



Town of Ellettsville Town Council

Agenda Ellettsville Town Council Monday March 24, 2025

6:30 P.M. Call to Order

**Prayer
Pledge of Allegiance
Roll Call**

Approval of the Minutes for the Regular Meeting March 10, 2025

Action to pay Accounts Payable Vouchers and Payroll Vouchers

Resolutions

Resolution to approve Hoosier Start 457 Plan & Matching Plan as an additional plan to Nationwide retirement plan

Ordinance on First Reading

Ordinance on Second Reading

Old Business

New Business

Privilege of the Floor

Supervisors Comments

Council Comments

At this time, I know of no other business to come before the Council.

Noelle M. Conyer, Clerk-Treasurer

Town Council meetings are wheelchair accessible. The accessible entrance is located on the Northwest side of the building. Accessible visitor parking spaces are located on the Northwest side of the building. The Town further assures every effort will be made to ensure nondiscrimination in all of its program's activities, whether those programs and activities are federally funded or not. Close captioning of the public meetings is broadcast on Community Access Television Series 14 (catstv.net). The meetings are also broadcast on Zoom.

Town Council Meeting Notice Monday March 24, 2025

The Ellettsville Town Council will conduct its regular scheduled meeting on Monday March 24, 2025, at 6:30 p.m., local time.

The meeting will be held at the Town Hall. The Ellettsville Town Council will attend the meeting in person. The public is invited to attend in person or by remote access. The meeting will be available by Zoom.

Topic: Ellettsville Town Council Meeting March 24, 2025

Time: Mar 24, 2025 06:30 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/85896829473?pwd=OiY0PNWCZcbLUjFBqxztLMiJWm2ray.1>

Meeting ID: 858 9682 9473

Passcode: 811179

One tap mobile

+13126266799,,85896829473#,,, *811179# US (Chicago)

+16469313860,,85896829473#,,, *811179# US

Dial by your location

- +1 312 626 6799 US (Chicago)
- +1 646 931 3860 US
- +1 929 205 6099 US (New York)
- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 669 444 9171 US
- +1 669 900 6833 US (San Jose)
- +1 689 278 1000 US
- +1 719 359 4580 US
- +1 253 205 0468 US
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)

Meeting ID: 858 9682 9473

Passcode: 811179

Agendas and meeting packets can be obtained by submitting an email request to:
clerktreasurer@ellettsville.in.us

ALLOWANCE OF ACCOUNTS PAYABLE VOUCHERS

TOWN OF ELLETTSVILLE

I hereby certify that each of the above listed vouchers and the invoices, or bills attached there to, are true and correct and I have audited same in accordance with IC5-11-10-1.6

MARCH 24, 2025

NOELLE M. CONYER, CLERK-TREASURER

We have examined the Accounts Payable Vouchers listed on the foregoing Register of Accounts Payable Vouchers consisting of 7 pages and except for accounts payables not allowed as shown on the register such accounts payables are hereby allowed in the total amount of \$ 337,523.50 .

Dated this 24 day of MARCH .

TOWN COUNCIL

Scott Oldham
PRESIDENT

Dan Swafford
VICE-PRESIDENT

William Ellis
COUNCIL MEMBER

Trevor Sager
COUNCIL MEMBER

Pamela Samples
COUNCIL MEMBER

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INVOICE GL DISTRIBUTION REPORT FOR TOWN OF ELLETTSVILLE
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BOTH OPEN AND PAID

GL Number	Invoice Line Desc	Vendor	Invoice Description	Amount	Check #
Fund 1101 GENERAL					
Dept 001.00					
1101-001.00-00213.00	CERTIFIED MAIL - IDOR	PETTY CASH FUND I	CERTIFIED MAIL - IDOR	9.68	28349
1101-001.00-00213.00	BUSINESS CARDS - NC	VISA	CREDIT CARD CHARGES	43.98	961
1101-001.00-00313.00	WORKSPACE SUBSCRIPTION	VISA	CREDIT CARD CHARGES	240.00	961
1101-001.00-00315.00	COMP PLAN UPDATE AND UDO	TAYLOR SIEFKER WILLIAMS	COMP PLAN UPDATE AND UDO	6,523.31	28357
1101-001.00-00315.00	COMP PLAN UPDATE AND UDO	TAYLOR SIEFKER WILLIAMS	COMP PLAN UPDATE AND UDO	2,408.49	28357
1101-001.00-00315.00	STREETSCAPE CONCEPT FOR	TAYLOR SIEFKER WILLIAMS	STREETSCAPE CONCEPT FOR	11,485.50	28358
1101-001.00-00321.00	TELEPHONE & SECURITY - T	SMITHVILLE COMMUNICATION	TELEPHONE & SECURITY - T	186.75	28314
1101-001.00-00322.00	MICROSOFT 365 BASIC - FE	VISA	CREDIT CARD CHARGES	2,041.79	961
1101-001.00-00352.00	NATURAL GAS - 1150 GUY M	CENTERPOINT ENERGY	NATURAL GAS - 1150 GUY M	111.75	954
1101-001.00-00354.00	ELECTRIC - STREET LIGHTS	DUKE ENERGY	ELECTRIC - STREET LIGHTS	41.25	959
1101-001.00-00354.00	STREET LIGHTS - HIDDEN M	DUKE ENERGY	STREET LIGHTS - HIDDEN M	8.16	960
1101-001.00-00356.00	EXTERMINATOR - TOWN HALL	TERMINIX COMMERCIAL	EXTERMINATOR - TOWN HALL	23.00	28360
1101-001.00-00365.00	COMPUTER SERVICES - CLER	B-TOWN IT, LLC	COMPUTER SERVICES - CLER	519.00	28324
1101-001.00-00365.00	COMPUTER SERVICES - TOWN	B-TOWN IT, LLC	COMPUTER SERVICES - TOWN	224.00	28325
1101-001.00-00365.00	BSA ERROR RESPONSE	B-TOWN IT, LLC	BSA ERROR RESPONSE	112.00	28326
1101-001.00-00365.00	FORTI TOKEN SETUP - TOWN	B-TOWN IT, LLC	FORTI TOKEN SETUP - TOWN	32.00	28327
1101-001.00-00365.00	ESET DIGITAL SECURITY SU	VISA	CREDIT CARD CHARGES	691.19	961
1101-001.00-00396.00	SUMMER CONCERT SERIES -	OWEN COUNTY FAIR ASSN, I	SUMMER CONCERT SERIES -	100.00	28348
1101-001.00-00396.00	BREAKFAST & COFFEE - BAK	VISA	CREDIT CARD CHARGES	179.85	961
1101-001.00-00396.00	BEDC MEETING LUNCH - DL	VISA	CREDIT CARD CHARGES	49.30	961
Total For Dept 001.00				25,031.00	
Dept 002.00 PLANNING					
1101-002.00-00211.00	POSTAGE - NPH PC 25-8,	VISA	CREDIT CARD CHARGES	65.00	961
1101-002.00-00213.00	NAME PLATES FOR BZA AND	VISA	CREDIT CARD CHARGES	661.27	961
1101-002.00-00221.00	FUEL CHARGES - PLANNING	WRIGHT EXPRESS FLEET SER	FUEL CHARGES - PLANNING	123.47	28363
1101-002.00-00237.00	DIGITAL NEWSPAPER SUBSCR	VISA	CREDIT CARD CHARGES	69.99	961
1101-002.00-00313.00	1 YEAR PRINT SUBSCRIPTIO	THE HERALD-TIMES, INC	1 YEAR PRINT SUBSCRIPTIO	83.08	28337
1101-002.00-00313.00	ADOBE PRO - MB	VISA	CREDIT CARD CHARGES	308.03	961
1101-002.00-00315.00	CANON SCANNER LINK & USB	B-TOWN IT, LLC	CANON SCANNER LINK & USB	66.00	28324
1101-002.00-00321.00	TELEPHONE - PLANNING	SMITHVILLE COMMUNICATION	TELEPHONE - PLANNING	124.22	28316
1101-002.00-00394.00	ANNUAL LUNCHEON - PLANNI	VISA	CREDIT CARD CHARGES	334.27	961
Total For Dept 002.00 PL				1,835.33	
Dept 003.00 FIRE					
1101-003.00-00213.00	NAME PLATES	THE AWARDS CENTER	NAME PLATES	47.00	28320
1101-003.00-00213.00	AMERICAN FLAGS	THE COLLINS GROUP, INC	AMERICAN FLAGS	157.00	28333
1101-003.00-00213.00	TOWING DECAL	VANHORN TINT & ACCESSORI	TOWING DECAL	10.00	28362
1101-003.00-00213.00	POSTAGE - BMV FOR ATV LI	VISA	CREDIT CARD CHARGES	25.72	961
1101-003.00-00221.00	FUEL CHARGES - FIRE	WRIGHT EXPRESS FLEET SER	FUEL CHARGES - FIRE	2,769.56	28363
1101-003.00-00223.00	MEMBERSHIP - FIRE STN	INDIANA FITNESS CLUB	MEMBERSHIP - FIRE STN	1,700.00	28339
1101-003.00-00223.00	AA BATTERIES	MES SERVICE COMPANY, LLC	AA BATTERIES	149.02	28347
1101-003.00-00223.00	CHAINSAW BLADE	RICHARD'S SMALL ENGINE,	CHAINSAW BLADE	59.99	28354
1101-003.00-00223.00	HELMET FRONT - FIRE MARS	VISA	CREDIT CARD CHARGES	355.00	961
1101-003.00-00223.01	PEDIATRIC DEFIB PADS & G	BOUND TREE MEDICAL, LLC	PEDIATRIC DEFIB PADS & G	647.17	28323
1101-003.00-00231.00	WIPER BLADES - 7-1	O'REILLY AUTOMOTIVE, INC	WIPER BLADES - 7-1	87.04	28313
1101-003.00-00231.00	ROD CLIP - TRK 71	O'REILLY AUTOMOTIVE, INC	ROD CLIP - TRK 71	2.92	28313
1101-003.00-00231.00	TIRE GAUGE - STN 71	O'REILLY AUTOMOTIVE, INC	TIRE GAUGE - STN 71	18.68	28313
1101-003.00-00231.00	AIR CHUCK & PLUG - STN 7	O'REILLY AUTOMOTIVE, INC	AIR CHUCK & PLUG - STN 7	17.57	28313
1101-003.00-00231.00	DIESEL EXHAUST FLUID	O'REILLY AUTOMOTIVE, INC	DIESEL EXHAUST FLUID	67.96	28313
1101-003.00-00231.00	PRESSURE TEST & FLOW TES	CFS INSPECTIONS, INC	PRESSURE TEST & FLOW TES	1,430.00	28330
1101-003.00-00231.00	TURBO REPAIR KIT PURGE V	CROSSROADS TRUCK EQUIPME	TURBO REPAIR KIT PURGE V	45.58	28335
1101-003.00-00231.00	VALVE	CROSSROADS TRUCK EQUIPME	VALVE	18.68	28335
1101-003.00-00231.00	SWITCH - TRUCK 71	MACQUEEN EMERGENCY	SWITCH - TRUCK 71	82.18	28345
1101-003.00-00231.00	SUN VISOR - ENG 81	MACQUEEN EMERGENCY	SUN VISOR - ENG 81	197.10	28345
1101-003.00-00231.00	FILTER/ENGINE OIL	RICHARD'S SMALL ENGINE,	FILTER/ENGINE OIL	34.94	28352
1101-003.00-00231.00	PARTS - E-81	STERNBERG INTERNATIONAL,	PARTS - E-81	69.17	28355

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GL Number	Invoice Line Desc	Vendor	Invoice Description	Amount	Check #
Fund 1101 GENERAL					
Dept 003.00 FIRE					
1101-003.00-00234.00	STATE FLAGS	THE COLLINS GROUP, INC	STATE FLAGS	94.16	28333
1101-003.00-00234.00	SUPPLIES - ST 71	MENARDS - BLOOMINGTON	SUPPLIES - ST 71	46.56	28346
1101-003.00-00234.00	LAWN MOWER BLADES	RICHARD'S SMALL ENGINE,	LAWN MOWER BLADES	55.02	28352
1101-003.00-00234.00	RETURN LAWN MOWER BLADES	RICHARD'S SMALL ENGINE,	RETURN LAWN MOWER BLADES	(66.96)	28352
1101-003.00-00243.00	RANK INSIGNIAS	MES SERVICE COMPANY, LLC	RANK INSIGNIAS	84.29	28347
1101-003.00-00243.00	CAPTAIN BADGES - ABRAMS	MES SERVICE COMPANY, LLC	CAPTAIN BADGES - ABRAMS	396.13	28347
1101-003.00-00243.00	BOOTS - C MAUDER	MES SERVICE COMPANY, LLC	BOOTS - C MAUDER	144.95	28347
1101-003.00-00243.00	PANTS - C MAUDER	MES SERVICE COMPANY, LLC	PANTS - C MAUDER	65.00	28347
1101-003.00-00321.00	EOC & WIFI - FIRE	SMITHVILLE COMMUNICATION	EOC & WIFI - FIRE	116.95	28318
1101-003.00-00321.00	YOU TUBE TV	VISA	CREDIT CARD CHARGES	82.99	961
1101-003.00-00352.00	NATURAL GAS - STATION 71	CENTERPOINT ENERGY	NATURAL GAS - STATION 71	536.82	956
1101-003.00-00352.00	NATURAL GAS - STATION 81	CENTERPOINT ENERGY	NATURAL GAS - STATION 81	263.81	957
Total For Dept 003.00 FI				9,812.00	
Dept 004.00 POLICE					
1101-004.00-00213.00	COPIER MAINTENANCE - HHC	GORDON FLESCH COMPANY, I	COPIER MAINTENANCE - HHC	220.00	28336
1101-004.00-00213.00	POSTAGE	VISA	CREDIT CARD CHARGES	84.55	961
1101-004.00-00221.00	FUEL CHARGES - POLICE	WRIGHT EXPRESS FLEET SER	FUEL CHARGES - POLICE	4,337.71	28363
1101-004.00-00231.00	FUSE	O'REILLY AUTOMOTIVE, INC	FUSE	5.79	28313
1101-004.00-00231.00	LICENSE PLATES HARDWARE	O'REILLY AUTOMOTIVE, INC	LICENSE PLATES HARDWARE	14.97	28313
1101-004.00-00231.00	WIPER BLADES - EV 9	O'REILLY AUTOMOTIVE, INC	WIPER BLADES - EV 9	40.78	28313
1101-004.00-00231.00	OLF - EV 4	BURT'S AUTOMOTIVE	OLF - EV 4	65.75	28328
1101-004.00-00231.00	OLF - PT 3	BURT'S AUTOMOTIVE	OLF - PT 3	82.19	28328
1101-004.00-00231.00	ROTORS & PADS - EV 4	BURT'S AUTOMOTIVE	ROTORS & PADS - EV 4	1,223.44	28328
1101-004.00-00231.00	OLF - EV 22	BURT'S AUTOMOTIVE	OLF - EV 22	101.57	28328
1101-004.00-00231.00	OLF - PT 3	CHAD'S EXPRESS LUBE & CA	OLF - PT 3	74.86	28331
1101-004.00-00231.00	REPAIR DRIVER SEAT CUSHI	JIM'S CUSTOM TRIM SHOP	REPAIR DRIVER SEAT CUSHI	490.00	28342
1101-004.00-00231.00	INSTALL - EV 30	JTN SERVICES, INC	INSTALL - EV 30	3,698.80	28343
1101-004.00-00231.00	HUBCAPS - EV 2	VISA	CREDIT CARD CHARGES	259.98	961
1101-004.00-00234.00	AIR FILTERS	VISA	CREDIT CARD CHARGES	83.76	961
1101-004.00-00237.00	OPEN TOP BIN BOXES	VISA	CREDIT CARD CHARGES	54.20	961
1101-004.00-00243.00	UNIFORM GEAR - MUNCIE	RAY O'HERRON CO, INC	UNIFORM GEAR - MUNCIE	494.68	28351
1101-004.00-00243.00	BOOTS - EV 9	RAY O'HERRON CO, INC	BOOTS - EV 9	152.59	28351
1101-004.00-00243.00	UNIFORM GEAR	RAY O'HERRON CO, INC	UNIFORM GEAR	139.27	28351
1101-004.00-00243.00	GLVS,SFTY GLASSES, BELT	VISA	CREDIT CARD CHARGES	621.15	961
1101-004.00-00321.00	TELEPHONE - POLICE	SMITHVILLE COMMUNICATION	TELEPHONE - POLICE	421.50	28315
1101-004.00-00321.00	CELLULAR SERVICE - POLIC	VERIZON WIRELESS	CELLULAR SERVICE - POLIC	202.50	958
1101-004.00-00333.00	CLEANING - POLICE STATIO	TERRELL'S CLEANING	CLEANING - POLICE STATIO	240.00	28361
1101-004.00-00333.00	DEEP CLEAN - POLICE STAT	TERRELL'S CLEANING	DEEP CLEAN - POLICE STAT	600.00	28361
Total For Dept 004.00 PO				13,710.04	
Total For Fund 1101 GENE				50,388.37	
Fund 2201 MOTOR VEHICLE HIGHWAY					
Dept 001.00					
2201-001.00-00221.00	PROPANE REFILL	INDIANA OXYGEN COMPANY	PROPANE REFILL	44.82	28340
2201-001.00-00221.00	FUEL CHARGES - STREET	PREMIER COMPANIES	FUEL CHARGES - STREET	919.58	28350
2201-001.00-00221.00	DIESEL FUEL	PREMIER COMPANIES	DIESEL FUEL	568.62	28350
2201-001.00-00221.00	DIESEL FUEL	PREMIER COMPANIES	DIESEL FUEL	1,385.65	28350
2201-001.00-00230.00	WIRE BRUSH & PLIERS - SH	O'REILLY AUTOMOTIVE, INC	WIRE BRUSH & PLIERS - SH	35.48	28313
2201-001.00-00230.00	ENGINE CLEAN	O'REILLY AUTOMOTIVE, INC	ENGINE CLEAN	8.58	28313
2201-001.00-00230.00	TORCH TIPS	MENARDS - BLOOMINGTON	TORCH TIPS	69.73	28346
2201-001.00-00231.00	FILTER - TRACTOR #16	O'REILLY AUTOMOTIVE, INC	FILTER - TRACTOR #16	36.32	28313
2201-001.00-00231.00	RADIO - BOBCAT TRACTOR	O'REILLY AUTOMOTIVE, INC	RADIO - BOBCAT TRACTOR	44.99	28313
2201-001.00-00231.00	HYDRAULIC MOTOR SPINNER	CLARK TRUCK EQUIPMENT CO	HYDRAULIC MOTOR SPINNER	476.00	28332
2201-001.00-00243.00	WORK BOOTS REIMBURSEMENT	ROBERT HOENE	WORK BOOTS REIMBURSEMENT	50.00	28338
2201-001.00-00243.00	BOOTS-HUMPHREY/MAY/WRIGH	VISA	CREDIT CARD CHARGES	247.62	961

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GL Number	Invoice Line Desc	Vendor	Invoice Description	Amount	Check #
Fund 2201 MOTOR VEHICLE HIGHWAY					
Dept 001.00					
2201-001.00-00243.00	WORK BOOTS - GRUBB	VISA	WORK BOOTS - GRUBB	49.93	961
2201-001.00-00321.00	TELEPHONE - STREET	SMITHVILLE COMMUNICATION	TELEPHONE - STREET	201.22	28317
2201-001.00-00352.00	NATURAL GAS - STREET	CENTERPOINT ENERGY	NATURAL GAS - STREET	498.19	955
Total For Dept 001.00				4,636.73	
Total For Fund 2201 MOTO				4,636.73	
Fund 2202 LOCAL ROAD AND STREETS					
Dept 001.00					
2202-001.00-00244.00	WATER & PAINT BRUSHES	VISA	CREDIT CARD CHARGES	30.36	961
Total For Dept 001.00				30.36	
Total For Fund 2202 LOCA				30.36	
Fund 2204 PARK AND RECREATION					
Dept 001.00					
2204-001.00-00238.00	WINDOWS CLEANED - 221 N	SUPER CLEAN WINDOWS	WINDOWS CLEANED - 221 N	40.00	28356
Total For Dept 001.00				40.00	
Total For Fund 2204 PARK				40.00	
Fund 2228 LAW ENFORCEMENT CONTINUING EDUCATION					
Dept 004.00 POLICE					
2228-004.00-00394.00	BLS INSTRUCTOR ESSENTIAL VISA		CREDIT CARD CHARGES	92.58	961
Total For Dept 004.00 PO				92.58	
Total For Fund 2228 LAW				92.58	
Fund 2402 LOCAL GRANTS & DONATIONS					
Dept 001.00					
2402-001.00-00250.21	CREDIT-WRONG LUMBER EXTE BENDER LUMBER COMPANY, I		CREDIT-WRONG LUMBER EXTE	(237.57)	28311
2402-001.00-00250.21	LUMBER FOR EXTERIOR DOOR BENDER LUMBER COMPANY, I		LUMBER FOR EXTERIOR DOOR	59.94	28311
2402-001.00-00250.21	CREDIT-LUMBER FOR EXTERI BENDER LUMBER COMPANY, I		CREDIT-LUMBER FOR EXTERI	(59.94)	28311
2402-001.00-00250.21	EXTERIOR BARN DOORS @ HC BENDER LUMBER COMPANY, I		EXTERIOR BARN DOORS @ HC	667.95	28311
2402-001.00-00250.21	LUMBER FOR EXTERIOR DOOR BENDER LUMBER COMPANY, I		LUMBER FOR EXTERIOR DOOR	59.94	28311
2402-001.00-00250.21	SURVEYING & PLAN PREP-DN BYNUM FANYO & ASSOCIATES		SURVEYING & PLAN PREP-DN	6,419.88	28329
2402-001.00-00250.21	EV HERITAGE CTR - TRADES IZZY'S RENTAL		EV HERITAGE CTR - TRADES	125.00	28341
Total For Dept 001.00				7,035.20	
Total For Fund 2402 LOCA				7,035.20	
Fund 2404 DRUG EDUCATION & EQUIPMENT GRANT					
Dept 001.00					
2404-001.00-00250.00	AMMO	KIESLER POLICE SUPPLY, I	AMMO	2,938.80	28344
Total For Dept 001.00				2,938.80	
Total For Fund 2404 DRUG				2,938.80	
Fund 2409 NEXT LEVEL TRAILS GRANT					
Dept 001.00					
2409-001.00-00315.00	NLTG: JACK'S DEFEAT CREE TAYLOR SIEFKER WILLIAMS		NLTG: JACK'S DEFEAT CREE	30,153.84	28359
2409-001.00-00455.00	NLTG: SURVEYING OF EASEM BYNUM FANYO & ASSOCIATES		NLTG: SURVEYING OF EASEM	4,011.25	28329
2409-001.00-00455.00	NLTG: STAKING OF THE TRA BYNUM FANYO & ASSOCIATES		NLTG: STAKING OF THE TRA	530.00	28329
Total For Dept 001.00				34,695.09	
Total For Fund 2409 NEXT				34,695.09	
Fund 4402 CUMULATIVE CAPITAL DEVELOPMENT					
Dept 002.00 PLANNING					
4402-002.00-00444.00	LEASE PAYMENT - 2022 RAM ENTERPRISE FM TRUST		LEASE PAYMENT - 2022 RAM	311.69	28312
Total For Dept 002.00 PL				311.69	
Dept 003.00 FIRE					
4402-003.00-00401.00	COMPUTER SERVICES - FIRE B-TOWN IT, LLC		COMPUTER SERVICES - FIRE	816.00	28324
Total For Dept 003.00 FI				816.00	
Dept 004.00 POLICE					
4402-004.00-00374.00	TASER BATTERY PACK	AXON ENTERPRISE, INC	TASER BATTERY PACK	455.00	28321

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Fund 4402 CUMULATIVE CAPITAL DEVELOPMENT					
Dept 004.00 POLICE					
4402-004.00-00374.00	SHOTGUN & MAGS	KIESLER POLICE SUPPLY, I	SHOTGUN & MAGS	1,687.00	28344
4402-004.00-00374.00	USB SPLITTER	VISA	CREDIT CARD CHARGES	143.91	961
Total For Dept 004.00 PO				2,285.91	
Dept 006.00 STREET					
4402-006.00-00441.00	LEASE PAYMENT - 2023 F-2	ENTERPRISE FM TRUST	LEASE & MAINTENANCE - 20	634.64	28312
4402-006.00-00441.00	SKID STEER MOUNTING PLAT	BOBCAT OF INDY	SKID STEER MOUNTING PLAT	130.00	28322
4402-006.00-00441.00	BRUSHCUTTER	RICHARD'S SMALL ENGINE,	BRUSHCUTTER	359.99	28353
Total For Dept 006.00 ST				1,124.63	
Total For Fund 4402 CUMU				4,538.23	
Fund 4425 CUMULATIVE BUILDING & EQUIPMENT					
Dept 003.00 FIRE					
4425-003.00-00446.00	REPAIR - 2023 DODGE DURA	CROSS PAINT & BODY SHOP,	REPAIR - 2023 DODGE DURA	2,112.40	28334
4425-003.00-00446.00	COMPUTER	VISA	CREDIT CARD CHARGES	5,511.59	961
Total For Dept 003.00 FI				7,623.99	
Total For Fund 4425 CUMU				7,623.99	
Fund 6101 WATER					
Dept 000.00					
6101-000.00-00165.16	LEASE PAYMENT - 2022 RAM	ENTERPRISE FM TRUST	LEASE PAYMENT - 2022 RAM	134.30	18731
6101-000.00-00165.16	LEASE PAYMENT - 2022 RAM	ENTERPRISE FM TRUST	LEASE PAYMENT - 2022 RAM	137.99	18731
6101-000.00-00228.10	METER DEPOSIT REFUND	CHAD CARLSON	METER DEPOSIT REFUND	30.00	18739
6101-000.00-00228.10	METER DEPOSIT REFUND	DIANA TAYLOR	METER DEPOSIT REFUND	50.00	18742
6101-000.00-00228.10	10-01300.15 PAUL KOERS	ELLETTSVILLE CASH DRAWER	APPLY METER DEPOSITS	230.00	18744
6101-000.00-00228.10	METER DEPOSIT REFUND	MARCUS CALHOUN, II	METER DEPOSIT REFUND	50.00	18750
6101-000.00-00228.10	METER DEPOSIT REFUND	MIDWEST STORM EXTERIORS	METER DEPOSIT REFUND	50.00	18751
Total For Dept 000.00				682.29	
Dept 100.00 SSO					
6101-100.00-00610.00	WATER - WOODYARD ROAD	CITY OF BLOOMINGTON UTIL	WATER - WOODYARD ROAD	9,088.80	18740
6101-100.00-00610.00	WATER - SMITH PIKE	CITY OF BLOOMINGTON UTIL	WATER - SMITH PIKE	4,543.80	18740
6101-100.00-00610.00	WATER - ARLINGTON ROAD	CITY OF BLOOMINGTON UTIL	WATER - ARLINGTON ROAD	67,420.76	18740
Total For Dept 100.00 SS				81,053.36	
Dept 500.00 TDO					
6101-500.00-00615.00	TELEPHONE - UTIL BLDG	SMITHVILLE COMMUNICATION	TELEPHONE - UTIL BLDG	94.47	18734
Total For Dept 500.00 TD				94.47	
Dept 600.00 TDM					
6101-600.00-00620.00	PLYWOOD - JEEP	BENDER LUMBER COMPANY, I	PLYWOOD - JEEP	13.49	18730
6101-600.00-00620.00	DIESEL EXHAUST FLUID	O'REILLY AUTOMOTIVE, INC	DIESEL EXHAUST FLUID	24.98	18732
6101-600.00-00620.00	SKID STEER MOUNTING PLAT	BOBCAT OF INDY	SKID STEER MOUNTING PLAT	130.00	18735
6101-600.00-00620.00	PARTS - 2019 F-550	CLARK TRUCK EQUIPMENT CO	PARTS - 2019 F-550	118.00	18741
6101-600.00-00620.00	WORK BOOTS REIMBURSEMENT	ROBERT HOENE	WORK BOOTS REIMBURSEMENT	50.00	18745
6101-600.00-00620.00	POSTG-BMV APP-TITLE ISS	AMBER RAGLE-WRIGHT	POSTG-BMV APP-TITLE ISS	10.99	18752
6101-600.00-00620.00	BOOTS-HUMPHREY/MAY/WRIGH	VISA	BOOTS-HUMPHREY/MAY/WRIGH	247.62	548
6101-600.00-00620.00	SOCKET SET/COOLING SYSTE	VISA	SOCKET SET/COOLING SYSTE	128.99	548
6101-600.00-00620.00	WORK BOOTS - GRUBB	VISA	WORK BOOTS - GRUBB	49.93	548
6101-600.00-00635.00	COLIFORM TESTS	CITY OF BLOOMINGTON UTIL	COLIFORM TESTS	637.50	18740
6101-600.00-00635.00	DRUG TEST - HOBBS	INDIANA TESTING, INC	DRUG TEST - HOBBS	94.50	18747
6101-600.00-00636.00	ANSWERING SERVICE TO 05-	INDIANA PAGING NETWORK,	ANSWERING SERVICE TO 05-	124.15	18746
6101-600.00-00636.00	LINE LOCATES - FEBRUARY	INDIANA UNDERGROUND	LINE LOCATES - FEBRUARY	113.52	18748
Total For Dept 600.00 TD				1,743.67	
Dept 700.00 CA					
6101-700.00-00676.00	APPLY O/P TO ERSC	EASTERN RICHLAND SEWER C	APPLY O/P TO ERSC	13.93	18743
6101-700.00-00676.00	OVERPAYMENT ON ACCOUNT	LYCIA EADS	OVERPAYMENT ON ACCOUNT	80.35	18749
6101-700.00-00676.00	OVERPAYMENT ON ACCOUNT	TIFFANY LEMONS	OVERPAYMENT ON ACCOUNT	135.17	18754
Total For Dept 700.00 CA				229.45	

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Fund 6101 WATER					
Dept 800.00 ADM					
6101-800.00-00615.00	TELEPHONE & SECURITY - T	SMITHVILLE COMMUNICATION	TELEPHONE & SECURITY - T	186.74	18733
6101-800.00-00615.00	NATURAL GAS - 1150 W GUY	CENTERPOINT ENERGY	NATURAL GAS - 1150 W GUY	111.74	546
6101-800.00-00615.00	NATURAL GAS - UTILITY BL	CENTERPOINT ENERGY	NATURAL GAS - UTILITY BL	218.00	547
6101-800.00-00636.00	COMPUTER SERVICES - TOWN	B-TOWN IT, LLC	COMPUTER SERVICES - TOWN	224.00	18736
6101-800.00-00636.00	BSA ERROR RESPONSE	B-TOWN IT, LLC	BSA ERROR RESPONSE	112.00	18737
6101-800.00-00636.00	FORTI TOKEN SETUP - TOWN	B-TOWN IT, LLC	FORTI TOKEN SETUP - TOWN	32.00	18738
6101-800.00-00636.00	EXTERMINATOR - TOWN HALL	TERMINIX COMMERCIAL	EXTERMINATOR - TOWN HALL	23.00	18753
6101-800.00-00636.00	ONLINE SERVER BACKUP	VISA	ONLINE SERVER BACKUP	81.81	548
Total For Dept 800.00 AD				989.29	
Total For Fund 6101 WATE				84,792.53	
Fund 6201 WASTEWATER					
Dept 000.00					
6201-000.00-00165.16	LEASE PAYMENT - 2022 RAM	ENTERPRISE FM TRUST	LEASE PAYMENT - 2022 RAM	134.31	17298
6201-000.00-00165.16	LEASE PAYMENT - 2022 RAM	ENTERPRISE FM TRUST	LEASE PAYMENT - 2022 RAM	137.98	17298
6201-000.00-00228.10	10-01300.15 PAUL KOERS	ELLETTSVILLE CASH DRAWER	APPLY METER DEPOSITS	300.00	17309
6201-000.00-00228.10	METER DEPOSIT REFUND	MIDWEST STORM EXTERIORS	METER DEPOSIT REFUND	100.00	17315
6201-000.00-00625.90	REPAIR GARAGE DOOR - WWT	OVERHEAD DOOR COMPANY	REPAIR GARAGE DOOR - WWT	2,405.00	17316
Total For Dept 000.00				3,077.29	
Dept 300.00 CSO					
6201-300.00-00715.00	TELEPHONE - UTIL BLDG	SMITHVILLE COMMUNICATION	TELEPHONE - UTIL BLDG	94.46	17301
Total For Dept 300.00 CS				94.46	
Dept 400.00 CSM					
6201-400.00-00620.00	PLYWOOD - JEEP	BENDER LUMBER COMPANY, I	PLYWOOD - JEEP	13.50	17297
6201-400.00-00620.00	DIESEL EXHAUST FLUID	O'REILLY AUTOMOTIVE, INC	DIESEL EXHAUST FLUID	24.97	17299
6201-400.00-00620.00	SKID STEER MOUNTING PLAT	BOBCAT OF INDY	SKID STEER MOUNTING PLAT	130.00	17303
6201-400.00-00620.00	PARTS - 2019 F-550	CLARK TRUCK EQUIPMENT CO	PARTS - 2019 F-550	118.00	17308
6201-400.00-00620.00	WORK BOOTS REIMBURSEMENT	ROBERT HOENE	WORK BOOTS REIMBURSEMENT	50.00	17310
6201-400.00-00620.00	MATERIALS - STEWART PARK	MENARDS - BLOOMINGTON	MATERIALS - STEWART PARK	137.24	17314
6201-400.00-00620.00	PARTS - POLICE DEPT SEWE	MENARDS - BLOOMINGTON	PARTS - POLICE DEPT SEWE	806.40	17314
6201-400.00-00620.00	BOOTS-HUMPHREY/MAY/WRIGH	VISA	BOOTS-HUMPHREY/MAY/WRIGH	247.62	419
6201-400.00-00620.00	SOCKET SET/COOLING SYSTE	VISA	SOCKET SET/COOLING SYSTE	128.98	419
6201-400.00-00620.00	WORK BOOTS - GRUBB	VISA	WORK BOOTS - GRUBB	49.93	419
6201-400.00-00635.00	DRUG TEST - HOBBS	INDIANA TESTING, INC	DRUG TEST - HOBBS	94.50	17312
6201-400.00-00636.00	ANSWERING SERVICE TO 05-	INDIANA PAGING NETWORK,	ANSWERING SERVICE TO 05-	124.15	17311
6201-400.00-00636.00	LINE LOCATES - FEBRUARY	INDIANA UNDERGROUND	LINE LOCATES - FEBRUARY	113.53	17313
Total For Dept 400.00 CS				2,038.82	
Dept 500.00 TDO					
6201-500.00-00615.00	TELEPHONE - WWTP	SMITHVILLE COMMUNICATION	TELEPHONE - WWTP	277.19	17302
Total For Dept 500.00 TD				277.19	
Dept 600.00 TDM					
6201-600.00-00620.00	WIPER BLADE - JD244 LOAD	O'REILLY AUTOMOTIVE, INC	WIPER BLADE - JD244 LOAD	37.99	17299
6201-600.00-00620.00	PROPANE - WWTP	PREMIER COMPANIES	PROPANE - WWTP	915.42	17317
6201-600.00-00636.00	COMPUTER SERVICES - WWTP	B-TOWN IT, LLC	COMPUTER SERVICES - WWTP	1,979.00	17304
6201-600.00-00711.00	SLUDGE REMOVAL - WWTP	SYCAMORE RIDGE LANDFILL	SLUDGE REMOVAL - WWTP	3,398.73	17318
Total For Dept 600.00 TD				6,331.14	
Dept 800.00 ADM					
6201-800.00-00615.00	TELEPHONE & SECURITY - T	SMITHVILLE COMMUNICATION	TELEPHONE & SECURITY - T	186.74	17300
6201-800.00-00615.00	NATURAL GAS - 1150 GUY M	CENTERPOINT ENERGY	NATURAL GAS - 1150 GUY M	111.74	417
6201-800.00-00615.00	NATURAL GAS - UTILITY BL	CENTERPOINT ENERGY	NATURAL GAS - UTILITY BL	218.00	418
6201-800.00-00636.00	COMPUTER SERVICES - TOWN	B-TOWN IT, LLC	COMPUTER SERVICES - TOWN	224.00	17305
6201-800.00-00636.00	BSA ERROR RESPONSE	B-TOWN IT, LLC	BSA ERROR RESPONSE	112.00	17306
6201-800.00-00636.00	FORTI TOKEN SETUP - TOWN	B-TOWN IT, LLC	FORTI TOKEN SETUP - TOWN	32.00	17307
6201-800.00-00636.00	EXTERMINATOR - TOWN HALL	TERMINIX COMMERCIAL	EXTERMINATOR - TOWN HALL	23.00	17319
6201-800.00-00636.00	ONLINE SERVER BACKUP	VISA	ONLINE SERVER BACKUP	81.81	419

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Fund 6201 WASTEWATER
Dept 800.00 ADM

Total For Dept 800.00 AD	989.29
Total For Fund 6201 WAST	12,808.19

Fund 8901 PAYROLL
Dept 000.00

8901-000.00-00457.01 DEFERRED COMP	NATIONWIDE RETIREMENT SO NATIONWIDE	994.08	2090
8901-000.00-00721.01 OASDI WITHHELD & MATCHIN	INTERNAL REVENUE SERVICE 941 PAYMENT	24,214.86	2089
8901-000.00-00722.01 HEALTH INSURANCE - APRIL IU HEALTH PLANS	HEALTH INSURANCE - APRIL	45,373.57	8202
8901-000.00-00725.03 1977 FIRE PENSION	INDIANA PUBLIC RETIREMEN 1977 FIRE PENSION	7,283.00	2087
8901-000.00-00725.04 1977 POLICE PENSION	INDIANA PUBLIC RETIREMEN 1977 POLICE PENSION	2,184.90	2088
8901-000.00-00730.01 FEDERAL WITHHELD	INTERNAL REVENUE SERVICE 941 PAYMENT	17,825.65	2089
8901-000.00-00731.01 STATE WITHHOLDING	INDIANA DEPARTMENT OF RE STATE & COUNTY TAX	12,342.24	2086
8901-000.00-00732.01 COUNTY WITHHOLDING	INDIANA DEPARTMENT OF RE STATE & COUNTY TAX	8,618.45	2086
8901-000.00-00733.01 CHILD SUPPORT - KOON	INDIANA CHILD SUPPORT BU CHILD SUPPORT	1,220.30	2085
8901-000.00-00734.01 LIFE AND AD&D	AMERICAN UNITED LIFE INS AUL PREMIUM - APRIL 2025	925.64	8200
8901-000.00-00735.01 VISION INSURANCE - APRIL	ANTHEM BLUE CROSS BLUE S VISION INSURANCE - APRIL	447.17	2084
8901-000.00-00737.01 SHORT-TERM	AMERICAN UNITED LIFE INS AUL PREMIUM - APRIL 2025	582.50	8200
8901-000.00-00738.01 LONG-TERM	AMERICAN UNITED LIFE INS AUL PREMIUM - APRIL 2025	788.68	8200
8901-000.00-00739.01 VOL LIFE	AMERICAN UNITED LIFE INS AUL PREMIUM - APRIL 2025	1,059.58	8200
8901-000.00-00758.01 ROTH	NATIONWIDE RETIREMENT SO NATIONWIDE	195.00	2090
8901-000.00-00763.01 DENTAL INSURANCE - APRIL	ANTHEM DENTAL DENTAL INSURANCE - APRIL	3,718.67	8201
8901-000.00-00767.01 SECTION 125	AFLAC AFLAC	109.48	2083
8901-000.00-00768.01 SHORT-TERM	AFLAC AFLAC	19.66	2083

Total For Dept 000.00	127,903.43
Total For Fund 8901 PAYR	127,903.43

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Fund Totals:

Fund 1101 GENERAL	50,388.37
Fund 2201 MOTOR VEHICLE	4,636.73
Fund 2202 LOCAL ROAD AND	30.36
Fund 2204 PARK AND RECRE	40.00
Fund 2228 LAW ENFORCEMEN	92.58
Fund 2402 LOCAL GRANTS &	7,035.20
Fund 2404 DRUG EDUCATION	2,938.80
Fund 2409 NEXT LEVEL TRA	34,695.09
Fund 4402 CUMULATIVE CAP	4,538.23
Fund 4425 CUMULATIVE BUI	7,623.99
Fund 6101 WATER	84,792.53
Fund 6201 WASTEWATER	12,808.19
Fund 8901 PAYROLL	127,903.43

337,523.50

For Payroll ID: 316

Period Ending: 3/16/25

Check Date: 3/21/25

GL Number	Employee ID	Home Dept	Name	Reg Amount	OT Amount	Total Amount
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ALLOWANCE OF CLAIMS

I HEREBY CERTIFY THAT EACH OF THE ABOVE LISTED CLAIMS AND THE INVOICES OR BILLS ATTACHED THERETO ARE TO AND CORRECT AND I HAVE AUDITED SAME IN ACCORDANCE WITH IC 5-11-10-1.6.

March 21, 2025Noelle M. Conyer

NOELLE M. CONYER
FISCAL OFFICER

WE HAVE EXAMINED THE CLAIMS ON THE FOREGOING REGISTER OF CLAIMS, CONSISTING OF PAGES,
AND EXCEPT FOR CLAIMS NOT ALLOWED AS SHOWN ON THE REGISTER SUCH CLAIMS ARE HEREBY ALLOWED IN
THE TOTAL AMOUNT OF \$ 197,483.00 DATED THIS 21 DAY OF March 2025

Scott Oldham
PRESIDENT

Dan Swafford
VICE PRESIDENT

William Ellis
COUNCIL MEMBER

Trevor Sager
COUNCIL MEMBER

Pamela Samples
COUNCIL MEMBER

Period Ending: 3/16/25

Check Date: 3/21/25

GL Number	Employee ID	Home Dept	Name	Reg Amount	OT Amount	Total Amount

Fund: 1101						

Totals For: 1101				95,805.97	739.13	96,545.10

Fund: 2201						

Totals For: 2201				14,466.83	0.00	14,466.83

Fund: 2240						

Totals For: 2240				5,830.47	0.00	5,830.47

Fund: 2403						

Totals For: 2403				1,172.83	0.00	1,172.83

Fund: 2411						

Totals For: 2411				31,082.33	0.00	31,082.33

Fund: 6101						

Totals For: 6101				22,447.31	0.00	22,447.31

Fund: 6201						

Totals For: 6201				22,717.09	0.00	22,717.09

Fund: 6501						

Totals For: 6501				3,221.54	0.00	3,221.54

Grand Totals	3/16/25			196,744.37	739.13	197,483.50

March 10, 2025

The Ellettsville, Indiana, Town Council met for a regular meeting on Monday, March 10, 2025, at the Ellettsville Town Hall Meeting Room located at 1150 West Guy McCown Drive. Scott Oldham called the meeting to order at 6:30 p.m. Jimmie Durnil gave a word of prayer followed by the Pledge of Allegiance led by Kevin Patton.

Roll Call: Members present were Scott Oldham – President, Dan Swafford – Vice President, William Ellis, Trevor Sager and Pamela Samples. Michael Farmer - Town Manager and Noelle Conyer - Clerk Treasurer were also present. Darla Brown, Town Attorney, present via Zoom.

Supervisors participating: Kevin Patton, Jimmie Durnil, Kip Headdy and Denise Line.

Approval of the Minutes for the Regular Meeting February 24, 2025

Scott Oldham entertained a motion for approval of the minutes of the regular meeting February 24, 2025. Dan Swafford so moved. Pamela Samples seconded. All in favor, motion carries.

Accounts Payable Vouchers and Payroll

Scott Oldham entertained a motion to pay Accounts Payable Vouchers and Payroll. Trevor Sager so moved. William Ellis seconded. All in favor, motion carries.

Resolutions

Resolution to approve Hoosier Start 457 Plan as an additional plan to Nationwide retirement plan

Noelle Conyer, Clerk Treasurer, explained she met with Nationwide to look at fees for the current plan that was grandfathered in to see if Hoosier Start Plans would be more cost effective. Darla Brown, Town Attorney, explains there are three different plans. Trevor Sager stated he would like to see a breakdown of each plan. Scott Oldham asked council to have questions to Noelle Conyer by the first of the week to go over at a future meeting. William Ellis made a motion to table the resolution. Pamela Samples seconded. Roll call vote: Scott Oldham – yes; Dan Swafford – yes; Trevor Sager – yes; Pamela Samples – yes. Motion carries.

Ordinance on First Reading

Ordinance on Second Reading

Old Business

New Business

Privilege of the Floor

Supervisor Comments

Michael Farmer acknowledged town workers that responded to an accident last Saturday involving a vehicle hitting a fire hydrant.

Kevin Patton spoke about the Battle of the Badges which raised \$1606 and canned goods for Pantry 279.

Denise Line stated she and Kip Headdy applied for a grant through INDOT which was granted in the amount of \$258,181.63 that will be used to pave multiple sites with a total project cost of \$344,242.20.

Comments

Adjournment

Scott Oldham, President adjourned the meeting at 6:43 p.m.

Scott Oldham, President

Dan Swafford, Vice President

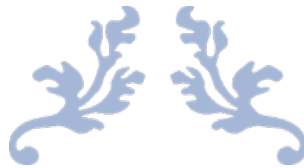
William Ellis

Pamela Samples

Town Council Meeting March 10, 2025, continued

Trevor Sager

Noelle M. Conyer Clerk -Treasurer



**THE STATE OF INDIANA DEFERRED
COMPENSATION PLAN
RESOLUTION AND ADOPTION AGREEMENT
FOR A PARTICIPATING
LOCAL POLITICAL SUBDIVISION**

ADMINISTRATOR
Indiana State Comptroller
State House, Room 240
Indianapolis, Indiana 46204



RESOLUTION

WHEREAS, the _____ of _____, Indiana, (hereinafter referred to as the “Participating Employer”) has determined that in the interest of attracting and retaining qualified employees, it wishes to offer a defined contribution plan, funded by employee contributions;

WHEREAS, the Participating Employer has reviewed the State of Indiana Deferred Compensation Plan (“Plan”);

WHEREAS, the Participating Employer wishes to participate in the Plan to provide certain benefits to its employees, reduce overall administrative costs, and afford attractive investment opportunities;

WHEREAS, the Participating Employer is an Employer as defined in the Plan;

WHEREAS, the _____ (“Governing Body”) is authorized by law, IC 5-10-1.1-7.3, to adopt this resolution approving the Adoption Agreement on behalf of the Participating Employer;

Therefore, the Governing Body of the Participating Employer hereby resolves:

A. The Participating Employer adopts the Plan and the Trust Agreement (“Trust”) for the Plan for its Employees.

B. The Participating Employer acknowledges that the Deferred Compensation Committee (“Trustees”) are only responsible for the Plan and have no responsibility for other employee benefit plans maintained by the Participating Employer.

C. The Participating Employer hereby adopts the terms of the Adoption Agreement, which is attached hereto and made a part of this resolution. The Adoption Agreement sets forth the Employees to be covered by the Plan, the benefits to be provided by the Participating Employer under the Plan, and any conditions imposed by the Participating Employer with respect to, but not inconsistent with, the Plan. The Participating Employer reserves the right to amend its elections under the Adoption Agreement, so long as the amendment is not inconsistent with the Plan or the Internal Revenue Code or other applicable law and is approved by the Trustees of the Plan.

D. The Participating Employer hereby authorizes the State Comptroller of Indiana (“Administrator”), in conjunction with the Deferred Compensation Committee (“Trustees”), to amend the Plan on its behalf as provided under Section 18.01 of the Plan.

The Trustees and the Administrator will maintain or have maintained on their behalf a record of the Participating Employers, and the Trustees and the Administrator will make reasonable and diligent efforts to ensure that Participating Employers have actually received and are aware of all Plan amendments.

E.

a. The Participating Employer shall abide by the terms of the Plan and the Trust, including amendments to the Plan and the Trust made by the Trustees of the Plan, all investment, administrative, and other service agreements of the Plan and the Trust, and all applicable provisions of the Internal Revenue Code and other applicable law.

b. The Participating Employer accepts the administrative services to be provided by the Administrator of the Plan and any services provided by a Service Manager (as defined in the Plan) as delegated by the Administrator or Trustees. The Participating Employer acknowledges that fees will be imposed with respect to the services provided and that such fees will be charged to the Participants' Accounts, and not to the Participating Employer.

F.

a. The Participating Employer may terminate its participation in the Plan, including but not limited to, its contribution requirements, if it takes the following actions:

- (i) A resolution must be adopted terminating its participation in the Plan.
- (ii) The resolution must specify when the participation will end.

The Trustees shall determine whether the resolution complies with the Plan, and all applicable federal and state laws, shall determine an appropriate effective date, and shall provide appropriate forms to terminate ongoing participation. However, distributions under the Plan of existing accounts to Participants will be made in accordance with the Plan.

b. The Participating Employer acknowledges that the Plan contains provisions for involuntary Plan termination.

G. The Participating Employer acknowledges that all assets held in connection with the Plan, including all contributions to the Plan, all property and rights acquired or purchased with such amounts and all income attributable to such amounts, property or rights shall be held in trust for the exclusive benefit of Participants and their Beneficiaries under the Plan. No part of the assets and income of the Plan shall be used for, or diverted to, purposes other than for the exclusive benefit of Participants and their Beneficiaries and for defraying reasonable expenses of the Plan. All amounts of compensation deferred pursuant to the Plan, all property and rights acquired or purchased with such amounts and all income attributable to such amounts, property or rights held as part of the Plan, shall be transferred to the Trustees to be held, managed, invested and distributed as part of the Trust Fund in accordance with the provisions of the Plan. All contributions to the Plan must be transferred by the Participating Employer to the Trust Fund. All benefits under the Plan shall be distributed solely from the Trust Fund pursuant to the Plan. Only the assets attributable to a particular Participating Employer and its Employees are available to pay benefits to those Employees and their Beneficiaries.

H. This resolution and the Adoption Agreement shall be submitted to the Trustees for their approval. The Trustees shall determine whether the resolution complies with the Plan, and, if it does, shall provide appropriate forms to the Participating Employer to implement participation in the Plan. The Trustees may refuse to approve an Adoption Agreement by an Employer that does not have state statutory authority to participate in the Plan. The Trustees may

also refuse to approve an Adoption Agreement that is ambiguous or that does not comply with the requirements of the Plan. The Governing Body hereby acknowledges that it is responsible to assure that this resolution and the Adoption Agreement are adopted and executed in accordance with the requirements of applicable law.

I. This Adoption Agreement may be used only in conjunction with the Plan. Failure to properly complete this Adoption Agreement may result in the failure of the Plan to qualify.

Adopted by the Governing Body on _____, 20____, in accordance with applicable law.

By: _____
Signature

Name and Title

Attest: _____

Date: _____

[Governing Body should assure that applicable law is followed in the adoption and execution of this resolution.]

**THE STATE OF INDIANA PUBLIC EMPLOYEE
DEFERRED COMPENSATION PLAN
ADOPTION AGREEMENT**

ADMINISTRATOR

Indiana State Comptroller
State House, Room 240
Indianapolis, Indiana 46204
Telephone: 317-232-3300
Facsimile: 317-232-6097

PARTICIPATING EMPLOYER

Name: _____

GOVERNING BODY

Name: _____

Address: _____

Phone: _____

Facsimile: _____

E-mail: _____

Person Authorized to receive Official Notices from
the Plan or Administrator and to access account and
Plan information: _____

DISCLOSURE OF OTHER 457(b) PLANS

The Participating Employer ☐ does or ☐ does not have an existing deferred compensation plan(s). If the Participating Employer does have one or more deferred compensation plans, the Governing Body must provide the plan name and the name of the provider below, and other such relevant information requested by the Administrator. If the Participating Employer establishes another deferred compensation plan in the future, it must promptly provide the information below regarding the new plan to the Administrator.

Plan Name(s) _____

Provider(s) _____

VERY IMPORTANT: All eligible plans of a Participating Employer are considered to be a single plan for purposes of compliance with Code Section 457(b). **Thus, if a Participating Employer has more than one eligible plan (or additional investment options under a 457(b) arrangement with more than one vendor), the Participating Employer is responsible for ensuring that all of its arrangements, treated as a single plan, comply with the 457(b) requirements, including, but not limited to, the requirements listed below.** The Participating Employer must carefully review the Master Plan provisions listed below to fulfill its responsibility for monitoring coordination of multiple plans.

- Compliance with the limit on Annual Deferrals to an eligible plan (including the basic limit (Section 4.01), the age 50 catch-up (Section 4.02), and the special 457 catch-up limit (Section 4.03)) (**carefully review Article IV of the Master Plan for these rules**).
- Compliance with the requirements for special 457 catch-up deferrals limits, including the requirement that a Participant have only one Normal Retirement Age (with respect to the special 457 catch-up limit) under all eligible plans offered by an Employer (**carefully review Sections 1.13 and 4.03 of the Master Plan for these rules**). (In essence, this means that once a Participant has selected a Normal Retirement Age under any eligible plan offered by an employer, he or she may not select a different one, and the selection will remain that Participant's Normal Retirement Age under all eligible plans offered by the Employer).
- Compliance with the requirement to distribute excess deferrals (an excess deferral means the amount of deferrals for a calendar year that is more than the basic limit, the age 50 catch-up limit, and the special 457 catch-up limit) (**carefully review Section 4.07 of the Master Plan for these rules**). (This means that the Participating Employer will have to tell the Administrator if excess deferrals need to be distributed from this Plan.)
- If the Participating Employer has directed a plan-to-plan transfer, then the Participating Employer is responsible for compliance with the plan-to-plan transfer provisions (**carefully review Article XIII of the Master Plan for these rules**).

Section I. Types of Contributions Allowed. A Participating Employer may permit eligible employees to defer a portion of their compensation to the Plan. A Participating Employer may, but is not required to, allow eligible employees to designate that their elective deferrals to the Plan are to be made as Roth contributions. Roth contributions are deducted from an employee's paycheck on an **after-tax** basis; therefore, an employer's payroll system must be able to accommodate this deduction type. Eligible employees are not allowed to split contributions with respect to a pay period between pre-tax deferrals and Roth contributions.

A Participating Employer is permitted, but is not required, to make contributions to the Plan on behalf of Participating Employees. Employer contributions shall be processed as payroll deferrals, shall apply toward the maximum deferral limits in the taxable year that they are made and must comply with any procedure established by the Administrator, including the submission of data and funds electronically.

- ☐ Employee Contributions (check one of the following):
 - ☐ Pre-Tax Contributions, but not Roth Contributions
 - ☐ Pre-Tax Contributions or Roth Contributions
- ☐ Employer Contributions (if checked, please complete the AMOUNT OF EMPLOYER CONTRIBUTIONS section below).

Section II. Eligibility Requirements. Only Employees as defined in the Plan may be covered by the Adoption Agreement. Subject to other conditions in the Plan and this Adoption Agreement, the following Employees are eligible to participate in the Plan:

A. Employee Contributions

- ☐ All Employees.
- ☐ All Employees with following exclusions:
 - ☐ Employees who are not covered by the Employer's regular retirement plan
 - ☐ Elected or appointed officials
 - ☐ Other (must specify) _____

The Employer wishes to allow its independent contractors to participate in this Plan:

- ☐ Yes
- ☐ No

Employers electing this option must ensure that proper procedures are in place to make deferrals for independent contractors.

B. Employer Contributions (complete only if applicable)

- ☐ All Employees.
- ☐ All Employees with following exclusions:
- ☐ Employees who are not covered by the Employer's regular retirement plan
 - ☐ Elected or appointed officials
 - ☐ Other (must specify) _____

The Employer shall provide the Trustees with the name, address, Social Security Number, and date of birth for each Employee.

Section III. Payroll Period. The payroll period of the Participating Employer is:

- ☐ Weekly ☐ Semi-Monthly
☐ Bi-Weekly ☐ Monthly
☐ Other (must specify): _____

Deferrals for an Eligible Employee with respect to a payroll period in a calendar month shall only be made if the Eligible Employee has entered into a Participation Agreement before the beginning of such month.

Section IV. Amount of Employer Contributions (complete only if applicable). Do not include any contributions that will be made to the State of Indiana Deferred Compensation Matching Plan.

- ☐ Employer contributions will be made to this Plan on behalf of all Employees who choose to participate in the Plan according to the following formula: (must specify contribution calculation):

Section V. Modification of the Terms of the Adoption Agreement. If a Participating Employer desires to amend any of its elections contained in this Adoption Agreement, the Governing Body by official action must adopt an amendment of the Adoption Agreement or a new Adoption Agreement must be adopted and forwarded to the Trustees for approval. The amendment of the Adoption Agreement is not effective until approved by the Trustees and other procedures required by the Plan have been implemented.

Section VI. Termination of the Adoption Agreement. This Adoption Agreement may be terminated only in accordance with the Plan.

Section VII. Effective Date. This 457(b) Plan will be effective _____, 20__ for this Employer.

EXECUTION BY EMPLOYER

The foregoing Adoption Agreement is hereby adopted and approved on the _____ day of _____, 20____.

Signed: _____

Printed Name: _____

Title: _____

Date of Signature: _____

ADMINISTRATOR'S APPROVAL

The Adoption Agreement is approved by the Administrator of the State of Indiana Public Employee Deferred Compensation. Contributions shall first be remitted as follows:

☐ within 15 business days after the first Payroll Period following _____, 20____.

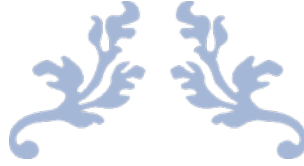
☐ other (must specify) _____

Dated: _____

By: _____

Title: _____

State Comptroller, Administrator of the Plan



**THE STATE OF INDIANA DEFERRED
COMPENSATION **MATCHING** PLAN
RESOLUTION AND ADOPTION AGREEMENT
FOR A PARTICIPATING
LOCAL POLITICAL SUBDIVISION**

ADMINISTRATOR
Indiana State Comptroller
State House, Room 240
Indianapolis, Indiana 46204



**THE STATE OF INDIANA DEFERRED
COMPENSATION **MATCHING** PLAN**

**RESOLUTION AND
ADOPTION AGREEMENT
FOR A
PARTICIPATING
LOCAL POLITICAL SUBDIVISION**

ADMINISTRATOR

Indiana State Comptroller
State House, Room 240
Indianapolis, Indiana 46204

RESOLUTION

WHEREAS, the _____ of _____, Indiana, (hereinafter referred to as the “Participating Employer”) has determined that in the interest of attracting and retaining qualified employees, it wishes to offer a defined contribution plan, funded by employer contributions;

WHEREAS, the Participating Employer has reviewed the State of Indiana Deferred Compensation Matching Plan (“Plan”);

WHEREAS, the Participating Employer wishes to participate in the Plan to provide certain benefits to its employees, reduce overall administrative costs, and afford attractive investment opportunities;

WHEREAS, the Participating Employer is an Employer as defined in the Plan;

WHEREAS, the _____ (“Governing Body”) is authorized by law, IC 5-10-1.1-7.3, to adopt this resolution approving the Adoption Agreement on behalf of the Participating Employer;

Therefore, the Governing Body of the Participating Employer hereby resolves:

Section 1. The Participating Employer adopts the Plan and the Trust Agreement (“Trust”) for the Plan for its Employees.

Section 2. The Participating Employer acknowledges that the Deferred Compensation Committee (“Trustees”) are only responsible for the Plan and have no responsibility for other employee benefit plans maintained by the Participating Employer.

Section 3. The Participating Employer hereby adopts the terms of the Adoption Agreement, which is attached hereto and made a part of this resolution. The Adoption Agreement sets forth the Employees to be covered by the Plan, the benefits to be provided by the Participating Employer under the Plan, and any conditions imposed by the Participating Employer with respect to, but not inconsistent with, the Plan. The Participating Employer reserves the right to amend its elections under the Adoption Agreement, so long as the amendment is not inconsistent with the Plan or the Internal Revenue Code or other applicable law and is approved by the Trustees of the Plan.

Section 4. The Participating Employer hereby authorizes the State Comptroller of Indiana (“Administrator”), in conjunction with the Deferred Compensation Committee (“Trustees”), to amend the Plan on its behalf as provided under Section 18.01 of the Plan.

The Trustees and the Administrator will maintain or have maintained on their behalf a record of the Participating Employers, and the Trustees and the Administrator will make reasonable and diligent efforts to ensure that Participating Employers have actually received and are aware of all Plan amendments.

Section 5.

(a) The Participating Employer shall abide by the terms of the Plan and the Trust, including amendments to the Plan and the Trust made by the Trustees of the Plan, all investment, administrative, and other service agreements of the Plan and the Trust, and all applicable provisions of the Internal Revenue Code and other applicable law.

(b) The Participating Employer accepts the administrative services to be provided by the Administrator of the Plan and any services provided by a Service Manager (as defined in the Plan) as delegated by the Administrator or Trustees. The Participating Employer acknowledges that fees will be imposed with respect to the services provided and that such fees will be charged to the Participants' Accounts, and not to the Participating Employer.

Section 6.

(a) The Participating Employer may terminate its participation in the Plan, including but not limited to, its contribution requirements, if it takes the following actions:

- (i) A resolution must be adopted terminating its participation in the Plan.
- (ii) The resolution must specify when the participation will end.

The Trustees shall determine whether the resolution complies with the Plan, and all applicable federal and state laws, shall determine an appropriate effective date, and shall provide appropriate forms to terminate ongoing participation. However, distributions under the Plan of existing accounts to Participants will be made in accordance with the Plan.

(b) The Participating Employer acknowledges that the Plan contains provisions for involuntary Plan termination.

Section 7. The Participating Employer acknowledges that all assets held in connection with the Plan, including all contributions to the Plan, all property and rights acquired or purchased with such amounts and all income attributable to such amounts, property or rights shall be held in trust for the exclusive benefit of Participants and their Beneficiaries under the Plan. No part of the assets and income of the Plan shall be used for, or diverted to, purposes other than for the exclusive benefit of Participants and their Beneficiaries and for defraying reasonable expenses of the Plan. All amounts of compensation deferred pursuant to the Plan, all property and rights acquired or purchased with such amounts and all income attributable to such amounts, property or rights held as part of the Plan, shall be transferred to the Trustees to be held, managed, invested and distributed as part of the Trust Fund in accordance with the provisions of the Plan. All contributions to the Plan must be transferred by the Participating Employer to the Trust Fund. All benefits under the Plan shall be distributed solely from the Trust Fund pursuant to the Plan. Only the assets attributable to a particular Participating Employer and its Employees are available to pay benefits to those Employees and their Beneficiaries.

Section 8. This resolution and the Adoption Agreement shall be submitted to the Trustees for their approval. The Trustees shall determine whether the resolution complies with the Plan, and, if it does, shall provide appropriate forms to the Participating Employer to

implement participation in the Plan. The Trustees may refuse to approve an Adoption Agreement by an Employer that does not have state statutory authority to participate in the Plan. The Trustees may also refuse to approve an Adoption Agreement that is ambiguous or that does not comply with the requirements of the Plan. The Governing Body hereby acknowledges that it is responsible to assure that this resolution and the Adoption Agreement are adopted and executed in accordance with the requirements of applicable law.

Section 9. This Adoption Agreement may be used only in conjunction with the Plan. Failure to properly complete this Adoption Agreement may result in the failure of the Plan to qualify.

Adopted by the Governing Body on _____, 20____, in accordance with applicable law.

By: _____
Signature

Name and Title

Attest: _____

Date: _____

[Governing Body should assure that applicable law is followed in the adoption and execution of this resolution.]

**THE STATE OF INDIANA DEFERRED
COMPENSATION MATCHING PLAN
ADOPTION AGREEMENT**

ADMINISTRATOR

Indiana State Comptroller
State House, Room 240
Indianapolis, Indiana 46204
Telephone: 317-232-3300
Facsimile: 317-232-6097

PARTICIPATING EMPLOYER

Name: _____

GOVERNING BODY

Name: _____

Address: _____

Phone: _____

Facsimile: _____

E-mail: _____

Person Authorized to receive Official Notices from
the Plan or Administrator and to access account and
Plan information: _____

DISCLOSURE OF OTHER 401(a) PLAN(S)

This Participating Employer ☐ does or ☐ does not have an existing defined contribution plan(s). If the Participating Employer does have one or more defined contribution plans, the Governing Body must provide the plan name and name of the provider and such other information requested by the Administrator.

Section I. Types of Employer Contributions Under the Plan. The Participating Employer shall provide the following types of contributions to Eligible Employees under this Plan (check all that apply):

- ☐ Matching Contributions.
- ☐ Non-Matching Contributions.

Section II. Eligibility Requirements. Only Employees as defined in the Plan may be covered by the Adoption Agreement. Independent contractors may not participate in the Plan. Subject to other conditions in the Plan and this Adoption Agreement, the Participating Employer may designate which categories of employees are eligible to participate in the Plan. The Employer shall provide the Trustees with the name, address, Social Security Number, and date of birth for each Eligible Employee, as defined by the Adoption Agreement. A Participating Employer may also establish a waiting period before an Eligible Employee may become a Participant in the Plan. For purposes of determining a period of service, any period of time during which an individual is considered employed by the Participating Employer (including sick leave, personal leave, vacation leave, and paid time off) shall be included in the period of service calculation).

A. Eligibility For Matching Contributions

1. Eligible Classes of Employees (check one)

- ☐ All Employees.
- ☐ All Employees with the following exclusions (select all that apply):
 - ☐ Elected or appointed officials
 - ☐ Employees who are not covered by the Participating Employer's defined benefit retirement plan(s)
 - ☐ Other (must specify): _____

If "Other" is selected, the exclusion must be described in a manner that is definitely determinable and that does not allow for Participating Employer discretion.

2. Waiting Period - The Employer hereby elects the following (elect "no waiting period" or one of the waiting period options below):

- ☐ **No waiting period.** An Eligible Employee may become a Participant for matching contributions immediately upon meeting the eligibility conditions of the Plan.
- ☐ Matching contributions will be made only after satisfying a waiting period described under one of the following options (check one):

☐ **Minimum Period of Service (if checked, please complete all items below):**

The waiting period for participation in the Plan shall be _____ (not to exceed 12 months) of service, calculated from the commencement of the Eligible Employee's employment with the Employer.

Eligible Employees who are employed on the date the plan is adopted ☐ will be ☐ will not be given credit for prior service as an Employee for purposes of satisfying the waiting period.

Separate periods of service ☐ will be ☐ will not be added together to determine whether the waiting period has been satisfied.

☐ **Minimum Period of Contributions to the Deferred Compensation Plan (if checked, please complete all items below):**

The waiting period for participation in the Plan shall be _____ (not to exceed 12 months) from the date the Eligible Employee first makes contributions to the Deferred Compensation Plan. An eligible employee ☐ will ☐ will not be required to continuously make contributions throughout the waiting period in order to be eligible for matching contributions.

Eligible Employees who are employed on the date the plan is adopted ☐ will be ☐ will not be given credit for prior periods of time they were making contributions to a 457(b) Plan for purposes of satisfying the waiting period.

After initially meeting the waiting period, any interruption of employee contributions to the Deferred Compensation Plan ☐ will ☐ will not require the employee to meet another waiting period to qualify for matching contributions.

Separate periods of service in which deferrals are made as an Eligible Employee ☐ will ☐ will not be added together to determine if the waiting period has been satisfied.

B. Eligibility For Non-Matching Contributions

1. Eligible Classes of Employees (check one)

☐ All Employees.

☐ All Employees with the following exclusions (select all that apply):

- ☐ Elected or appointed officials
- ☐ Employees who are not covered by the Participating Employer's defined benefit retirement plan(s)
- ☐ Other (must specify): _____

If "Other" is selected, the exclusion must be described in a manner that is definitely determinable and that does not allow for Participating Employer discretion.

2. Waiting Period - The Employer hereby elects the following (elect "no waiting period" or one of the waiting period options below):

- ☐ **No waiting period.** An Eligible Employee may become a Participant for non-matching contributions immediately upon meeting the eligibility conditions of the Plan.

- ☐ Non-matching contributions will be made only after satisfying a waiting period described under one of the following options (check one):

- ☐ **Minimum Period of Service (if checked, please complete all items below):**

The waiting period for participation in the Plan shall be _____ (not to exceed 12 months) of service, calculated from the commencement of the Eligible Employee's employment with the Employer.

Eligible Employees who are employed on the date the plan is adopted ☐ will be ☐ will not be given credit for prior service as an Employee for purposes of satisfying the waiting period.

Separate periods of service ☐ will be ☐ will not be added together to determine whether the waiting period has been satisfied.

- ☐ **Minimum Period of Contributions to the Deferred Compensation Plan (if checked, please all complete items below)**

The waiting period for participation in the Plan shall be _____ (not to exceed 12 months) from the date the Eligible Employee first makes contributions to the Deferred Compensation Plan.

Eligible Employees who are employed on the date the plan is adopted ☐ will be ☐ will not be given credit for prior contributions made to a prior 457(b) Plan for purposes of satisfying the waiting period.

After initially meeting the waiting period, any interruption of employee contributions to the Deferred Compensation Plan ☐ will ☐ will not require the employee to meet another waiting period to qualify for matching contributions.

Separate periods of service in which deferrals are made as an Eligible Employee ☐ will ☐ will not be added together to determine if the waiting period has been satisfied.

Section III. Amount of Employer Contributions. A Participating Employer may make Matching Contributions and/or Non-Matching Contributions, pursuant to a definite, pre-determined formula, as specified below. Matching Contributions and Non-Matching Contributions that are tied to Payroll Periods (as defined in this Adoption Agreement) must be remitted to the Administrator no later than 15 business days after the Payroll Period. Annual Contributions must be remitted to the Administrator no later than 15 days after the end of the Plan Year.

A Participating Employer may impose conditions on the receipt of Matching and Non-Matching Contributions – such as the requirement to be employed as of a particular date, the requirement to have made employee contributions for a specified period of time or any other objectively determinable requirement.

For purposes of computing matching or non-matching contributions, “Compensation” is subject to the limits imposed by Internal Revenue Code 401(a)(17).

The Participating Employer hereby elects to make contributions as follows:

A. Matching Contributions.

1. Matching Contribution Amount (check one)

- ☐ **Flat Dollar Match:** For each Payroll Period in which the Participant contributed at least \$_____ (\$15 to \$25) to the Deferred Compensation Plan, the Participating Employer will contribute a flat dollar amount as shown below (complete as applicable; amount may not result in a zero flat dollar match):

\$_____ per weekly Payroll Period
\$_____ per bi-weekly Payroll Period
\$_____ per semi-monthly Payroll Period
\$_____ per monthly Payroll Period

The amount of the matching contribution ☐ is ☐ is not subject to a maximum cap as elected in Item 2 below.

- ☐ **Percentage Match:** For each Payroll Period in which the Participant contributed to the Deferred Compensation Plan, the Employer will

contribute _____% (insert percentage; may not be zero) of the dollar amount contributed to the Deferred Compensation Plan. **(For example, if an Employer elects a 50% match, then for every \$10 the Participant contributes to the Deferred Compensation Plan, the Employer will contribute \$5 to this Plan).**

The amount of the matching contribution ☐ is ☐ is not subject to a maximum cap as elected in Item 2 below.

2. Maximum Matching Contribution (if a matching contribution cap is elected in item 1 above, check one of the following):

- ☐ **Flat Dollar Cap** - In no event will Matching Contributions made on behalf of a Participant exceed a flat dollar amount equal to (may not result in zero dollar amount):

\$_____ per weekly Payroll Period
\$_____ per bi-weekly Payroll Period
\$_____ per semi-monthly Payroll Period
\$_____ per monthly Payroll Period
\$_____ per Plan Year

- ☐ **Cap Equal to Percentage of Total Compensation:** In no event will Matching Contributions made on behalf of a Participant exceed _____% (may not be zero) of the Participant's Compensation ☐ per Payroll Period ☐ per Plan Year.

3. Additional Allocation Conditions. In order to receive a matching contribution, each Eligible Employee must satisfy the following additional conditions (conditions must be objectively determinable): _____

B. Non-Matching Contributions.

1. Non-Matching Contribution Amount (check one):

- ☐ **Annual Contributions:** An annual contribution each Plan Year of \$_____ or _____% of Compensation per Eligible Employee Participant (may not result in total contribution of zero).
- ☐ **Special One-Time Contribution:** A one-time contribution of \$_____ or _____% of Compensation per Eligible Employee (may not result in total contribution of zero) to be made as of the following date: _____.
- ☐ **Per Payroll Period Contribution:** _____% (may not be zero) of Compensation per Payroll Period or a flat dollar amount per Payroll

Period as shown below (complete as applicable; amount may not result in a zero flat dollar amount):

\$_____ per weekly Payroll Period
\$_____ per bi-weekly Payroll Period
\$_____ per semi-monthly Payroll Period
\$_____ per monthly Payroll Period

2. **Additional Allocation Conditions.** In order to receive a non-matching contribution, each Eligible Employee must satisfy the following additional conditions (conditions must be objectively determinable): _____

Conditions for Annual Contribution: _____

Conditions for Special One-Time Contribution: _____

Conditions for Per Payroll Period Contribution: _____

Section IV. Payroll Period. The payroll period of the Participating Employer is:

- ☐ Weekly
☐ Bi-Weekly
☐ Semi-Monthly
☐ Monthly

Section V. Modification and Termination of the Adoption Agreement. If a Participating Employer desires to amend any of its elections contained in this Adoption Agreement, the Governing Body by official action must adopt an amendment of the Adoption Agreement or a new Adoption Agreement must be adopted and forwarded to the Trustees for approval. The amendment of the new Adoption Agreement is not effective until approved by the Trustees and other procedures required by the Plan have been implemented. The Administrator shall inform the Participating Employer of any amendments made to the Plan.

Adoption Agreement may be terminated only in accordance with the Plan. The Administrator shall inform the Participating Employer of the discontinuance or abandonment of the Plan.

Effective Date. This Plan will be effective for this Employer as of the later of (1) the first day of the Plan Year (January 1) in which this Adoption Agreement is executed by the Employer; or (2) _____, 20____.

EXECUTION BY EMPLOYER

The foregoing Adoption Agreement is hereby adopted and approved on the ____ day of _____, 20__.

Signed:_____

Printed Name:_____

Title:_____

Date of Signature:_____

NOTICE TO EMPLOYER

This Adoption Agreement may only be used in conjunction with The State of Indiana Deferred Compensation Matching Plan.

The failure to properly complete this Adoption Agreement or to, operate and maintain the Plan and Trust in accordance with the terms of the completed Adoption Agreement, Master Plan Document, and Trust may result in disqualification of the Plan under the Code. Inquiries regarding the adoption of the Plan, the meaning of Plan provisions, or the effect of the IRS advisory letter should be directed to the Administrator. The Administrator is the State Comptroller of Indiana, with its primary business offices located at: 200 West Washington Street, State House Suite 240, Indianapolis, Indiana 46204. The business telephone number is: (317) 233-3300. The primary person to contact is: _____.

TRUSTEES APPROVAL

The Adoption Agreement is approved by the Board of Trustees of the State of Indiana Deferred Compensation Matching Plan. Contributions shall first be remitted as follows:

- ☐ within 15 business days after the Payroll Period ending _____, 20____.
- ☐ other (must specify): _____.

Dated: _____

By: _____

Title: _____
on behalf of the Board of Trustees