	2000.00	76.13	76.13
51-42-513	WR SERVICES, VEHICLES	.00	.00	.00	2000.00	2000.00	87.82	87.82
51-42-515	WR SERV, INFRASTRUCTURE	87.50	87.50	.00	2500.00	2412.50	.00	.00
51-42-517	WR SERV, LAWN MOWING	47.50	47.50	.00	2500.00	2452.50	.00	.00
51-42-519	WR SERVICES, OTHER	.00	.00	.00	250.00	250.00	.00	.00
51-42-532	WR ENGINEERING	.00	.00	.00	2500.00	2500.00	.00	.00
51-42-533	WR LEGAL	.00	.00	.00	10000.00	10000.00	.00	.00
51-42-534	WR MEDICAL	911.06	911.06	.00	18800.00	17888.94	324.09	324.09
51-42-535	WR METER READING	.00	.00	.00	700.00	700.00	.00	.00

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE			FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR **	
		M-T-D	Y-T-D	ENCUMBERED			M-T-D	Y-T-D
51-42-539	WR OTHER PROF SERVICES	1234.43	1234.43	.00	4000.00	2765.57	1068.73	1068.73
51-42-551	WR POSTAGE	385.00	385.00	.00	2500.00	2115.00	117.71	117.71
51-42-552	WR TELEPHONE	268.31	268.31	.00	2500.00	2231.69	164.48	164.48
51-42-553	WR PUBLISH,ADVERTISING	.00	.00	.00	1000.00	1000.00	.00	.00
51-42-561	WR DUES	.00	.00	.00	750.00	750.00	.00	.00
51-42-562	WR TRAVEL EXPENSES	.00	.00	.00	250.00	250.00	.00	.00
51-42-563	WR TRAINING	75.00	75.00	.00	1200.00	1125.00	.00	.00
51-42-571	WR UTILITIES	132.61	132.61	.00	850.00	717.39	.00	.00
51-42-575	WR WATER PURCHASES	23222.40	23222.40	.00	290000.00	266777.60	20356.60	20356.60
51-42-591	WR LIABILITY INS	.00	.00	.00	2750.00	2750.00	.00	.00
51-42-592	WR GENERAL INS	.00	.00	.00	1770.00	1770.00	.00	.00
51-42-593	WR RENTALS	382.50	382.50	.00	500.00	117.50	.00	.00
51-42-612	WR SUPPLIES, EQUIPMT	31.49	31.49	.00	1000.00	968.51	.00	.00
51-42-613	WR SUPPLIES, VEHICLES	77.39	77.39	.00	2500.00	2422.61	5.86	5.86
51-42-615	WR SUPPL, INFRASTRUCTURE	76.91	76.91	.00	15000.00	14923.09	18.27	18.27
51-42-619	WR SUPPLIES, OTHER	.00	.00	.00	100.00	100.00	.00	.00
51-42-651	WR OFFICE SUPPLIES	.00	.00	.00	200.00	200.00	.00	.00
51-42-652	WR OPERATING SUPPLIES	106.38	106.38	.00	2000.00	1893.62	.00	.00
51-42-653	WR SMALL TOOLS	.00	.00	.00	500.00	500.00	.00	.00
51-42-655	WR AUTO FUEL/OIL	932.75	932.75	.00	7500.00	6567.25	149.99	149.99
51-42-656	WR CHEMICALS	.00	.00	.00	250.00	250.00	.00	.00
51-42-659	WR OTHER GEN SUPPLIES	.00	.00	.00	500.00	500.00	.00	.00
51-42-712	WR IEPA LOAN/PRIN L17-128	.00	.00	.00	5200.00	5200.00	.00	.00
51-42-713	WR IEPA LOAN/PRN/L17-1760	5681.06	5681.06	.00	11100.00	5418.94	.00	.00
51-42-722	WR IEPA LOAN INT L17-1284	.00	.00	.00	2200.00	2200.00	.00	.00
51-42-723	WR IEPA LOAN/INT/L17-1760	2201.22	2201.22	.00	4750.00	2548.78	.00	.00
51-42-831	WR EQUIPMENT (SKID STEER)	.00	.00	.00	7000.00	7000.00	.00	.00
51-42-841	WR TRUCK	.00	.00	.00	5000.00	5000.00	.00	.00
51-42-843	WR RADIO READ METERS	.00	.00	.00	25000.00	25000.00	.00	.00
51-42-851	WR INFRASTRUCTURE	3402.06	3402.06	.00	65000.00	61597.94	4815.56	4815.56
51-42-852	WR COUNTRY SIDE LANE	.00	.00	.00	40000.00	40000.00	.00	.00
51-42-852.2	SAVE-ENGINEERING	.00	.00	.00	7500.00	7500.00	.00	.00
51-42-853	WR WATER TOWER PAINTING	.00	.00	.00	4000.00	4000.00	.00	.00
51-42-955	WR REFUNDS	.00	.00	.00	500.00	500.00	.00	.00
	EXPENSE	52915.31	52915.31	.00	808250.00	755334.69	40535.42	40535.42
	***** DEPARTMENT 42 TOTALS ***	52915.31-	52915.31-	.00	808250.00-	755334.69-	.00	.00

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE M-T-D	Y-T-D	ENCUMBERED	FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR M-T-D	** Y-T-D
	EXPENSE	.00	.00	.00	.00	.00	.00	.00
	** FUND 51 TOTAL	17466.23-	17466.23-					

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE			FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR **	
		M-T-D	Y-T-D	ENCUMBERED			M-T-D	Y-T-D
REVENUES								
52-00-353	SR SEWER PENALTIES	265.43	265.43		3600.00	3334.57	284.76	284.76
52-00-362	SR SEWER CHARGES	19844.82	19844.82		335000.00	315155.18	25496.78	25496.78
52-00-365	SR TAP-ON FEES	.00	.00		18000.00	18000.00	2250.00	2250.00
52-00-381	SR INTEREST INCOME	531.92	531.92		6500.00	5968.08	688.03	688.03
52-00-389	SR OTHER REVENUE (From Re	.00	.00		100000.00	100000.00	.00	.00
	REVENUE	20642.17	20642.17		463100.00	442457.83	28719.57	28719.57
	***** DEPARTMENT 00 TOTALS ***	20642.17	20642.17		463100.00	442457.83	.00	.00
EXPENSES								
52-43-421	SR REGULAR SALARIES	7022.66	7022.66	.00	137500.00	130477.34	7346.75	7346.75
52-43-422	SR TEMP SALARIES	1450.67	1450.67	.00	4000.00	2549.33	.00	.00
52-43-423	SR OVERTIME	.00	.00	.00	4000.00	4000.00	290.00	290.00
52-43-426	SR EMPLOYEE BONUS	.00	.00	.00	250.00	250.00	.00	.00
52-43-451	SR HEALTH INSURANCE	2316.76	2316.76	.00	27800.00	25483.24	1831.42	1831.42
52-43-453	SR UNEMPLOYMENT INSURANCE	65.77	65.77	.00	550.00	484.23	77.89	77.89
52-43-454	SR WORKER'S COMP INSURANC	.00	.00	.00	5800.00	5800.00	.00	.00
52-43-461	SR SOCIAL SECURITY	648.21	648.21	.00	12000.00	11351.79	584.21	584.21
52-43-462	SR RETIREMENT	.00	.00	.00	14600.00	14600.00	.00	.00
52-43-471	SR UNIFORM RENTAL	485.68	485.68	.00	5000.00	4514.32	689.99	689.99
52-43-512	SR SERVICES, EQUIPMT	.00	.00	.00	1500.00	1500.00	76.12	76.12
52-43-513	SR SERVICES, VEHICLES	.00	.00	.00	3000.00	3000.00	116.29	116.29
52-43-515	SR SERV, INFRAS/HYDRO CNT	125.00	125.00	.00	3000.00	2875.00	.00	.00
52-43-517	SR SERV, LAWN MOWING	159.00	159.00	.00	3500.00	3341.00	.00	.00
52-43-519	SR SERVICES, OTHER	.00	.00	.00	500.00	500.00	.00	.00
52-43-530	SR NPDES STATE PERMIT	.00	.00	.00	5000.00	5000.00	.00	.00
52-43-532	SR ENGINEERING	.00	.00	.00	2500.00	2500.00	.00	.00
52-43-533	SR LEGAL	.00	.00	.00	10000.00	10000.00	.00	.00
52-43-534	SR MEDICAL	817.89	817.89	.00	14400.00	13582.11	351.87	351.87
52-43-535	SR METER READING	.00	.00	.00	700.00	700.00	.00	.00
52-43-539	SR OTHER PROF SERVICES	1304.43	1304.43	.00	2000.00	695.57	768.73	768.73

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE			FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR **	
		M-T-D	Y-T-D	ENCUMBERED			M-T-D	Y-T-D
52-43-551	SR POSTAGE	385.00	385.00	.00	2000.00	1615.00	117.71	117.71
52-43-552	SR TELEPHONE	299.48	299.48	.00	2500.00	2200.52	192.69	192.69
52-43-553	SR PUBLISH,ADVERTISING	24.00	24.00	.00	150.00	126.00	.00	.00
52-43-554	SR PRINTING, COPYING	.00	.00	.00	50.00	50.00	.00	.00
52-43-557	SR RECORDING FEES	.00	.00	.00	100.00	100.00	.00	.00
52-43-561	SR DUES	.00	.00	.00	350.00	350.00	.00	.00
52-43-562	SR TRAVEL EXPENSES	67.50	67.50	.00	500.00	432.50	.00	.00
52-43-563	SR TRAINING	75.00	75.00	.00	1000.00	925.00	.00	.00
52-43-576	SR ELECTRICITY PURCHASES	1525.79	1525.79	.00	16000.00	14474.21	183.26	183.26
52-43-577	SR FUEL PURCHASES	.00	.00	.00	2500.00	2500.00	453.22	453.22
52-43-591	SR LIABILITY INS	.00	.00	.00	1500.00	1500.00	.00	.00
52-43-592	SR GENERAL INS	.00	.00	.00	3000.00	3000.00	.00	.00
52-43-593	SR RENTALS	.00	.00	.00	1000.00	1000.00	.00	.00
52-43-611	SR SUPPLIES, BUILDING	.00	.00	.00	2000.00	2000.00	.00	.00
52-43-612	SR SUPPLIES, EQUIPMT	531.36	531.36	.00	5000.00	4468.64	319.98	319.98
52-43-613	SR SUPPLIES, VEHICLES	142.72	142.72	.00	2500.00	2357.28	245.26	245.26
52-43-615	SR SUPPL, INFRASTRUCTURE	262.70	262.70	.00	5000.00	4737.30	1391.91	1391.91
52-43-651	SR OFFICE SUPPLIES	.00	.00	.00	150.00	150.00	.00	.00
52-43-652	SR OPERATING SUPPLIES	25.16	25.16	.00	2000.00	1974.84	.00	.00
52-43-653	SR SMALL TOOLS	54.47	54.47	.00	250.00	195.53	.00	.00
52-43-655	SR AUTO FUEL/OIL	782.56	782.56	.00	6000.00	5217.44	223.47	223.47
52-43-656	SR CHEMICALS	.00	.00	.00	8500.00	8500.00	3217.10	3217.10
52-43-712	SR IEPA LOAN/PRN L17-003	.00	.00	.00	7600.00	7600.00	.00	.00
52-43-713	SR IEPA LOAN/PRN/L171760	5681.05	5681.05	.00	11100.00	5418.95	.00	.00
52-43-722	SR IEPA LOAN INT L17-0039	.00	.00	.00	1950.00	1950.00	.00	.00
52-43-723	SR IEPA LOAN/INT/L171760	2201.21	2201.21	.00	4800.00	2598.79	.00	.00
52-43-831	SR EQUIPMENT (SKID STEER)	.00	.00	.00	7000.00	7000.00	.00	.00
52-43-841	SR TRUCK	.00	.00	.00	5000.00	5000.00	.00	.00
52-43-843	SR RADIO READ METERS	.00	.00	.00	25000.00	25000.00	.00	.00
52-43-852	SR LIFT STA REP.	.00	.00	.00	5000.00	5000.00	.00	.00
52-43-892	SR N. STATE ST	.00	.00	.00	75000.00	75000.00	.00	.00
52-43-920	SR MISCELLANEOUS	.00	.00	.00	500.00	500.00	.00	.00
EXPENSE		26454.07	26454.07	.00	462600.00	436145.93	18477.87	18477.87
***** DEPARTMENT 43 TOTALS ***		26454.07-	26454.07-	.00	462600.00-	436145.93-	.00	.00
** FUND 52 TOTAL		5811.90-	5811.90-					

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE		ENCUMBERED	FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR **	
		M-T-D	Y-T-D				M-T-D	Y-T-D
REVENUE								
53-00-353	ELECTRIC PENALTIES	2330.02	2330.02		30000.00	27669.98	2076.09	2076.09
53-00-363	EL SALES	187023.17	187023.17		4000000.00	3812976.83	242142.20	242142.20
53-00-365	EL TAP IN FEES	.00	.00		4500.00	4500.00	600.00	600.00
53-00-366	EL CONN/T CONN/CHARGES	300.00	300.00		3500.00	3200.00	200.00	200.00
53-00-367	EL MET, SUP, LABOR SAL	.00	.00		26000.00	26000.00	1360.00	1360.00
53-00-381	EL INTEREST INCOME	5377.40	5377.40		65000.00	59622.60	6562.68	6562.68
53-00-382	EL POLE RENTAL	1008.00	1008.00		16000.00	14992.00	1220.36	1220.36
53-00-388	EL OVER ON CASH DRAWER	.10	.10		.00	.10-	.00	.00
53-00-394	EL SALE OF MATERIALS	23.50	23.50		5000.00	4976.50	.00	.00
53-00-395	EL REFUNDS, REIMBURSE (Fu	1553.39	1553.39		100000.00	98446.61	3224.03	3224.03
53-00-397	EL - MISC REFUNDS/REIMBUR	3507.32	3507.32		5000.00	1492.68	150.00-	150.00-
REVENUE		201122.90	201122.90		4255000.00	4053877.10	257235.36	257235.36
***** DEPARTMENT 00 TOTALS ***		201122.90	201122.90		4255000.00	4053877.10	.00	.00
EXPENSES								
53-40-421	EL REGULAR SALARIES	25342.03	25342.03	.00	342000.00	316657.97	24003.68	24003.68
53-40-422	EL TEMP SALARIES	.00	.00	.00	7000.00	7000.00	.00	.00
53-40-423	EL OVERTIME	73.22	73.22	.00	10000.00	9926.78	480.06	480.06
53-40-426	EL EMPLOYEE BONUS	.00	.00	.00	750.00	750.00	.00	.00
53-40-451	EL HEALTH INSURANCE	7216.43	7216.43	.00	86500.00	79283.57	5742.45	5742.45
53-40-453	EL UNEMPLOYMENT INSURANCE	129.92	129.92	.00	1500.00	1370.08	295.58	295.58
53-40-454	EL WORKER'S COMP INSURANC	.00	.00	.00	16450.00	16450.00	.00	.00
53-40-461	EL SOCIAL SECURITY	1944.26	1944.26	.00	27500.00	25555.74	1911.54	1911.54
53-40-462	EL RETIREMENT	.00	.00	.00	36700.00	36700.00	.00	.00
53-40-471	EL UNIFORM RENTAL	403.14	403.14	.00	5500.00	5096.86	690.00	690.00
53-40-511	EL SERVICES, BUILDING	.00	.00	.00	2000.00	2000.00	.00	.00
53-40-512	EL SERVICES, EQUIPMT	128.00	128.00	.00	7500.00	7372.00	88.12	88.12
53-40-513	EL SERVICES, VEHICLES	23.10	23.10	.00	20000.00	19976.90	917.76	917.76
53-40-515	EL SERV, INFRASTRUCTURE	.00	.00	.00	6000.00	6000.00	160.00	160.00
53-40-517	EL SERVICES, CAT GEN	.00	.00	.00	2000.00	2000.00	.00	.00
53-40-519	EL SERVICES, OTHER	.00	.00	.00	750.00	750.00	.00	.00
53-40-520	EL POWER PLANT ENGINE REP	.00	.00	.00	2500.00	2500.00	.00	.00

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE		ENCUMBERED	FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR **	
		M-T-D	Y-T-D				M-T-D	Y-T-D
53-40-529	EL MAINT SERV OTHER	.00	.00	.00	500.00	500.00	.00	.00
53-40-532	EL ENGINEERING	24591.72	24591.72	.00	80000.00	55408.28	829.93	829.93
53-40-533	EL LEGAL	161.50	161.50	.00	15000.00	14838.50	.00	.00
53-40-534	EL MEDICAL	1266.96	1266.96	.00	45000.00	43733.04	250.10	250.10
53-40-535	EL METER READING	.00	.00	.00	700.00	700.00	.00	.00
53-40-536	EL JANITORIAL	.00	.00	.00	500.00	500.00	181.96	181.96
53-40-537	EL DATA PROCESSING	.00	.00	.00	250.00	250.00	.00	.00
53-40-539	EL OTHER PROF SERVICES	1079.44	1079.44	.00	3000.00	1920.56	1078.22	1078.22
53-40-551	EL POSTAGE	418.89	418.89	.00	2500.00	2081.11	117.72	117.72
53-40-552	EL TELEPHONE	515.47	515.47	.00	5500.00	4984.53	400.63	400.63
53-40-553	EL PUBLISH,ADVERTISING	.00	.00	.00	250.00	250.00	.00	.00
53-40-554	EL PRINTING, COPYING	.00	.00	.00	200.00	200.00	.00	.00
53-40-557	EL RECORDING FEES	.00	.00	.00	250.00	250.00	.00	.00
53-40-561	EL DUES	.00	.00	.00	500.00	500.00	.00	.00
53-40-562	EL TRAVEL EXPENSES	.00	.00	.00	5000.00	5000.00	12.30	12.30
53-40-563	EL TRAINING	86.51	86.51	.00	3500.00	3413.49	300.00	300.00
53-40-565	EL PUBLICATIONS	.00	.00	.00	100.00	100.00	.00	.00
53-40-571	EL UTILITIES	191.55	191.55	.00	3000.00	2808.45	269.11	269.11
53-40-576	EL ELECTRICITY PURCHASES	149227.95	149227.95	.00	2140000.00	1990772.05	113656.85	113656.85
53-40-577	EL FUEL PURCHASES	.00	.00	.00	100000.00	100000.00	.00	.00
53-40-578	EL PERMITS	1200.00	1200.00	.00	10000.00	11200.00	.00	.00
53-40-591	EL LIABILITY INS	.00	.00	.00	16700.00	16700.00	.00	.00
53-40-592	EL GENERAL INS	.00	.00	.00	50000.00	50000.00	.00	.00
53-40-593	EL RENTALS	.00	.00	.00	4000.00	4000.00	.00	.00
53-40-611	EL SUPPLIES, BUILDING	.00	.00	.00	5000.00	5000.00	146.01	146.01
53-40-612	EL SUPPLIES, EQUIPMT	123.97	123.97	.00	6000.00	5876.03	.00	.00
53-40-613	EL SUPPLIES, VEHICLES	682.29	682.29	.00	7500.00	6817.71	89.22	89.22
53-40-615	EL SUPPL, INFRASTRUCTURE	3066.84	3066.84	.00	40000.00	36933.16	629.76	629.76
53-40-619	EL SUPPLIES, OTHER	.00	.00	.00	500.00	500.00	.00	.00
53-40-620	EL POWER PLANT PARTS	.00	.00	.00	8000.00	8000.00	2054.12	2054.12
53-40-651	EL OFFICE SUPPLIES	.00	.00	.00	1000.00	1000.00	221.24	221.24
53-40-652	EL OPERATING SUPPLIES	62.40	62.40	.00	4000.00	3937.60	399.60	399.60
53-40-653	EL SMALL TOOLS	1000.61	1000.61	.00	5000.00	3999.39	6.49	6.49
53-40-655	EL AUTO FUEL/OIL	741.03	741.03	.00	15000.00	14258.97	895.13	895.13
53-40-656	EL CHEMICALS	.00	.00	.00	500.00	500.00	.00	.00
53-40-711	EL BOND DEBT SERVICE	.00	.00	.00	442960.00	442960.00	.00	.00
53-40-731	EL FRANCHISE FEE	.00	.00	.00	200000.00	200000.00	12210.91	12210.91
53-40-811	EL LAND/EASEMT ACQUISTN	3150.00	3150.00	.00	5000.00	1850.00	.00	.00
53-40-821	EL BLDG/OTHER REPAIRS	.00	.00	.00	2500.00	2500.00	.00	.00
53-40-831	EL EQUIP (SKID STEER)	.00	.00	.00	3000.00	3000.00	.00	.00
53-40-834	EL COPIER	.00	.00	.00	500.00	500.00	.00	.00
53-40-835	EL GENERATORS, LIFT STA	.00	.00	.00	10000.00	10000.00	.00	.00
53-40-841	EL TRUCK	.00	.00	.00	7500.00	7500.00	.00	.00
53-40-843	EL RADIO READ METERS	.00	.00	.00	30000.00	30000.00	.00	.00
53-40-851	EL UTILITY SYS PRIMARY	1740.00	1740.00	.00	145000.00	143260.00	57557.82	57557.82

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE		ENCUMBERED	FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR **	
		M-T-D	Y-T-D				M-T-D	Y-T-D
53-40-854	EL SYSTEM EXPANSION	.00	.00	.00	125000.00	125000.00	158813.97	158813.97
53-40-855	EL POWER PLANT EXPANSION	.00	.00	.00	10000.00	10000.00	.00	.00
53-40-913	EL COMMUNITY RELATIONS	16.66	16.66	.00	500.00	483.34	.00	.00
53-40-920	EL MISCELLANEOUS	.00	.00	.00	1500.00	1500.00	.00	.00
	EXPENSE	222183.89	222183.89	.00	4137060.00	3914876.11	384410.28	384410.28
	***** DEPARTMENT 40 TOTALS ***	222183.89-	222183.89-	.00	4137060.00-	3914876.11-	.00	.00
	** FUND 53 TOTAL	21060.99-	21060.99-					

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE		ENCUMBERED	FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR **	
		M-T-D	Y-T-D				M-T-D	Y-T-D
REVENUES								
58-00-348	SWP PASS SALES OUT/TOWN	665.00	665.00		4500.00	3835.00	95.00	95.00
58-00-374	SWP ADMISSION SALES	.00	.00		11500.00	11500.00	.00	.00
58-00-375	SWP LESSON SALES	.00	.00		1600.00	1600.00	.00	.00
58-00-376	SWP CONCESSION SALES	.00	.00		9200.00	9200.00	.00	.00
58-00-377	SWP 10 DAY PASS SALES	.00	.00		5500.00	5500.00	35.00	35.00
58-00-378	SWP PASS SALES	1415.00	1415.00		10000.00	8585.00	350.00	350.00
58-00-379	SWP USER FEES	1050.00	1050.00		3500.00	2450.00	750.00	750.00
58-00-381	SWP INTEREST INCOME	.00	.00		90.00	90.00	11.01	11.01
58-00-382	SWP RNTL INC-PARTY SALE	.00	.00		2000.00	2000.00	.00	.00
58-00-399	SWP INTERFUND TRANSFER (G	.00	.00		49450.00	49450.00	.00	.00
REVENUE		3130.00	3130.00		97340.00	94210.00	1241.01	1241.01
*****	DEPARTMENT 00 TOTALS ***	3130.00	3130.00		97340.00	94210.00	.00	.00
EXPENSES								
58-55-421	SWP MANAGER SALARIES	.00	.00	.00	9500.00	9500.00	.00	.00
58-55-422	SWP SAL GAURDS	.00	.00	.00	18500.00	18500.00	.00	.00
58-55-423	SWP CONCESSION STAND	.00	.00	.00	5000.00	5000.00	.00	.00
58-55-424	SWP VILL PERSONNEL MAINT	.00	.00	.00	4500.00	4500.00	.00	.00
58-55-453	SWP UNEMPLOYMENT INSURANC	.00	.00	.00	680.00	680.00	82.01	82.01
58-55-454	SWP WORKER'S COMP INSURAN	.00	.00	.00	1334.00	1334.00	.00	.00
58-55-461	SWP SOCIAL SECURITY	.00	.00	.00	3000.00	3000.00	.00	.00
58-55-511	SWP SERVICES, BUILDING	.00	.00	.00	500.00	500.00	.00	.00
58-55-512	SWP SERVICES, EQUIPMT	.00	.00	.00	500.00	500.00	.00	.00
58-55-519	SWP SERVICES, OTHER	.00	.00	.00	33000.00	33000.00	.00	.00
58-55-551	SWP POSTAGE	.00	.00	.00	75.00	75.00	.00	.00
58-55-552	SWP TELEPHONE	53.80	53.80	.00	800.00	746.20	213.27	213.27
58-55-553	SWP PUBLISH,ADVERTISING	36.50	36.50	.00	400.00	363.50	.00	.00
58-55-554	SWP PRINTING, COPYING	150.00	150.00	.00	150.00	.00	38.25	38.25
58-55-561	SWP DUES	.00	.00	.00	120.00	120.00	.00	.00
58-55-563	SWP TRAINING	.00	.00	.00	1000.00	1000.00	.00	.00
58-55-571	SWP UTILITIES	8.56	8.56	.00	150.00	141.44	8.56	8.56
58-55-591	SWP LIABILITY INS	.00	.00	.00	700.00	700.00	.00	.00
58-55-592	SWP GENERAL INS	.00	.00	.00	400.00	400.00	.00	.00

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE		ENCUMBERED	FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR **	
		M-T-D	Y-T-D				M-T-D	Y-T-D
58-55-593	SWP RENTALS	.00	.00	.00	1000.00	1000.00	.00	.00
58-55-611	SWP SUPPLIES, BUILDING	.00	.00	.00	100.00	100.00	.00	.00
58-55-612	SWP SUPPLIES, EQUIPMT	.00	.00	.00	3500.00	3500.00	1757.46	1757.46
58-55-619	SWP SUPPLIES, OTHER	.00	.00	.00	300.00	300.00	.00	.00
58-55-651	SWP OFFICE SUPPLIES	.00	.00	.00	75.00	75.00	69.50	69.50
58-55-652	SWP OPERATING SUPPLIES	73.96	73.96	.00	300.00	226.04	.00	.00
58-55-656	SWP CHEMICALS	.00	.00	.00	5000.00	5000.00	.00	.00
58-55-657	SWP FOOD	.00	.00	.00	6500.00	6500.00	.00	.00
58-55-659	SWP OTHER GEN SUPPLIES	.00	.00	.00	100.00	100.00	.00	.00
58-55-955	SWP PASS REFUNDS	.00	.00	.00	150.00	150.00	.00	.00
	EXPENSE	322.82	322.82	.00	97334.00	97011.18	25998.75	25998.75
	***** DEPARTMENT 55 TOTALS ***	322.82-	322.82-	.00	97334.00-	97011.18-	.00	.00
	** FUND 58 TOTAL	2807.18	2807.18					

G/L ACCT NUMBER	TITLE	REVENUE / EXPENSE M-T-D	EXPENSE Y-T-D	ENCUMBERED	FISCAL BUDGET	UNENCUMB BALANCE	** LAST YEAR M-T-D	** Y-T-D
	REVENUE							
	REVENUE	.00	.00		.00	.00	2208.68	2208.68
	EXPENSES							
	EXPENSE	.00	.00	.00	.00	.00	139104.23	139104.23
	** FUND 60 TOTAL	.00	.00					

VILLAGE PRESIDENT
Ray Danford

VILLAGE CLERK
Jerry Menard

VILLAGE TRUSTEES
Rita Baker
Charlie Mattern
Kevin Groth
Corby Valentine
Steve Smith
Tony Miller

VILLAGE OF FREEBURG

FREEBURG MUNICIPAL CENTER
14 SOUTHGATE CENTER, FREEBURG, IL 62243
PHONE: (618) 539-5545 • FAX: (618) 539-5590
Web Site: www.freeburg.com

VILLAGE ADMINISTRATOR
Dennis Herzing

VILLAGE TREASURER
Bryan A. Vogel

PUBLIC WORKS DIRECTOR
Ronald Dintelmann

POLICE CHIEF
Melvin E. Woodruff, Jr.

VILLAGE ATTORNEY
Stephen R. Wigginton

Finance Committee Meeting
(Finance/Industrial Park/Economic Development/Budget)
Smith/Groth/Valentine
Wednesday, April 2, 2008 at 6:00 p.m.

Chairperson Steve Smith officially called the meeting of the Finance Committee to order at 5:30 p.m. Those in attendance were Chairperson Steve Smith, Trustee Kevin Groth, Trustee Corby Valentine, Treasurer Bryan Vogel, Administrator Dennis Herzing, Finance Clerk Debbie Pierce and Office Manager.

A. REVIEW OF WARRANT LIST:

The Board Lists and Warrant List were reviewed by the committee.

Trustee Kevin Groth motioned to recommend to the full Board approval of the Warrant List in the amount of \$38,548.04 and Trustee Corby Valentine seconded the motion. All voting aye, the motion carried. The trustees want to have Julie and Dennis check to see if the Sprint bill can be reduced. Dennis will check the Health Department regulations on the payphone at the pool.

B. REVIEW OF INVESTMENTS: We have cd's up for renewal in June, August and October. Bryan will go out for bid but doesn't expect much more than 3.8%. Steve asked if the cd's in excess of \$100,000 were covered and Bryan advised all were secure.

C. INCOME STATEMENT: The budget comparison analysis for March, 2008 was reviewed.

D. OLD BUSINESS:

1. Approval of 2/27/08 and 3/10/08 minutes: *Trustee Corby Valentine motioned to accept the March 10, 2008 minutes and Trustee Kevin Groth seconded the motion. All voting aye, the motion carried. Trustee Kevin Groth motioned to approve the February 27, 2008 minutes with corrections noted and Trustee Corby Valentine seconded the motion. All voting aye, the motion carried.*

2. Health Insurance Renewal: A sample HIPPA form was provided and Dennis explained it does not change what we are doing now. It was a recommendation from Insurance Planning to protect our interests. Information on the HSA plan administered by UHC was provided for committee review. We are still waiting on the quotes from Insurance Planning. Julie requested additional quotes from them, specifically asking for the maximum deductible available with our plan. Another item included in the packet is a sheet explaining the UHC renewal plans with

Finance Committee Minutes
Wednesday, April 2, 2008
Page 1 of 2

maximum exposures annotated. Steve said the only way to cut costs is to cap the maximum reimbursement. From the budget standpoint, the maximum exposure is \$151,600 and we spent \$98,212.48 last year. We could reduce our maximum exposure to \$120,000 or \$130,000 and save that way. Once you spread that savings throughout the departments, it doesn't really affect the budget that much.

3. Alternative payment method for utilities: Jane compiled an informational sheet on budget billing. Dennis explained the service does not cost anything but it would be very hard for Jane to monitor unless we had a requirement that you had to have direct withdrawal for the monthly payment. There is no mechanism that would track to make sure an account is paid.

4. Attorney's invoices: Every trustee was provided with copies of the invoices from 2006, 2007 and 2008 for their review. Dennis will check into the retainer issue with Steve Wigginton.

5. E-Pay: Information was provided in the packet but Julie advised she had not had time to gather all the prices. She will contact other municipalities who are using this and see what they say.

E. NEW BUSINESS: Bryan said Citizens sent a letter advising the interest rate on the money market account has decreased to 3.0%.

F. GENERAL CONCERNS: None.

G. PUBLIC PARTICIPATION: None.

H. ADJOURN: *Trustee Kevin Groth motioned to adjourn the meeting at 6:55 p. m. and Trustee Steve Smith seconded the motion. All voting aye, the motion carried.*



Julie Polson
Office Manager

VILLAGE PRESIDENT
Ray Danford

VILLAGE CLERK
Jerry Menard

VILLAGE TRUSTEES
Rita Baker
Charlie Mattern
Kevin Groth
Corby Valentine
Steve Smith
Tony Miller

VILLAGE OF FREEBURG

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POLICE CHIEF
Melvin E. Woodruff, Jr.

VILLAGE ATTORNEY
Stephen R. Wigginton

Finance Committee Meeting
(Finance/Industrial Park/Economic Development/Budget)
Smith/Groth/Valentine
Wednesday, April 16, 2008 at 7:30 p.m.

Chairperson Steve Smith officially called the meeting of the Finance Committee to order at 8:05 p.m. Those in attendance were Chairperson Steve Smith, Trustee Kevin Groth, Trustee Corby Valentine, Trustee Rita Baker, Trustee Charlie Mattern, Trustee Tony Miller, Mayor Ray Danford, Village Clerk Jerry Menard, Administrator Dennis Herzing, Public Works Director Ron Dintelmann, Assistant Public Works Director John Tolan and Office Manager Julie Polson. Guest present: Janet Baechle.

A. OLD BUSINESS:

1. Village of Freeburg's 3 - 5 Year Plan: Steve said he added further information to the plan and marked it as proprietary and stated it could be used as a reference tool when talking to residents about talking about various projects. Dennis said he talked to the attorneys in the past with this and since this is pre-decisional information subject to change, it can be treated as confidential.

2. 2009 Budget: Dennis explained what was done since the last time we met is he and Ron met again, reduced some items, and balanced by indicating where some funds were transferred from reserve for special projects. The only department not balanced is the water department. Steve said he has two concerns: 1. the legal budget, last year we spent \$75,000 and this year \$73,000 is allocated. Dennis said we had a number of things occur last year including several lawsuits and also derelict buildings. He expects some of those costs to decrease. Attorney Wigginton will be at the first board meeting in May. Dennis said to keep in mind we did spend \$75,000 in legal fees but we have recovered some of the legal fees from the demolition cases. Steve's other concern was the amount of money being taken out of reserves and the state of the general fund. Dennis said last year the general fund operated with a surplus. Dennis confirmed nothing will be taken out of reserves unless it is needed. The real numbers come out of the audit when it is done.

Dennis said Ron talked to a company about a lease/purchase prices for the meters. Dennis said it is also a possibility for us to finance this through our local bank and spread out the payments for 4 - 5 years. Ron talked to Badger and if we buy all the water meters this year, the payments would be about \$52,000 per year at 4.3% interest. Right now, we have \$40,000 this year in the budget. Ron said we can justify taking some of that out of the sewer fund. Bryan checked with Citizens and Regions and both were receptive to them financing this project. It

Finance Committee Minutes
Monday, April 16, 2008
Page 1 of 3

would be bid out to the local banks and see who gives us the best rate. Ron said the companies tell you the average life of a water meter is 10 - 15 years but he has seen some 35 years old run millions of gallons. The trustees discussed possibly taking a loan from the electric department rather than pay someone else interest. Dennis said to keep in mind we are really looking at \$240,000 in meters. He said if we want to resolve the budget, we could spread it out between the departments, we could budget \$25,000 from water and \$25,000 from sewer based on that payment schedule. It could come out of reserves, we could borrow the money or borrow it from electric whichever works out. The next Water/Sewer committee meeting will address increasing the water rates. The 15% rate increase in the water would represent about a \$90,000 increase. From the information provided to the water/sewer committee, if we raised our rates 15%, they would still not be higher than surrounding committees. Ron advised that Illinois Rural Water Association will do a rate study at no charge. John will call them tomorrow to see how long it will take for them to complete that study. Water rates were last raised in 2003. Steve said he would like to pass the budget with the intention of addressing the water department deficit. Ray said he thinks we should all intend to balance the budget with whatever we do, i.e. raise the rates enough to take care of the problem. Tony said he cannot explain a 15 - 20% increase to anyone. He said he won't vote for that. John said on a 6,000 gallon usage, it would be about \$4.18 a month. Rita stated the residents have not had a rate increase in 5 years. Kevin said we can't change the past but we have to do what is right for now. Ray said he is trying to avoid a cut in services. Dennis said we need to address it now so no board in the future has to address a problem like this. Mascoutah rewrote their ordinance so that the utility rates are indexed with the cost of living increases. It was agreed SLM needs to be talked to as part of the rate study. The committee agreed if the rate study can be done in a couple of weeks, we wait on the rate increase decision and base it on that study. It is Steve's position that he doesn't want to keep taking money out of reserves. We need to address the problem and look at other ways to save money, i.e. the health insurance. The issue of property taxes was raised and Dennis explained that this rate only affects the general fund not the utility funds. They are based on assessed valuations. The revenues have gone up each year but the question is have they gone up enough. Corby asked if it could be put into an ordinance where the rate could be kept up with every year. Dennis said it could be put into an ordinance stating we could maintain it at 40 ¢ or whatever that is, but the problem with that is, you can't raise the dollar amount by more than 5% without a public hearing. That would have to be monitored and future boards would have to hold public hearings. The decision has always been made to raise 5% based on the dollar amount so you don't have to hold a public hearing. Ron said the tax rate is based on the dollars that you levy. We need to figure out the dollars that we need and the county figures out the rate. Steve directed Dennis to correctly reflect \$25,000 be taken from the water fund and \$25,000 from the sewer fund to account for the radio read meters. It was also agreed to put a time limit on the recommendation from the water/sewer committee to balance the budget. Tony said to make it no later than the second board meeting in May, the 19th.

Trustee Kevin Groth motioned to recommend to the full Board to accept the budget package with the understanding the Water/Sewer Committee will forward a rate recommendation no later than May 19, 2008 and Trustee Corby Valentine seconded the motion. All voting aye, the motion carried.

B. NEW BUSINESS:

**EXECUTIVE SESSION
9:30 p.m.**

Trustee Corby Valentine motioned to go into Executive Session at 9:30 p.m. based on personnel, 5 ILCS 120/2-(c)1(a) and Trustee Kevin Groth seconded the motion. **ROLL CALL:** Trustee Steve Smith - aye; Trustee Corby Valentine - aye; Trustee Kevin Groth - aye. (3 ayes, 0 nays). All voting aye, the motion carried.

Trustee Kevin Groth motioned to end Executive Session and enter into Regular Session at 9:56 p.m. and Trustee Corby Valentine seconded the motion. All voting aye, the motion carried.

**EXECUTIVE SESSION ENDED
9:56 p.m.**

Trustee Corby Valentine motioned to reconvene the Finance Committee Meeting at 9:57 p.m. and Trustee Kevin Groth seconded the motion. All voting aye, the motion carried.

Trustee Kevin Groth motioned to recommend to the full Board an increase in accumulated sick days from 65 days to 240 days and the clothing allowance be increased to \$200.00 per year with the stipulation the footwear be ANSI approved and Trustee Corby Valentine seconded the motion. All voting aye, the motion carried.

C. GENERAL CONCERNS: Corby said each committee needs to decide how much reserve their department needs and to set a minimum dollar number as well as how long it will take and how they are going to get there.

D. PUBLIC PARTICIPATION: None.

E. ADJOURN: Trustee Kevin Groth motioned to adjourn the meeting at 10:03 p. m. and Trustee Corby Valentine seconded the motion. All voting aye, the motion carried.



Julie Polson
Office Manager

PLAN CHANGE COST SUMMARY FOR
VILLAGE OF FREEBURG

05/01/08

SIC CD: 9111 LOC ID: 62243 IL EMP CHOICE: 0

PROPOSED BENEFITS:

LIFE COVERAGE	FLAT \$	15,000
MEDICAL PLAN	1M-U*+	CONS-V2500/100%
GROUP PLAN PRIMARY	Y	
PRESCRIPTION DRUG	2V	10/\$35/\$60
DENTAL1	NOT QUOTED	
DENTAL2	NOT QUOTED	
VISION	NOT QUOTED	
OPTIONAL RIDERS	NOT QUOTED	
CALENDAR/POLICY	C	

COVERAGES	VOLUME/PERSONS	MONTHLY RATE	MONTHLY PYMT
LIFE (FLAT \$ 15,000)	\$435,000	.37 PER \$1000	\$ 160.95
AD&D	\$435,000	.04 PER \$1000	\$ 17.40
TOTAL LIFE MONTHLY PAYMENT:			\$ 178.35

COVERAGES	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD (REN)	EMPLOYEE & FAMILY
MEDICAL	\$ 288.14	\$ 605.09	\$ 561.87	\$ 878.82
MEDICARE	MALE/FEMALE EMPLOYEE	\$ 295.27		
	MALE/FEMALE SPOUSE	\$ 324.80		
	CHILD	\$ 280.50		

TO BE BILLED MEDICARE RATES MEDICARE MUST BE PRIMARY AND PROOF OF ENROLLMENT IN
TOTAL MONTHLY MEDICAL PAYMENT FOR FAMILY UNITS (ABOVE) \$ 21,451.87
TOTAL MONTHLY LIFE PAYMENT \$ 178.35

TOTAL DUE \$ 21,630.22**

*UNDER THIS PLAN THE DEDUCTIBLE/OUT-OF-POCKET MAXIMUM ARE SEPARATE FOR SINGLE COVERAGE AND FAMILY COVERAGE. FOR FAMILY COVERAGE, NO ONE IN THE FAMILY IS ELIGIBLE TO RECEIVE BENEFIT UNTIL THE FAMILY DEDUCTIBLE IS SATISFIED.

HRA AVAILABLE
HRA CONTRIBUTION: \$50.00 - \$2500.00

+UNITEDHEALTHCARE CHARGES NO ADMINISTRATIVE FEE FOR HRA PRODUCTS FOR GROUPS SIZE 2-99.

** THE TERMS AND CONDITIONS OF QUOTE PAGE CONTAINS IMPORTANT INFORMATION REGARDING THIS PROPOSAL.

CONTRACT NUM: 0282775 PROD: RUN DATE: 04/04/08
RATING TYPE: P VERSION NUM: 01

PLAN CHANGE COST SUMMARY FOR
VILLAGE OF FREEBURG

05/01/08

UnitedHealthcare's Packaged Savings sm Program allows you the opportunity to realize an administrative savings when you bundle our medical products with our dental, vision, life, and disability specialty products. Take advantage of these credits as long as your specialty and medical coverage remains active with us. This makes it an easy one-stop-shop for comprehensive benefit plans that fit your needs and the needs of your employees.

UNITED HEALTHCARE INSURANCE COMPANY OF ILLINOIS

UNITED HEALTHCARE INSURANCE COMPANY

CONTRACT NUM: 0282775 PROD: RUN DATE: 04/04/08
RATING TYPE: P VERSION NUM: 01

PLAN CHANGE EMPLOYEE PAYMENT DETAIL
FOR
VILLAGE OF FREEBURG

05/01/08

SIC CD: 9111 LOC ID: 62243 IL EMP CHOICE: 0

PROPOSED BENEFITS:

LIFE COVERAGE	FLAT \$	15,000
MEDICAL PLAN	1M-U*	CONS-V2500/100%
GROUP PLAN PRIMARY	Y	
PRESCRIPTION DRUG	2V	10/\$35/\$60
DENTAL1	NOT QUOTED	
DENTAL2	NOT QUOTED	
VISION	NOT QUOTED	
OPTIONAL RIDERS	NOT QUOTED	

ABBR NM	S E X	AGE E/S	NUM CHL	D NON S MEDC C /MEDC	MEDICAL PAYMENT	LIFE		TOTAL PAYMENT
						AMT 1000	LIFE PYMT	
AHLERSK	M	40/37	02	A	878.82	15	6.15	884.97
BLOMENKA	M	30/34	00	A	605.09	15	6.15	611.24
BLOMENKA	M	41/00	02	A	561.87	15	6.15	568.02
BURROWSS	M	36/35	02	A	878.82	15	6.15	884.97
CAPPELLO	M	50/00	00	A	288.14	15	6.15	294.29
DARMSTAT	M	53/00	00	A	288.14	15	6.15	294.29
DINTELMA	M	48/54	02	A	878.82	15	6.15	884.97
ECKELSG	M	51/44	01	A	878.82	15	6.15	884.97
ELDENR	M	52/48	02	A	878.82	15	6.15	884.97
GAUCHD	M	60/57	00	A	605.09	15	6.15	611.24
HERZINGD	M	55/54	00	A	605.09	15	6.15	611.24
JENKINSR	M	43/40	01	A	878.82	15	6.15	884.97
KAESBERG	F	59/60	00	A	605.09	15	6.15	611.24
KASPERR	M	53/54	02	A	878.82	15	6.15	884.97
KRAMPERJ	F	48/49	03	A	878.82	15	6.15	884.97
KRAUSSS	M	31/46	03	A	878.82	15	6.15	884.97
KUNKELMA	M	22/00	00	A	288.14	15	6.15	294.29
LOUTHANB	F	61/00	00	C	288.14			288.14
LUCASHC	M	51/00	00	A	288.14	15	6.15	294.29
MARQUARD	M	33/30	03	A	878.82	15	6.15	884.97
MCGARRYL	F	47/53	00	A	605.09	15	6.15	611.24
MOHRJ	M	44/43	02	A	878.82	15	6.15	884.97
PIERCED	F	48/49	02	A	878.82	15	6.15	884.97
POLSONJ	F	46/46	02	A	878.82	15	6.15	884.97
RUHMANNJ	M	42/40	03	A	878.82	15	6.15	884.97
SCHUTZEN	M	39/38	03	A	878.82	15	6.15	884.97
TOLANJ	M	49/47	02	A	878.82	15	6.15	884.97
UNVERFER	M	46/41	01	A	878.82	15	6.15	884.97

CONTINUED ON THE FOLLOWING PAGE
UNITED HEALTHCARE INSURANCE COMPANY OF ILLINOIS
UNITED HEALTHCARE INSURANCE COMPANY

CONTRACT NUM: 0282775 PROD: RUN DTE: 04/04/08
RATING TYPE: P VERSION NUM: 01

PLAN CHANGE EMPLOYEE PAYMENT DETAIL
 FOR
 VILLAGE OF FREEBURG

05/01/08

SIC CD: 9111 LOC ID: 62243 IL EMP CHOICE: 0

PROPOSED BENEFITS:

LIFE COVERAGE FLAT \$ 15,000
 MEDICAL PLAN 1M-U* CONS-V2500/100%
 GROUP PLAN PRIMARY Y
 PRESCRIPTION DRUG 2V 10/\$35/\$60
 DENTAL1 NOT QUOTED
 DENTAL2 NOT QUOTED
 VISION NOT QUOTED
 OPTIONAL RIDERS NOT QUOTED

ABBR NM	S E	AGE E/S	NUM CHL	D NON		LIFE		TOTAL PAYMENT	
				S C	MEDC /MEDC	MEDICAL PAYMENT	AMT 1000		LIFE PYMT
WATTST	M	54/50	01	A		878.82	15	6.15	884.97
WOODRUFF	M	43/43	00	A		605.09	15	6.15	611.24

TOTAL DUE \$ 21,630.22

* THIS RATE IS ADJUSTED FOR EMPLOYEES AND DEPENDENTS FOR WHOM MEDICARE IS THE PRIMARY PAYER.

*UNDER THIS PLAN THE DEDUCTIBLE/OUT-OF-POCKET MAXIMUM ARE SEPARATE FOR SINGLE COVERAGE AND FAMILY COVERAGE. FOR FAMILY COVERAGE, NO ONE IN THE FAMILY IS ELIGIBLE TO RECEIVE BENEFIT UNTIL THE FAMILY DEDUCTIBLE IS SATISFIED.

** THE TERMS AND CONDITIONS OF QUOTE PAGE CONTAINS IMPORTANT INFORMATION REGARDING THIS PROPOSAL.

UnitedHealthcare's Packaged Savings sm Program allows you the opportunity to realize an administrative savings when you bundle our medical products with our dental, vision, life, and disability specialty products. Take advantage of these credits as long as your specialty and medical coverage remains active with us. This makes it an easy one-stop-shop for comprehensive benefit plans that fit your needs and the needs of your employees.

UNITED HEALTHCARE INSURANCE COMPANY OF ILLINOIS
 UNITED HEALTHCARE INSURANCE COMPANY

CONTRACT NUM: 0282775 PROD: RUN DTE: 04/04/08
 RATING TYPE: P VERSION NUM: 01

PLAN CHANGE TERMS AND CONDITIONS OF QUOTE FOR
VILLAGE OF FREEBURG

PROPOSED EFFECTIVE DATE: 05/01/08

WE ARE PLEASED TO PROVIDE YOU THIS RATE QUOTE AND BENEFIT SUMMARY.

IF COVERAGE IS ISSUED, THESE RATES WILL BE IN EFFECT FOR 12 MONTHS FROM THE INITIAL EFFECTIVE DATE OF COVERAGE.

UNITEDHEALTHCARE SMALL GROUP PLANS ARE SUBJECT TO PRE-EXISTING CONDITIONS LIMITATIONS WHEN PERMITTED BY LAW.

THIS RATE QUOTE IS VALID THROUGH 05/11/08, FOR THE PROPOSED EFFECTIVE DATE BUT IS SUBJECT TO CHANGE IF:

1. DATA FOR EMPLOYEES ACTUALLY ENROLLED IS DIFFERENT THAN THE QUOTED EMPLOYEE DATA.
2. ANY BENEFITS ARE ADDED OR DELETED.
3. ON A MULTI-PRODUCT OFFERING (MULTIPLE MEDICAL PRODUCTS), ONLY ONE OF THE PRODUCTS IS SELECTED.
4. MEDICAL UNDERWRITING ACCEPTS COVERAGE CONDITIONAL TO AN ADDITIONAL PERCENTAGE INCREASE TO THE MEDICAL RATES (WHERE PERMITTED BY LAW).
5. THE EFFECTIVE DATE IS DEFERRED.

THIS RATE QUOTE IS NOT AN OFFER OR A GUARANTEE OF COVERAGE. ENROLLMENT MATERIALS MUST BE SUBMITTED BEFORE A GROUP IS CONSIDERED FOR COVERAGE (WHERE PERMITTED BY LAW). THIS GROUP SHOULD NOT, UNDER ANY CIRCUMSTANCES, CANCEL ITS EXISTING COVERAGE UNLESS AND UNTIL COVERAGE IS OFFERED BY US AND FINAL RATES HAVE BEEN ACCEPTED BY AND INITIAL PREMIUM PAID BY THE GROUP.

** TOTAL DUE MAY DIFFER ON THE EMPLOYEE PAYMENT SUMMARY DUE TO ROUNDING IN THE INDIVIDUAL PAYMENT CALCULATIONS. ACTUAL BILLED PAYMENT WILL BE THAT WHICH IS SHOWN ON THE EMPLOYEE PAYMENT SUMMARY.

THE MEDICAL RATES AND BENEFITS PRESENTED IN THIS QUOTE WILL BE UNDERWRITTEN BY:

UNITED HEALTHCARE INSURANCE COMPANY OF ILLINOIS

THE NON-MEDICAL RATES AND BENEFITS PRESENTED IN THIS QUOTE WILL BE UNDERWRITTEN AS FOLLOWS:

LIFE, AD&D: UNITED HEALTHCARE INSURANCE COMPANY

THE EMPLOYER MUST MEET MINIMUM CONTRIBUTION AND ELIGIBLE EMPLOYEE PARTICIPATION REQUIREMENTS.

LIFE: 25% OF THE EMPLOYEE RATE; 75% PARTICIPATION FOR CONTRIBUTORY PLANS,
100% FOR NON-CONTRIBUTORY PLANS.

CONTRACT NUM: 0282775

PROD: RUN DTE: 04/04/08

PLAN CHANGE TERMS AND CONDITIONS OF QUOTE FOR
VILLAGE OF FREEBURG

PROPOSED EFFECTIVE DATE: 05/01/08

CONTRACT NUM: 0282775 PROD: RUN DTE: 04/04/08
RATING TYPE: P VERSION NUM: 01



Benefit Summary

Missouri - Choice Plus
Consumer - 2500/100% Plan 7AV

We want to help you take control and make the most of your health care benefits. That's why we provide convenient services to get your health care questions answered quickly and accurately:

- Check personalized data: Find individualized information on your benefit coverage, check the status of claims, and search for physicians and hospitals using www.myuhc.com®.
- Researching health information: Find resources by calling Care24SM or NurseLine[®] or by logging on to www.myuhc.com.
- Get help: Contact Customer Care at the telephone number on the back of your ID card when you need assistance locating physicians and other health care professionals in your network or when you have coverage or benefit questions.

PLAN HIGHLIGHTS

Types of Coverage	Network Benefits	Non-Network Benefits
Annual Deductible		
Individual Deductible	\$2,500 per year	\$5,000 per year
Family Deductible	\$7,500 per year	\$15,000 per year

Out-of-Pocket Maximum		
Individual Out-of-Pocket Maximum	\$2,500 per year	\$10,000 per year
Family Out-of-Pocket Maximum	\$7,500 per year	\$20,000 per year
> The Out-of-Pocket Maximum includes the Annual Deductible.		

Benefit Plan Coinsurance - The Amount We Pay		
	100% after Deductible has been met.	80% after Deductible has been met.

Maximum Policy Benefit	
The maximum amount we will pay during the entire period of time you are enrolled under the Policy.	Combined Network and Non-Network Maximum of \$5,000,000 per Covered Person.

Prescription Drug Benefits
Prescription drug benefits are shown under separate cover.

This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Certificate of Coverage (COC), the COC shall prevail. It is recommended that you review your COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

MOSGE7AV07

Item#	Rev. Date	Benefit Accumulator
350-3994	0108_rev01	Calendar Year

UnitedHealthcare Insurance Company

Information on Benefit Limits

- > The Annual Deductible, Out-of-Pocket Maximum and Benefit limits are calculated on a calendar year basis.
- > All Benefits are reimbursed based on Eligible Expenses. For a definition of Eligible Expenses, please refer to your Certificate of Coverage.
- > When Benefit limits apply, the limit refers to any combination of Network and Non-Network Benefits unless specifically stated in the Benefit category.

MOST COMMONLY USED BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Physician's Office Services - Sickness and Injury		
Primary Physician Office Visit	100% after Deductible has been met.	80% after Deductible has been met.
Specialist Physician Office Visit	100% after Deductible has been met.	80% after Deductible has been met.

Preventive Care Services

Covered Health Services include but are not limited to:

Primary Physician Office Visit	100% Deductible does not apply.	Non-Network Benefits are not available.
Specialist Physician Office Visit	100% Deductible does not apply.	
Lab, X-Ray or other preventive tests	100% Deductible does not apply.	

Urgent Care Center Services

	100% after Deductible has been met.	80% after Deductible has been met.
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Emergency Health Services - Outpatient

	100% after Deductible has been met.	100% after Network Deductible has been met.
		<i>Pre-service Notification is required if results in an Inpatient Stay.</i>

Hospital - Inpatient Stay

	100% after Deductible has been met.	80% after Deductible has been met.
		<i>Pre-service Notification is required.</i>

ADDITIONAL CORE BENEFITS

YOUR BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Ambulance Service - Emergency and Non-Emergency		
Ground Ambulance	100% after Deductible has been met.	100% after Network Deductible has been met.
Air Ambulance	100% after Deductible has been met.	100% after Network Deductible has been met.
	<i>Pre-service Notification is required for Non-Emergency Ambulance.</i>	<i>Pre-service Notification is required for Non-Emergency Ambulance.</i>
Congenital Heart Disease (CHD) Surgeries		
	100% after Deductible has been met.	80% after Deductible has been met.
		Benefits are limited to \$30,000 per surgery.
		<i>Pre-service Notification is required.</i>
Dental Services - Accident Only		
Benefits are limited as follows: \$3,000 maximum per year \$900 maximum per tooth	100% after Deductible has been met.	100% after Network Deductible has been met.
	<i>Pre-service Notification is required.</i>	<i>Pre-service Notification is required.</i>
Diabetes Services		
Diabetes Self Management and Training Diabetic Eye Examinations/Foot Care	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
Diabetes Self Management Items	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under Durable Medical Equipment and in the Outpatient Prescription Drug Rider	
		<i>Pre-service Notification is required for Durable Medical Equipment and Diabetes Equipment in excess of \$1,000.</i>
Durable Medical Equipment		
Benefits are limited as follows: \$2,500 per year and are limited to a single purchase of a type of Durable Medical Equipment (including repair and replacement) every three years.	100% after Deductible has been met.	80% after Deductible has been met.
		<i>Pre-service Notification is required for Durable Medical Equipment in excess of \$1,000.</i>
Home Health Care		
Benefits are limited as follows: 60 visits per year	100% after Deductible has been met.	80% after Deductible has been met.
		<i>Pre-service Notification is required.</i>
Hospice Care		
	100% after Deductible has been met.	80% after Deductible has been met.
		<i>Pre-service Notification is required for Inpatient stays.</i>

ADDITIONAL CORE BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Lab, X-Ray and Diagnostics - Outpatient		
For Preventive Lab, X-Ray and Diagnostics, refer to the Preventive Care Services category.	100% after Deductible has been met.	80% after Deductible has been met.
Lab, X-Ray and Major Diagnostics - CT, PET, MRI, MRA and Nuclear Medicine - Outpatient	100% after Deductible has been met.	80% after Deductible has been met.
Ostomy Supplies		
Benefits are limited as follows: \$2,500 per year	100% after Deductible has been met.	80% after Deductible has been met.
Pharmaceutical Products - Outpatient		
This includes medications administered in an outpatient setting, in the Physician's Office and by a Home Health Agency.	100% after Deductible has been met.	80% after Deductible has been met.
Physician Fees for Surgical and Medical Services	100% after Deductible has been met.	80% after Deductible has been met.
Pregnancy - Maternity Services		
	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
		<i>Pre-service Notification is required if the Inpatient Stay exceeds 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery.</i>
Prosthetic Devices		
Benefits are limited as follows: \$2,500 per year and are limited to a single purchase of each type of prosthetic device every three years.	100% after Deductible has been met.	80% after Deductible has been met.
Reconstructive Procedures		
	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
		<i>Pre-service Notification is required.</i>
Rehabilitation Services - Outpatient Therapy		
Benefits are limited as follows:	100% after Deductible has been met.	80% after Deductible has been met.
20 visits of physical therapy		<i>Pre-service Notification is required for certain services.</i>
20 visits of occupational therapy		
20 visits of speech therapy		
20 visits of pulmonary rehabilitation		
36 visits of cardiac rehabilitation		
30 visits of post-cochlear implant aural therapy		

ADDITIONAL CORE BENEFITS

YOUR BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Scopic Procedures - Outpatient Diagnostic and Therapeutic		
Diagnostic scopic procedures include, but are not limited to: Colonoscopy Sigmoidoscopy Endoscopy For Preventive Scopic Procedures, refer to the Preventive Care Services category.	100% after Deductible has been met.	80% after Deductible has been met.
Skilled Nursing Facility / Inpatient Rehabilitation Facility Services		
Benefits are limited as follows: 60 days per year	100% after Deductible has been met.	80% after Deductible has been met. <i>Pre-service Notification is required.</i>
Surgery - Outpatient		
	100% after Deductible has been met.	80% after Deductible has been met.
Therapeutic Treatments - Outpatient		
Therapeutic treatments include, but are not limited to: Dialysis Intravenous chemotherapy or other intravenous infusion therapy Radiation oncology	100% after Deductible has been met.	80% after Deductible has been met. <i>Pre-service Notification is required for certain services.</i>
Transplantation Services		
	100% after Deductible has been met.	80% after Deductible has been met.
	For Network Benefits, services must be received at a Designated Facility. <i>Pre-service Notification is required.</i>	Benefits are limited to \$30,000 per Transplant. <i>Pre-service Notification is required.</i>
Vision Examinations		
Benefits are limited as follows: 1 exam every 2 years	100% after Deductible has been met.	80% after Deductible has been met.

STATE MANDATED BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Chemical Dependency		
<p>Benefits are limited as follows: 26 days for outpatient treatment through a nonresidential treatment program, or through partial or full-day program services, 21 days for treatment received in a residential treatment program and 6 days for detoxification in a medical or social setting.</p>	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p> <p><i>Prior Authorization is required from the MH/SA Designee.</i></p>	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p> <p><i>Prior Authorization is required from the MH/SA Designee.</i></p>
Chiropractic Services		
<p>Benefits are limited as follows: 26 visits per year</p>	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p>	<p><i>Pre-service Notification is required.</i></p>
Clinical Trials		
<p>Participation in a qualifying clinical trial for the treatment of: Cancer Cardiovascular (cardiac/stroke) Surgical musculoskeletal disorders of the spine, hip and knees</p>	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p> <p><i>Pre-service Notification is required.</i></p>	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p> <p><i>Pre-service Notification is required.</i></p>
Dental Anesthesia and Facility Charges		
	<p>100% after Deductible has been met. <i>Pre-service Notification is required.</i></p>	<p>80% after Deductible has been met. <i>Pre-service Notification is required.</i></p>
Enteral Formulas and Low Protein Modified Food Products		
<p>Benefits are limited as follows: \$5,000 per year</p>	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p>	
Hearing Screenings for Newborns		
	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p>	
Human Leukocyte Testing		
	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p>	
Lead Poisoning Testing		
	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p>	
Mental Illness Treatment		
	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p> <p><i>Prior Authorization is required from the MH/SA Designee.</i></p>	<p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.</p> <p><i>Prior Authorization is required from the MH/SA Designee.</i></p>

Types of Coverage

Network Benefits

Non-Network Benefits

Osteoporosis Services

Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.

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MEDICAL EXCLUSIONS

It is recommended that you review your COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Alternative Treatments

Acupressure; acupuncture; aromatherapy; hypnotism; massage therapy; rolfing; art, music, dance, horseback therapy; and other forms of alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. This exclusion does not apply to osteopathic care for which Benefits are provided as described in Section 1 of the COC.

Dental

Dental care (which includes dental X-rays, supplies and appliances and all associated expenses, including hospitalizations and anesthesia), except as described under Dental Anesthesia and Facility Charges in Section 1 of the COC. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services - Accident Only in Section 1 of the COC. This exclusion does not apply to dental care (oral examination, X-rays, extractions and non-surgical elimination of oral infection) required for the direct treatment of a medical condition for which Benefits are available under the Policy, limited to: Transplant preparation; prior to initiation of immunosuppressive drugs; the direct treatment of cancer or cleft palate. Dental care that is required to treat the effects of a medical condition, but that is not necessary to directly treat the medical condition, is excluded. Examples include treatment of dental caries resulting from dry mouth after radiation treatment or as a result of medication. Endodontics, periodontal surgery and restorative treatment are excluded. Preventive care, diagnosis, treatment of or related to the teeth, jawbones or gums. Examples include: extraction, restoration, and replacement of teeth; medical or surgical treatment of dental conditions; and services to improve dental clinical outcomes. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services - Accidental Only in Section 1 of the COC. Dental implants, bone grafts and other implant-related procedures. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services - Accident Only in Section 1 of the COC. Dental braces (orthodontics). Treatment of congenitally missing, malpositioned, or supernumerary teeth, even if part of a Congenital Anomaly.

Devices, Appliances and Prosthetics

Devices used specifically as safety items or to affect performance in sports-related activities. Orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding and some types of braces, including over-the-counter orthotic braces. This exclusion does not apply to items needed for the medically appropriate treatment of newborn children diagnosed with congenital defects or birth abnormalities. The following items are excluded, even if prescribed by a Physician: blood pressure cuff/monitor; enuresis alarm; home coagulation testing equipment; non-wearable external defibrillator; trusses; ultrasonic nebulizers; and ventricular assist devices. Devices and computers to assist in communication and speech except for speech aid prosthetics and tracheo-esophageal voice prosthetics. Oral appliances for snoring. Repairs to prosthetic devices due to misuse, malicious damage or gross neglect. Replacement of prosthetic devices

due to misuse, malicious damage or gross neglect or to replace lost or stolen items.

Drugs

Prescription drug products for outpatient use that are filled by a prescription order or refill. Self-injectable medications. This exclusion does not apply to medications which, due to their characteristics (as determined by us), must typically be administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting. Non-injectable medications given in a Physician's office. This exclusion does not apply to non-injectable medications that are required in an Emergency and consumed in the Physician's office. Over-the-counter drugs and treatments. Growth hormone therapy.

Experimental, Investigational or Unproven Services

Experimental or Investigational and Unproven Services and all services related to Experimental or Investigational and Unproven services are excluded. The fact that an Experimental or Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Benefits if the procedure is considered to be Experimental or Investigational or Unproven in the treatment of that particular condition. This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in Section 1 of the COC.

Foot Care

Routine foot care. Examples include the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Covered Persons with diabetes for which Benefits are provided as described under Diabetes Services in Section 1 of the COC. Nail trimming, cutting, or debriding. Hygienic and preventive maintenance foot care. Examples include: cleaning and soaking the feet; applying skin creams in order to maintain skin tone. This exclusion does not apply to preventive foot care for Covered Persons who are at risk of neurological or vascular disease arising from diseases such as diabetes. Treatment of flat feet or subluxation of the foot. Shoes; shoe orthotics; shoe inserts and arch supports.

Medical Supplies

Prescribed or non-prescribed medical supplies and disposable supplies. Examples include: elastic stockings, ace bandages, gauze and dressings, urinary catheters. This exclusion does not apply to:

- Disposable supplies necessary for the effective use of Durable Medical Equipment for which Benefits are provided as described under Durable Medical Equipment in Section 1 of the COC.
- Diabetic supplies for which Benefits are provided as described under Diabetes Services in Section 1 of COC.
- Ostomy supplies for which Benefits are provided as described under Ostomy Supplies in Section 1 of the COC.

Tubing and masks, except when used with Durable Medical Equipment as described under Durable Medical Equipment in Section 1 of the COC.

MEDICAL EXCLUSIONS CONTINUED

Mental Health / Chemical Dependency

Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of Mental Disorders. Chemical Dependency services that extend beyond the period necessary for short-term evaluation, diagnosis, treatment, or crisis intervention. Mental Health Services as treatment for insomnia and other sleep disorders, neurological disorders and other disorders with a known physical basis. Services utilizing methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol, Cyclozocine, or their equivalents). Treatment provided in connection with or to comply with involuntary commitments, police detentions and other similar arrangements, unless authorized by the Mental Health/Substance Abuse Designee. Residential treatment services. Services or supplies for the diagnosis or treatment of Mental Illness, Chemical Dependency, alcoholism disorders that, in the reasonable judgment of the Mental Health/Substance Abuse Designee, are any of the following:

- Not consistent with prevailing national standards of clinical practice for the treatment of such conditions.
- Not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome.
- Typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective.
- Not consistent with the Mental Health/Substance Abuse Designee's level of care guidelines or best practices as modified from time to time.

The Mental Health/Substance Abuse Designee may consult with professional clinical consultants, peer review committees or other appropriate sources for recommendations and information regarding whether a service or supply meets any of these criteria.

Nutrition

Individual and group nutritional counseling. This exclusion does not apply to medical nutritional education services that are provided by appropriately licensed or registered health care professionals when both of the following are true:

- Nutritional education is required for a disease in which patient self-management is an important component of treatment.
- There exists a knowledge deficit regarding the disease which requires the intervention of a trained health professional.

Enteral feedings, even if the sole source of nutrition. This exclusion does not apply to enteral formulas for Covered Persons under the age 6, for which Benefits are provided as described under Enteral Formulas and Low Protein Modified Food Products in Section 1 of the COC. Infant formula and donor breast milk. Nutritional or cosmetic therapy using high dose or mega quantities of vitamins, minerals or elements and other nutrition-based therapy. Examples include supplements, electrolytes, and foods of any kind (including high protein foods and low carbohydrate foods). This exclusion does not apply to enteral formulas for Covered Persons under age 6, for which Benefits are provided as described under Enteral Formulas and Low Protein Modified Food Products in Section 1 of the COC.

Personal Care, Comfort or Convenience

Television; telephone; beauty/barber service; guest service. Supplies, equipment and similar incidental services and supplies for personal comfort. Examples include: air conditioners, air purifiers and filters, dehumidifiers; batteries and battery chargers; breast pumps; car seats; chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners; electric scooters; exercise equipment; home modifications such as elevators, handrails and ramps; hot tubs; humidifiers; Jacuzzis; mattresses; medical alert systems; motorized beds; music devices; personal computers, pillows; power-operated vehicles; radios; saunas; stair lifts and stair glides; strollers; safety equipment; speech generating devices; treadmills; vehicle modifications such as van lifts; video players, whirlpools.

Physical Appearance

Cosmetic Procedures. See the definition in Section 9 of the COC. Examples include: pharmacological regimens, nutritional procedures or treatments. Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures). Skin abrasion procedures performed as a treatment for acne. Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male breast and nipple. Treatment for skin wrinkles or any treatment to improve the appearance of the skin. Treatment for spider veins. Hair removal or replacement by any means. Replacement of an existing breast implant if the earlier breast implant was performed as a Cosmetic Procedure. Note: Replacement of an existing breast implant is considered reconstructive if the initial breast implant followed mastectomy. See Reconstructive Procedures in Section 1 of the COC. Treatment of benign gynecomastia (abnormal breast enlargement in males). Breast reduction except as coverage is required by the Women's Health and Cancer Right's Act of 1998 for which Benefits are described under Reconstructive Procedures in Section 1 of the COC. Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation. Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded. Wigs regardless of the reason for the hair loss.

Procedures and Treatments

Excision or elimination of hanging skin on any part of the body. Examples include plastic surgery procedures called abdominoplasty or abdominal panniculectomy, and brachioplasty. Medical and surgical treatment of excessive sweating (hyperhidrosis). Medical and surgical treatment for snoring, except when provided as a part of treatment for documented obstructive sleep apnea. Speech therapy except as required for treatment of a speech impediment or speech dysfunction that results from injury, stroke, cancer, Congenital Anomaly, or autism spectrum disorders. Psychosurgery. Sex transformation operations. Physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter. Biofeedback. Services for the evaluation and treatment of temporomandibular joint syndrome (TMJ), whether the services are considered to be medical or dental in nature. Upper and lower jawbone surgery except as required for direct treatment of acute traumatic injury, dislocation, tumors or cancer. Orthognathic surgery, jaw alignment and treatment for the temporomandibular joint, except as a treatment of obstructive sleep apnea. Surgical and

MEDICAL EXCLUSIONS CONTINUED

non-surgical treatment of obesity. Stand-alone multi-disciplinary smoking cessation programs.

Providers

Services performed by a provider who is a family member by birth or marriage. Examples include a spouse, brother, sister, parent or child. This includes any service the provider may perform on himself or herself. Services performed by a provider with your same legal residence. Services provided at a free-standing or Hospital-based diagnostic facility without an order written by a Physician or other provider. Services which are self-directed to a free-standing or Hospital-based diagnostic facility. Services ordered by a Physician or other provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other provider has not been actively involved in your medical care prior to ordering the service, or is not actively involved in your medical care after the service is received. This exclusion does not apply to mammography. Foreign language and sign language interpreters.

Reproduction

Health services and associated expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to services required to treat or correct underlying causes of infertility. Surrogate parenting, donor eggs, donor sperm and host uterus. Storage and retrieval of all reproductive materials. Examples include eggs, sperm, testicular tissue and ovarian tissue. The reversal of voluntary sterilization.

Services Provided under Another Plan

Health services for which other coverage is required by federal, state or local law to be purchased or provided through other arrangements. Examples include coverage required by workers' compensation, no-fault auto insurance, or similar legislation. If coverage under workers' compensation or similar legislation is optional for you because you could elect it, or could have it elected for you, Benefits will not be paid for any Injury, Sickness, or Mental Illness that would have been covered under workers' compensation or similar legislation had that coverage been elected. Health services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you. Health services while on active military duty.

Transplants

Health services for organ and tissue transplants, except those described under Transplantation Services in Section 1 of the COC. Health services connected with the removal of an organ or tissue from you for purposes of a transplant to another person. (Donor costs that are directly related to organ removal are payable for a transplant through the organ recipient's Benefits under the Policy.) Health services for transplants involving permanent mechanical or animal organs.

Travel

Health services provided in a foreign country, unless required as Emergency Health Services. Travel or transportation expenses, even though prescribed by a Physician. Some travel expenses related to Covered Health Services received from a Designated Facility or Designated Physician may be reimbursed at our discretion.

Types of Care

Multi-disciplinary pain management programs provided on an inpatient basis. Custodial care; domiciliary care. Private duty nursing. This means nursing care that is provided to a patient on a one-to-one basis by licensed nurses in an inpatient or home setting when any of the following are true: no skilled services are identified; skilled nursing resources are available in the facility; the skilled care can be provided by a Home Health Agency on a per visit basis for a specific purpose. Respite care; rest cures; services of personal care attendants. Work hardening (individualized treatment programs designed to return a person to work or to prepare a person for specific work).

Vision and Hearing

Purchase cost and fitting charge for eye glasses and contact lenses. Implantable lenses used only to correct a refractive error (such as Intacs corneal implants). Purchase cost and associated fitting and testing charges for hearing aids, Bone Anchor Hearing Aids (BAHA) and all other hearing assistive devices. Eye exercise therapy. Surgery that is intended to allow you to see better without glasses or other vision correction. Examples include radial keratotomy, laser, and other refractive eye surgery.

All Other Exclusions

Health services and supplies that do not meet the definition of a Covered Health Service - see the definition in Section 9 of the COC. Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments that are otherwise covered under the Policy when: required solely for purposes of career, school, sports or camp, travel, employment, insurance, marriage or adoption; related to judicial or administrative proceedings or orders; conducted for purposes of medical research; required to obtain or maintain a license of any type. Health services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country. Health services received after the date your coverage under the Policy ends. This applies to all health services, even if the health service is required to treat a medical condition that arose before the date your coverage under the Policy ended. This exclusion does not apply if you are eligible for and choose continuation coverage or if you are eligible for extended coverage for Total Disability. For more information refer to Section 4: When Coverage Ends in the COC. Health services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the Policy. Charges in excess of Eligible Expenses or in excess of any specified limitation. Long term (more than 30 days) storage. Examples include cryopreservation of tissue, blood and blood products. Autopsy.

Preexisting Conditions (Applies only to groups of 50 or less employees)

Benefits for the treatment of a Preexisting Condition are excluded until the earlier of the following: The date you have had Continuous Creditable Coverage for 12 months; or the date you have had Continuous Creditable Coverage for 18 months if you are a Late Enrollee. This exclusion does not apply to newborn children or newly adopted children. This exception for newborn and adopted children no longer applies after the end of the first 63-day period during which the child has not had Continuous Creditable Coverage.

PLAN CHANGE COST SUMMARY FOR
VILLAGE OF FREEBURG

05/01/08

SIC CD: 9111 LOC ID: 62243 IL EMP CHOICE: 0

PROPOSED BENEFITS:

LIFE COVERAGE	FLAT \$	15,000
MEDICAL PLAN	7A-W +	CONS3000/100%
GROUP PLAN PRIMARY	Y	
PRESCRIPTION DRUG	2V	10/\$35/\$60
DENTAL1	NOT QUOTED	
DENTAL2	NOT QUOTED	
VISION	NOT QUOTED	
OPTIONAL RIDERS	NOT QUOTED	
CALENDAR/POLICY	C	

COVERAGES	VOLUME/PERSONS	MONTHLY RATE	MONTHLY PYMT
LIFE (FLAT \$ 15,000)	\$435,000	.37 PER \$1000	\$ 160.95
AD&D	\$435,000	.04 PER \$1000	\$ 17.40
TOTAL LIFE MONTHLY PAYMENT:			\$ 178.35

COVERAGES	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD (REN)	EMPLOYEE & FAMILY
MEDICAL	\$ 287.15	\$ 603.01	\$ 559.94	\$ 875.80
MEDICARE	MALE/FEMALE EMPLOYEE	\$ 294.25		
	MALE/FEMALE SPOUSE	\$ 323.67		
	CHILD	\$ 279.53		

TO BE BILLED MEDICARE RATES MEDICARE MUST BE PRIMARY AND PROOF OF ENROLLMENT IN	
TOTAL MONTHLY MEDICAL PAYMENT FOR FAMILY UNITS (ABOVE)	\$ 21,378.15
TOTAL MONTHLY LIFE PAYMENT	\$ 178.35
TOTAL DUE	\$ 21,556.50**

HRA AVAILABLE
HRA CONTRIBUTION: \$50.00 - \$3000.00

+UNITEDHEALTHCARE CHARGES NO ADMINISTRATIVE FEE FOR HRA PRODUCTS FOR GROUPS SIZE 2-99.

** THE TERMS AND CONDITIONS OF QUOTE PAGE CONTAINS IMPORTANT INFORMATION REGARDING THIS PROPOSAL.

UnitedHealthcare's Packaged Savings sm Program allows you the opportunity to realize an administrative savings when you bundle our medical products with our dental, vision, life, and disability specialty products. Take advantage of these credits as long as your specialty and medical coverage remains active with us. This makes it an easy one-stop-shop for comprehensive benefit plans that fit your needs and the needs of your employees.

UNITED HEALTHCARE INSURANCE COMPANY OF ILLINOIS

UNITED HEALTHCARE INSURANCE COMPANY

CONTRACT NUM: 0282775 PROD: RUN DATE: 04/04/08
RATING TYPE: P VERSION NUM: 01

PLAN CHANGE TERMS AND CONDITIONS OF QUOTE FOR
VILLAGE OF FREEBURG

PROPOSED EFFECTIVE DATE: 05/01/08

WE ARE PLEASED TO PROVIDE YOU THIS RATE QUOTE AND BENEFIT SUMMARY.

IF COVERAGE IS ISSUED, THESE RATES WILL BE IN EFFECT FOR 12 MONTHS FROM THE INITIAL EFFECTIVE DATE OF COVERAGE.

UNITEDHEALTHCARE SMALL GROUP PLANS ARE SUBJECT TO PRE-EXISTING CONDITIONS LIMITATIONS WHEN PERMITTED BY LAW.

THIS RATE QUOTE IS VALID THROUGH 05/11/08, FOR THE PROPOSED EFFECTIVE DATE BUT IS SUBJECT TO CHANGE IF:

1. DATA FOR EMPLOYEES ACTUALLY ENROLLED IS DIFFERENT THAN THE QUOTED EMPLOYEE DATA.
2. ANY BENEFITS ARE ADDED OR DELETED.
3. ON A MULTI-PRODUCT OFFERING (MULTIPLE MEDICAL PRODUCTS), ONLY ONE OF THE PRODUCTS IS SELECTED.
4. MEDICAL UNDERWRITING ACCEPTS COVERAGE CONDITIONAL TO AN ADDITIONAL PERCENTAGE INCREASE TO THE MEDICAL RATES (WHERE PERMITTED BY LAW).
5. THE EFFECTIVE DATE IS DEFERRED.

THIS RATE QUOTE IS NOT AN OFFER OR A GUARANTEE OF COVERAGE. ENROLLMENT MATERIALS MUST BE SUBMITTED BEFORE A GROUP IS CONSIDERED FOR COVERAGE (WHERE PERMITTED BY LAW). THIS GROUP SHOULD NOT, UNDER ANY CIRCUMSTANCES, CANCEL ITS EXISTING COVERAGE UNLESS AND UNTIL COVERAGE IS OFFERED BY US AND FINAL RATES HAVE BEEN ACCEPTED BY AND INITIAL PREMIUM PAID BY THE GROUP.

** TOTAL DUE MAY DIFFER ON THE EMPLOYEE PAYMENT SUMMARY DUE TO ROUNDING IN THE INDIVIDUAL PAYMENT CALCULATIONS. ACTUAL BILLED PAYMENT WILL BE THAT WHICH IS SHOWN ON THE EMPLOYEE PAYMENT SUMMARY.

THE MEDICAL RATES AND BENEFITS PRESENTED IN THIS QUOTE WILL BE UNDERWRITTEN BY:

UNITED HEALTHCARE INSURANCE COMPANY OF ILLINOIS

THE NON-MEDICAL RATES AND BENEFITS PRESENTED IN THIS QUOTE WILL BE UNDERWRITTEN AS FOLLOWS:

LIFE, AD&D: UNITED HEALTHCARE INSURANCE COMPANY

THE EMPLOYER MUST MEET MINIMUM CONTRIBUTION AND ELIGIBLE EMPLOYEE PARTICIPATION REQUIREMENTS.

LIFE: 25% OF THE EMPLOYEE RATE; 75% PARTICIPATION FOR CONTRIBUTORY PLANS,
100% FOR NON-CONTRIBUTORY PLANS.

CONTRACT NUM: 0282775

PROD: RUN DTE: 04/04/08

RATING TYPE: P VERSION NUM: 01

PLAN CHANGE TERMS AND CONDITIONS OF QUOTE FOR
VILLAGE OF FREEBURG

PROPOSED EFFECTIVE DATE: 05/01/08

CONTRACT NUM: 0282775

PROD:

RUN DTE: 04/04/08

RATING TYPE: P

VERSION NUM: 01



Benefit Summary

Missouri - Choice Plus
Consumer - 3000/100% Plan 7AW

We want to help you take control and make the most of your health care benefits. That's why we provide convenient services to get your health care questions answered quickly and accurately:

- Check personalized data: Find individualized information on your benefit coverage, check the status of claims, and search for physicians and hospitals using www.myuhc.com®.
- Researching health information: Find resources by calling Care24SM or NurseLine[®] or by logging on to www.myuhc.com.
- Get help: Contact Customer Care at the telephone number on the back of your ID card when you need assistance locating physicians and other health care professionals in your network or when you have coverage or benefit questions.

PLAN HIGHLIGHTS

Types of Coverage	Network Benefits	Non-Network Benefits
Annual Deductible		
Individual Deductible	\$3,000 per year	\$6,000 per year
Family Deductible	\$9,000 per year	\$18,000 per year

Out-of-Pocket Maximum		
Individual Out-of-Pocket Maximum	\$3,000 per year	\$12,000 per year
Family Out-of-Pocket Maximum	\$9,000 per year	\$24,000 per year
> The Out-of-Pocket Maximum includes the Annual Deductible.		

Benefit Plan Coinsurance - The Amount We Pay		
	100% after Deductible has been met.	80% after Deductible has been met.

Maximum Policy Benefit	
The maximum amount we will pay during the entire period of time you are enrolled under the Policy.	Combined Network and Non-Network Maximum of \$5,000,000 per Covered Person.

Prescription Drug Benefits
Prescription drug benefits are shown under separate cover.

This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Certificate of Coverage (COC), the COC shall prevail. It is recommended that you review your COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

MOSGE7AW07

Item#	Rev. Date	Benefit Accumulator
350-3995	0108_rev01	Calendar Year

UnitedHealthcare Insurance Company

Information on Benefit Limits

- > The Annual Deductible, Out-of-Pocket Maximum and Benefit limits are calculated on a calendar year basis.
- > All Benefits are reimbursed based on Eligible Expenses. For a definition of Eligible Expenses, please refer to your Certificate of Coverage.
- > When Benefit limits apply, the limit refers to any combination of Network and Non-Network Benefits unless specifically stated in the Benefit category.

MOST COMMONLY USED BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Physician's Office Services - Sickness and Injury		
Primary Physician Office Visit	100% after Deductible has been met.	80% after Deductible has been met.
Specialist Physician Office Visit	100% after Deductible has been met.	80% after Deductible has been met.

Preventive Care Services

Covered Health Services include but are not limited to:

Primary Physician Office Visit	100% Deductible does not apply.	Non-Network Benefits are not available.
Specialist Physician Office Visit	100% Deductible does not apply.	
Lab, X-Ray or other preventive tests	100% Deductible does not apply.	

Urgent Care Center Services

	100% after Deductible has been met.	80% after Deductible has been met.
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Emergency Health Services - Outpatient

	100% after Deductible has been met.	100% after Network Deductible has been met.
		<i>Pre-service Notification is required if results in an Inpatient Stay.</i>

Hospital - Inpatient Stay

	100% after Deductible has been met.	80% after Deductible has been met.
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Pre-service Notification is required.

ADDITIONAL CORE BENEFITS

YOUR BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Ambulance Service - Emergency and Non-Emergency		
Ground Ambulance	100% after Deductible has been met.	100% after Network Deductible has been met.
Air Ambulance	100% after Deductible has been met.	100% after Network Deductible has been met.
	<i>Pre-service Notification is required for Non-Emergency Ambulance.</i>	<i>Pre-service Notification is required for Non-Emergency Ambulance.</i>
Congenital Heart Disease (CHD) Surgeries		
	100% after Deductible has been met.	80% after Deductible has been met.
		Benefits are limited to \$30,000 per surgery.
		<i>Pre-service Notification is required.</i>
Dental Services - Accident Only		
Benefits are limited as follows: \$3,000 maximum per year \$900 maximum per tooth	100% after Deductible has been met.	100% after Network Deductible has been met.
	<i>Pre-service Notification is required.</i>	<i>Pre-service Notification is required.</i>
Diabetes Services		
Diabetes Self Management and Training Diabetic Eye Examinations/Foot Care	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
Diabetes Self Management Items	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under Durable Medical Equipment and in the Outpatient Prescription Drug Rider	
		<i>Pre-service Notification is required for Durable Medical Equipment and Diabetes Equipment in excess of \$1,000.</i>
Durable Medical Equipment		
Benefits are limited as follows: \$2,500 per year and are limited to a single purchase of a type of Durable Medical Equipment (including repair and replacement) every three years.	100% after Deductible has been met.	80% after Deductible has been met.
		<i>Pre-service Notification is required for Durable Medical Equipment in excess of \$1,000.</i>
Home Health Care		
Benefits are limited as follows: 60 visits per year	100% after Deductible has been met.	80% after Deductible has been met.
		<i>Pre-service Notification is required.</i>
Hospice Care		
	100% after Deductible has been met.	80% after Deductible has been met.
		<i>Pre-service Notification is required for Inpatient stays.</i>

ADDITIONAL CORE BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Lab, X-Ray and Diagnostics - Outpatient		
For Preventive Lab, X-Ray and Diagnostics, refer to the Preventive Care Services category.	100% after Deductible has been met.	80% after Deductible has been met.
Lab, X-Ray and Major Diagnostics - CT, PET, MRI, MRA and Nuclear Medicine - Outpatient		
	100% after Deductible has been met.	80% after Deductible has been met.
Ostomy Supplies		
Benefits are limited as follows: \$2,500 per year	100% after Deductible has been met.	80% after Deductible has been met.
Pharmaceutical Products - Outpatient		
This includes medications administered in an outpatient setting, in the Physician's Office and by a Home Health Agency.	100% after Deductible has been met.	80% after Deductible has been met.
Physician Fees for Surgical and Medical Services		
	100% after Deductible has been met.	80% after Deductible has been met.
Pregnancy - Maternity Services		
	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
		<i>Pre-service Notification is required if the Inpatient Stay exceeds 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery.</i>
Prosthetic Devices		
Benefits are limited as follows: \$2,500 per year and are limited to a single purchase of each type of prosthetic device every three years.	100% after Deductible has been met.	80% after Deductible has been met.
Reconstructive Procedures		
	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
		<i>Pre-service Notification is required.</i>
Rehabilitation Services - Outpatient Therapy		
Benefits are limited as follows: 20 visits of physical therapy 20 visits of occupational therapy 20 visits of speech therapy 20 visits of pulmonary rehabilitation 36 visits of cardiac rehabilitation 30 visits of post-cochlear implant aural therapy	100% after Deductible has been met.	80% after Deductible has been met. <i>Pre-service Notification is required for certain services.</i>

ADDITIONAL CORE BENEFITS

YOUR BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Scopic Procedures - Outpatient Diagnostic and Therapeutic		
Diagnostic scopic procedures include, but are not limited to: Colonoscopy Sigmoidoscopy Endoscopy	100% after Deductible has been met.	80% after Deductible has been met.
For Preventive Scopic Procedures, refer to the Preventive Care Services category.		
Skilled Nursing Facility / Inpatient Rehabilitation Facility Services		
Benefits are limited as follows: 60 days per year	100% after Deductible has been met.	80% after Deductible has been met.
<i>Pre-service Notification is required.</i>		
Surgery - Outpatient		
	100% after Deductible has been met.	80% after Deductible has been met.
Therapeutic Treatments - Outpatient		
Therapeutic treatments include, but are not limited to: Dialysis Intravenous chemotherapy or other intravenous infusion therapy Radiation oncology	100% after Deductible has been met.	80% after Deductible has been met. <i>Pre-service Notification is required for certain services.</i>
Transplantation Services		
	100% after Deductible has been met.	80% after Deductible has been met.
	For Network Benefits, services must be received at a Designated Facility.	Benefits are limited to \$30,000 per Transplant.
	<i>Pre-service Notification is required.</i>	<i>Pre-service Notification is required.</i>
Vision Examinations		
Benefits are limited as follows: 1 exam every 2 years	100% after Deductible has been met.	80% after Deductible has been met.

STATE MANDATED BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Chemical Dependency	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.
Benefits are limited as follows: 26 days for outpatient treatment through a nonresidential treatment program, or through partial or full-day program services, 21 days for treatment received in a residential treatment program and 6 days for detoxification in a medical or social setting.	<i>Prior Authorization is required from the MH/SA Designee.</i>	<i>Prior Authorization is required from the MH/SA Designee.</i>
Chiropractic Services	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.
Benefits are limited as follows: 26 visits per year	<i>Pre-service Notification is required.</i>	<i>Pre-service Notification is required.</i>
Clinical Trials	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.
Participation in a qualifying clinical trial for the treatment of: Cancer Cardiovascular (cardiac/stroke) Surgical musculoskeletal disorders of the spine, hip and knees	<i>Pre-service Notification is required.</i>	<i>Pre-service Notification is required.</i>
Dental Anesthesia and Facility Charges	100% after Deductible has been met.	80% after Deductible has been met.
Enteral Formulas and Low Protein Modified Food Products	<i>Pre-service Notification is required.</i>	<i>Pre-service Notification is required.</i>
Benefits are limited as follows: \$5,000 per year	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.
Hearing Screenings for Newborns	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.
Human Leukocyte Testing	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.
Lead Poisoning Testing	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.
Mental Illness Treatment	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.
	<i>Prior Authorization is required from the MH/SA Designee.</i>	<i>Prior Authorization is required from the MH/SA Designee.</i>

Types of Coverage	Network Benefits	Non-Network Benefits
Osteoporosis Services		

Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.

This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Certificate of Coverage (COC), the COC shall prevail. It is recommended that you review your COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

MEDICAL EXCLUSIONS

It is recommended that you review your COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Alternative Treatments

Acupressure; acupuncture; aromatherapy; hypnosis; massage therapy; rolfing; art, music, dance, horseback therapy; and other forms of alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. This exclusion does not apply to osteopathic care for which Benefits are provided as described in Section 1 of the COC.

Dental

Dental care (which includes dental X-rays, supplies and appliances and all associated expenses, including hospitalizations and anesthesia), except as described under Dental Anesthesia and Facility Charges in Section 1 of the COC. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services - Accident Only in Section 1 of the COC. This exclusion does not apply to dental care (oral examination, X-rays, extractions and non-surgical elimination of oral infection) required for the direct treatment of a medical condition for which Benefits are available under the Policy, limited to: Transplant preparation; prior to initiation of immunosuppressive drugs; the direct treatment of cancer or cleft palate. Dental care that is required to treat the effects of a medical condition, but that is not necessary to directly treat the medical condition, is excluded. Examples include treatment of dental caries resulting from dry mouth after radiation treatment or as a result of medication. Endodontics, periodontal surgery and restorative treatment are excluded. Preventive care, diagnosis, treatment of or related to the teeth, jawbones or gums. Examples include: extraction, restoration, and replacement of teeth; medical or surgical treatment of dental conditions; and services to improve dental clinical outcomes. This exclusion does not apply to accidental-related dental services for which Benefits are provided as described under Dental Services - Accidental Only in Section 1 of the COC. Dental implants, bone grafts and other implant-related procedures. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services - Accident Only in Section 1 of the COC. Dental braces (orthodontics). Treatment of congenitally missing, malpositioned, or supernumerary teeth, even if part of a Congenital Anomaly.

Devices, Appliances and Prosthetics

Devices used specifically as safety items or to affect performance in sports-related activities. Orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding and some types of braces, including over-the-counter orthotic braces. This exclusion does not apply to items needed for the medically appropriate treatment of newborn children diagnosed with congenital defects or birth abnormalities. The following items are excluded, even if prescribed by a Physician: blood pressure cuff/monitor; enuresis alarm; home coagulation testing equipment; non-wearable external defibrillator; trusses; ultrasonic nebulizers; and ventricular assist devices. Devices and computers to assist in communication and speech except for speech aid prosthetics and tracheo-esophageal voice prosthetics. Oral appliances for snoring. Repairs to prosthetic devices due to misuse, malicious damage or gross neglect. Replacement of prosthetic devices

due to misuse, malicious damage or gross neglect or to replace lost or stolen items.

Drugs

Prescription drug products for outpatient use that are filled by a prescription order or refill. Self-injectable medications. This exclusion does not apply to medications which, due to their characteristics (as determined by us), must typically be administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting. Non-injectable medications given in a Physician's office. This exclusion does not apply to non-injectable medications that are required in an Emergency and consumed in the Physician's office. Over-the-counter drugs and treatments. Growth hormone therapy.

Experimental, Investigational or Unproven Services

Experimental or Investigational and Unproven Services and all services related to Experimental or Investigational and Unproven services are excluded. The fact that an Experimental or Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Benefits if the procedure is considered to be Experimental or Investigational or Unproven in the treatment of that particular condition. This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in Section 1 of the COC.

Foot Care

Routine foot care. Examples include the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Covered Persons with diabetes for which Benefits are provided as described under Diabetes Services in Section 1 of the COC. Nail trimming, cutting, or debriding. Hygienic and preventive maintenance foot care. Examples include: cleaning and soaking the feet; applying skin creams in order to maintain skin tone. This exclusion does not apply to preventive foot care for Covered Persons who are at risk of neurological or vascular disease arising from diseases such as diabetes. Treatment of flat feet or subluxation of the foot. Shoes; shoe orthotics; shoe inserts and arch supports.

Medical Supplies

Prescribed or non-prescribed medical supplies and disposable supplies. Examples include: elastic stockings, ace bandages, gauze and dressings, urinary catheters. This exclusion does not apply to:

- Disposable supplies necessary for the effective use of Durable Medical Equipment for which Benefits are provided as described under Durable Medical Equipment in Section 1 of the COC.
- Diabetic supplies for which Benefits are provided as described under Diabetes Services in Section 1 of COC.
- Ostomy supplies for which Benefits are provided as described under Ostomy Supplies in Section 1 of the COC.

Tubing and masks, except when used with Durable Medical Equipment as described under Durable Medical Equipment in Section 1 of the COC.

MEDICAL EXCLUSIONS CONTINUED

Mental Health / Chemical Dependency

Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of Mental Disorders. Chemical Dependency services that extend beyond the period necessary for short-term evaluation, diagnosis, treatment, or crisis intervention. Mental Health Services as treatment for insomnia and other sleep disorders, neurological disorders and other disorders with a known physical basis. Services utilizing methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol, Cyclazocine, or their equivalents). Treatment provided in connection with or to comply with involuntary commitments, police detentions and other similar arrangements, unless authorized by the Mental Health/Substance Abuse Designee. Residential treatment services. Services or supplies for the diagnosis or treatment of Mental Illness, Chemical Dependency, alcoholism disorders that, in the reasonable judgment of the Mental Health/Substance Abuse Designee, are any of the following:

- Not consistent with prevailing national standards of clinical practice for the treatment of such conditions.
- Not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome.
- Typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective.
- Not consistent with the Mental Health/Substance Abuse Designee's level of care guidelines or best practices as modified from time to time.

The Mental Health/Substance Abuse Designee may consult with professional clinical consultants, peer review committees or other appropriate sources for recommendations and information regarding whether a service or supply meets any of these criteria.

Nutrition

Individual and group nutritional counseling. This exclusion does not apply to medical nutritional education services that are provided by appropriately licensed or registered health care professionals when both of the following are true:

- Nutritional education is required for a disease in which patient self-management is an important component of treatment.
- There exists a knowledge deficit regarding the disease which requires the intervention of a trained health professional.

Enteral feedings, even if the sole source of nutrition. This exclusion does not apply to enteral formulas for Covered Persons under the age 6, for which Benefits are provided as described under Enteral Formulas and Low Protein Modified Food Products in Section 1 of the COC. Infant formula and donor breast milk. Nutritional or cosmetic therapy using high dose or mega quantities of vitamins, minerals or elements and other nutrition-based therapy. Examples include supplements, electrolytes, and foods of any kind (including high protein foods and low carbohydrate foods). This exclusion does not apply to enteral formulas for Covered Persons under age 6, for which Benefits are provided as described under Enteral Formulas and Low Protein Modified Food Products in Section 1 of the COC.

Personal Care, Comfort or Convenience

Television; telephone; beauty/barber service; guest service. Supplies, equipment and similar incidental services and supplies for personal comfort. Examples include: air conditioners, air purifiers and filters, dehumidifiers; batteries and battery chargers; breast pumps; car seats; chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners; electric scooters; exercise equipment; home modifications such as elevators, handrails and ramps; hot tubs; humidifiers; Jacuzzis; mattresses; medical alert systems; motorized beds; music devices; personal computers, pillows; power-operated vehicles; radios; saunas; stair lifts and stair glides; strollers; safety equipment; speech generating devices; treadmills; vehicle modifications such as van lifts; video players, whirlpools.

Physical Appearance

Cosmetic Procedures. See the definition in Section 9 of the COC. Examples include: pharmacological regimens, nutritional procedures or treatments. Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures). Skin abrasion procedures performed as a treatment for acne. Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male breast and nipple. Treatment for skin wrinkles or any treatment to improve the appearance of the skin. Treatment for spider veins. Hair removal or replacement by any means. Replacement of an existing breast implant if the earlier breast implant was performed as a Cosmetic Procedure. Note: Replacement of an existing breast implant is considered reconstructive if the initial breast implant followed mastectomy. See Reconstructive Procedures in Section 1 of the COC. Treatment of benign gynecomastia (abnormal breast enlargement in males). Breast reduction except as coverage is required by the Women's Health and Cancer Right's Act of 1998 for which Benefits are described under Reconstructive Procedures in Section 1 of the COC. Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation. Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded. Wigs regardless of the reason for the hair loss.

Procedures and Treatments

Excision or elimination of hanging skin on any part of the body. Examples include plastic surgery procedures called abdominoplasty or abdominal panniculectomy, and brachioplasty. Medical and surgical treatment of excessive sweating (hyperhidrosis). Medical and surgical treatment for snoring, except when provided as a part of treatment for documented obstructive sleep apnea. Speech therapy except as required for treatment of a speech impediment or speech dysfunction that results from injury, stroke, cancer, Congenital Anomaly, or autism spectrum disorders. Psychosurgery. Sex transformation operations. Physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter. Biofeedback. Services for the evaluation and treatment of temporomandibular joint syndrome (TMJ), whether the services are considered to be medical or dental in nature. Upper and lower jawbone surgery except as required for direct treatment of acute traumatic injury, dislocation, tumors or cancer. Orthognathic surgery, jaw alignment and treatment for the temporomandibular joint, except as a treatment of obstructive sleep apnea. Surgical and

MEDICAL EXCLUSIONS CONTINUED

non-surgical treatment of obesity. Stand-alone multi-disciplinary smoking cessation programs.

Providers

Services performed by a provider who is a family member by birth or marriage. Examples include a spouse, brother, sister, parent or child. This includes any service the provider may perform on himself or herself. Services performed by a provider with your same legal residence. Services provided at a free-standing or Hospital-based diagnostic facility without an order written by a Physician or other provider. Services which are self-directed to a free-standing or Hospital-based diagnostic facility. Services ordered by a Physician or other provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other provider has not been actively involved in your medical care prior to ordering the service, or is not actively involved in your medical care after the service is received. This exclusion does not apply to mammography. Foreign language and sign language interpreters.

Reproduction

Health services and associated expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to services required to treat or correct underlying causes of infertility. Surrogate parenting, donor eggs, donor sperm and host uterus. Storage and retrieval of all reproductive materials. Examples include eggs, sperm, testicular tissue and ovarian tissue. The reversal of voluntary sterilization.

Services Provided under Another Plan

Health services for which other coverage is required by federal, state or local law to be purchased or provided through other arrangements. Examples include coverage required by workers' compensation, no-fault auto insurance, or similar legislation. If coverage under workers' compensation or similar legislation is optional for you because you could elect it, or could have it elected for you, Benefits will not be paid for any injury, Sickness, or Mental Illness that would have been covered under workers' compensation or similar legislation had that coverage been elected. Health services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you. Health services while on active military duty.

Transplants

Health services for organ and tissue transplants, except those described under Transplantation Services in Section 1 of the COC. Health services connected with the removal of an organ or tissue from you for purposes of a transplant to another person. (Donor costs that are directly related to organ removal are payable for a transplant through the organ recipient's Benefits under the Policy.) Health services for transplants involving permanent mechanical or animal organs.

Travel

Health services provided in a foreign country, unless required as Emergency Health Services. Travel or transportation expenses, even though prescribed by a Physician. Some travel expenses related to Covered Health Services received from a Designated Facility or Designated Physician may be reimbursed at our discretion.

Types of Care

Multi-disciplinary pain management programs provided on an inpatient basis. Custodial care; domiciliary care. Private duty nursing. This means nursing care that is provided to a patient on a one-to-one basis by licensed nurses in an inpatient or home setting when any of the following are true: no skilled services are identified; skilled nursing resources are available in the facility; the skilled care can be provided by a Home Health Agency on a per visit basis for a specific purpose. Respite care; rest cures; services of personal care attendants. Work hardening (individualized treatment programs designed to return a person to work or to prepare a person for specific work).

Vision and Hearing

Purchase cost and fitting charge for eye glasses and contact lenses. Implantable lenses used only to correct a refractive error (such as Intacs corneal implants). Purchase cost and associated fitting and testing charges for hearing aids, Bone Anchor Hearing Aids (BAHA) and all other hearing assistive devices. Eye exercise therapy. Surgery that is intended to allow you to see better without glasses or other vision correction. Examples include radial keratotomy, laser, and other refractive eye surgery.

All Other Exclusions

Health services and supplies that do not meet the definition of a Covered Health Service - see the definition in Section 9 of the COC. Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments that are otherwise covered under the Policy when: required solely for purposes of career, school, sports or camp, travel, employment, insurance, marriage or adoption; related to judicial or administrative proceedings or orders; conducted for purposes of medical research; required to obtain or maintain a license of any type. Health services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country. Health services received after the date your coverage under the Policy ends. This applies to all health services, even if the health service is required to treat a medical condition that arose before the date your coverage under the Policy ended. This exclusion does not apply if you are eligible for and choose continuation coverage or if you are eligible for extended coverage for Total Disability. For more information refer to Section 4: When Coverage Ends in the COC. Health services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the Policy. Charges in excess of Eligible Expenses or in excess of any specified limitation. Long term (more than 30 days) storage. Examples include cryopreservation of tissue, blood and blood products. Autopsy.

Preexisting Conditions (Applies only to groups of 50 or less employees)

Benefits for the treatment of a Preexisting Condition are excluded until the earlier of the following: The date you have had Continuous Creditable Coverage for 12 months; or the date you have had Continuous Creditable Coverage for 18 months if you are a Late Enrollee. This exclusion does not apply to newborn children or newly adopted children. This exception for newborn and adopted children no longer applies after the end of the first 63-day period during which the child has not had Continuous Creditable Coverage.

	2007	2008 Renewal	Alternate 1	Alternate 2
	<u>Premium</u>			
In Network	(\$2000/\$6000)	(\$2000/\$6000)	(\$2000/\$6000)	(\$2500/\$7500)
Out of Network	(\$4000/\$12000)	(\$4000/\$12000)	(\$4000/\$12000)	(\$5000/\$15000)
Co-Insurance	(100%/80%)	(100%/80%)	(90%/70%)	(80%/60%)
Prescriptions	\$10/\$35/\$60	\$10/\$35/\$60	\$10/\$35/\$60	\$10/\$35/\$60
Monthly prem.	\$19,140	\$22,883	\$22,394	\$20,890
	<u>x 12</u>	<u>x 12</u>	<u>x 12</u>	<u>x 12</u>
Annual prem.	\$229,680	\$274,596	\$268,728	\$250,680
Max. Reimb.	\$229,680 <u>+151,600</u>	\$274,596 <u>+151,600</u>	\$268,728 <u>+151,600</u>	\$231,336 <u>+188,600</u>
Grand Total	<u>\$381,280</u>	<u>\$426,196</u>	<u>\$420,328</u>	<u>\$419,936</u>

	Alternate 3	Alternate 4	Alternate 5
In Network	(\$3000/\$9000)	(\$5000/\$15,000)	(\$2000/\$4000)
Out of Network	(\$6000/\$18000)	(\$7500/\$22500)	(\$4000/\$8000)
Co-Insurance	(80%/60%)	(90%/70%)	(100%/80%)
Prescriptions	\$10/\$35/\$60	\$10/\$35/\$60	\$10/\$30/\$50
Monthly prem.	\$20,158	\$18,301	\$27,494
	<u>x 12</u>	<u>x 12</u>	<u>x 12</u>
Annual prem.	\$241,896	\$219,612	\$329,928
Max. Reimb.	\$241,896 <u>+225,600</u>	\$219,612 <u>+373,600</u>	\$329,928 <u>+113,600</u>
Grand Total	<u>\$467,496</u>	<u>\$593,212</u>	<u>\$443,528</u>

	Max exposure	Amount Spent	Difference
2006	\$ 77,720.00	\$50,159.57	\$27,560.43
2007	\$153,720.00	\$98,212.48	\$55,507.52
2008	\$151,600.00		

ORDINANCE NO. _____

**ORDINANCE AUTHORIZING SALE OF LOT 11A OF FREEBURG
INDUSTRIAL PARK**

WHEREAS 65 ILCS 5/11-74-1 et. Seq. Authorizes the Village of Freeburg to acquire and to sell certain industrial projects at a price and on such terms as determined by the Village, and

WHEREAS the Village of Freeburg has acquired certain real estate known as the Freeburg Industrial Park and has determined that it is in the best interests of the Village to sell Lot 11A of the Freeburg Industrial Park to Craig Niebruegge and Christine Niebruegge for the sum of Fifteen Thousand (\$15,000.00) Dollars, upon the terms and conditions as set forth in the Agreement for Sale attached hereto and incorporated herewith, and

NOW, THEREFORE, BE IT ORDAINED by the President and Board of Trustees of the Village of Freeburg, St. Clair County, Illinois, as follows:

1. The President and Clerk of the Village of Freeburg are hereby authorized to execute the Agreement For Sale attached hereto as "Exhibit A" providing for the sale of Lot 11A of The Freeburg Industrial Park to Craig Niebruegge and Christine Niebruegge for the sum of Fifteen Thousand (\$15,000.00) Dollars, upon the terms and conditions as set forth in said Agreement.
2. The President and Clerk of the Village of Freeburg are further authorized to execute and deliver any deeds, closing statements, or other documents necessary to complete this transaction.
3. This Ordinance shall be in full force and effect from and after its passage, approval, and publication in pamphlet form as provided by law.

ten (10) days after said notice to remove said objections. If Seller cannot remove objections, contract shall terminate.

EXPENSES: Seller shall pay the usual Seller's expenses, including title company premium for preliminary title report, recording of release documents, and one-half of the title company's escrow closing costs. Buyers shall pay the usual Buyers' expenses, including deed recording fee and mortgage recording fee, title company later date search, premium for mortgage insurance policy and one-half of the title company's escrow closing costs.

AS IS CONDITION: Buyers have had ample opportunity to examine the premises and accepts the premises "AS IS". Seller makes no warranties or guarantees, express or implied, concerning the condition of this property including any warranty of habitability.

USE: Buyer shall use the subject premises for the construction of an approximately 5000 square foot production facility associated with the buyer's custom fabrication business. Construction shall be commenced within eighteen (18) months of the closing of this transaction or the subject premises shall revert to the Seller and the Buyer's purchase money shall be returned. The premises may not be sold or transferred to any other person or entity for any other purpose, prior to construction of the above described improvements, nor held for speculation by the Buyer.

WATER RETENTION: Buyer shall be responsible for compliance with all local, state and federal rules and regulations relating to water run-off retention.

This Agreement shall be binding upon the parties hereto, their heirs, executors, administrators and assigns.

AGREEMENT FOR SALE

This Agreement is entered into this 14 day of April, 2008, by and between
THE VILLAGE OF FREEBURG, 14 Southgate Center, Freeburg, Illinois 62243,
SELLER, and **CRAIG NIEBRUEGGE and CHRISTINE NIEBRUEGGE**, 1001 Niebruegge
Lane, Freeburg, Illinois 62243, **BUYER**.

Seller hereby agrees to sell and the Buyer hereby agrees to buy the following
described real property, to-wit;

Lot 11A of the "Amended Final Plat of Freeburg Industrial Park – 1st Addition Being Part
of the East ½ of the Northeast ¼ of Section 31 Township 1 South Range 7 West of the Third
P.M., in the Village of Freeburg, St. Clair County, Illinois"; reference being had to the plat
thereof recorded in the Recorder's Office of St. Clair County, Illinois in book of Plats 102 on
page 4 as Document No. A01702706.

Subject to easements, conditions and restrictions of record.

Common Address: 2 industrial Drive, Freeburg, IL 62243

PURCHASE PRICE: The above described property is this date sold by the
Seller to the Buyer for the sum of \$15,000.00.

CLOSING: The closing date shall be on or before forty-five (45) days from the date of
the contract.

POSSESSION: The Seller agrees to deliver possession of the premises to the Buyers
upon closing.

TAXES: The real estate taxes shall be prorated to the date of closing based upon the
most recent tax bill.

TITLE INSURANCE: Seller agrees to give to Buyers title insurance on said property in
the full amount of the selling price on or before thirty (30) days from the date of this contract.
After the title report has been received and delivered to Buyers, Buyers shall have ten (10) days
in which to give the Seller written notice of any objection to said title report; the Seller shall have

PASSED by the Village Board of the Village of Freeburg, St. Clair County, Illinois, this _____ day of _____, 2008, and deposited and filed in the Office of the Village Clerk on said date.

AYE _____	NAY _____	ABSENT _____
AYE _____	NAY _____	ABSENT _____
AYE _____	NAY _____	ABSENT _____
AYE _____	NAY _____	ABSENT _____
AYE _____	NAY _____	ABSENT _____
AYE _____	NAY _____	ABSENT _____

Vote recorded by:

Jerry Menard, Village Clerk

Approved by the Village President of the Village of Freeburg, St. Clair County, Illinois, this _____ day of _____, 2008.

Raymond Danford, Village President

ATTEST:

Jerry Menard, Village Clerk

Approved as to Legal Form:

Stephen R. Wigginton, Village Attorney

SELLERS

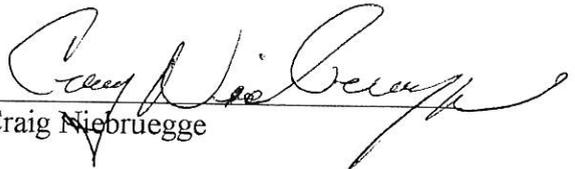
Village of Freeburg

Village President

Village Clerk

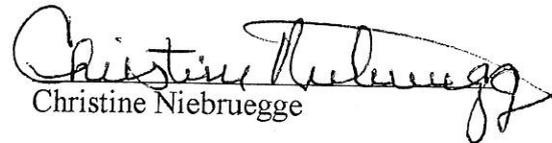
BUYERS

CRAIG NIEBRUEGGE



Craig Niebruegge

CHRISTINE NIEBRUEGGE



Christine Niebruegge

**RETURN TO:
VILLAGE OF FREEBURG
14 SOUTHGATE CENTER
FREEBURG, ILLINOIS 62243
(618) 539-5545**