

# Agenda of Regular Meeting

## The Board of Trustees

### Marathon ISD

#### *Preparing Each Student for a Successful Future as a Lifelong Learner*

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A Regular Meeting of the Board of Trustees of Marathon ISD will be held May 24, 2023, beginning at 6:00 PM in the Marathon High School Library.

The subjects to be discussed or considered or upon which any formal action may be taken are listed below. Items do not have to be taken in the same order as shown on this meeting notice. Unless removed from the consent agenda, items identified within the consent agenda will be acted on at one time.

I. Call Meeting to Order

II. Pledge of Allegiance to the American and Texas Flags

III. Moment of Silence with Prayer

IV. Public Comment

V. Closed Meeting

In accordance with the Texas Open Meetings Act (Subchapter D and F of Chapter 551 of the Texas Government Code), the board will now enter into a closed meeting to deliberate subjects listed on this agenda authorized by Subchapter D. Any final action, decision, or vote on a subject deliberated in the closed meeting will be taken in an open meeting held in compliance with the Texas Open Meetings Act.

a. Discussion on new teacher candidates for posted vacancies.

b. Discussion regarding Business Office Manger's Schedule.

c. Discussion regarding contract renewal, resignation, and employee leave. Tex. Gov't Code 551.074

VI. Open Meeting

VII. Discuss and take possible action on Teacher Housing

VIII. Consent Items

a. Monthly Tax Collection Report 3

b. Check Payments 18

c. Financial Reports 25

d. Review and approve previous Board Minutes 48

IX. Budget Amendments 51

X. Consider and take possible action to approve TASB Localized Policies 54

Update 120

XI. Request for Proposals - Panic Alert Technology System

XII. Athletic Storage Container 59

XIII. 2023-2024 Student Athletic Insurance 61

XIV. Authorized Representatives for West Texas National Bank and TransPecos 92

Bank

XV. TASB Energy Cooperative Fuel Pool 2023	93
XVI. 2023-2025 Depository Contract for Funds of Marathon Independent School District (School District Depository - Texas Education Code, Chapter 45, Subchapter G)	109
XVII. Property Values Funding Concept- Current Year Value Change	110
XVIII. Consider and take possible action to approve BED(LOCAL)	118
XIX. Upcoming Events	
XX. Adjourn	

***The Marathon ISD seven-member Board of Trustees is focused on student achievement and the overall success of the school district.***

**Marathon ISD  
Apr-23**

<b>Total Monthly Collected:</b>	<b>9,425.96</b>
<b>Total Paid Taxes</b>	
<b>Current Base (M&amp;O)</b>	<b>7,170.20</b>
<b>Penalty</b>	<b>523.64</b>
<b>Interest</b>	<b>165.09</b>
<b>Atty Fees</b>	<b>0.00</b>
<b>Current Base (I&amp;S)</b>	
<b>Penalty</b>	
<b>Interest</b>	
<b>Delinquent Base (M&amp;O)</b>	<b>1,108.04</b>
<b>Penalty</b>	<b>132.97</b>
<b>Interest</b>	<b>326.02</b>
<b>Atty Fees</b>	<b>313.41</b>
<b>Delinquent Base (I&amp;S)</b>	
<b>Penalty</b>	
<b>Interest</b>	
<b>Atty Fees</b>	
<b>Current BPP</b>	<b>7.30</b>
<b>Penalty</b>	<b>0.59</b>
<b>Interest</b>	<b>0.22</b>
<b>Atty Fees</b>	<b>0.00</b>
<b>Delinquent BPP</b>	<b>0.00</b>
<b>Penalty</b>	<b>0.00</b>
<b>Interest</b>	<b>0.00</b>
<b>Atty Fees</b>	<b>0.00</b>
<b>CED Base</b>	<b>0.00</b>
<b>Penalty</b>	<b>0.00</b>
<b>Interest</b>	<b>0.00</b>
<b>Atty Fees</b>	<b>0.00</b>
<b>Refunds</b>	<b>0.00</b>

<b>Total Yearly Collected:</b>	<b>\$1,102,596.49</b>
<b>Total Paid Taxes</b>	<b><u>10/1/2022 to 04/30/2023</u></b>
<b>Current Base (M&amp;O)</b>	<b>1,092,527.62</b>
<b>Penalty</b>	<b>1,370.40</b>
<b>Interest</b>	<b>354.36</b>
<b>Atty Fees</b>	
<b>Current Base (I&amp;S)</b>	
<b>Penalty</b>	
<b>Interest</b>	
<b>Delinquent Base (M&amp;O)</b>	<b>6,019.16</b>
<b>Penalty</b>	<b>795.39</b>
<b>Interest</b>	<b>1,529.56</b>
<b>Atty Fees</b>	<b>1,789.28</b>
<b>Delinquent Base (I&amp;S)</b>	
<b>Penalty</b>	
<b>Interest</b>	
<b>Atty Fees</b>	
<b>Current BPP</b>	<b>572.45</b>
<b>Penalty</b>	<b>0.59</b>
<b>Interest</b>	<b>0.22</b>
<b>Atty Fees</b>	<b>0.00</b>
<b>Delinquent BPP</b>	<b>0.00</b>
<b>Penalty</b>	<b>0.00</b>
<b>Interest</b>	<b>0.00</b>
<b>Atty Fees</b>	<b>0.00</b>
<b>CED Base</b>	<b>0.00</b>
<b>Penalty</b>	<b>0.00</b>
<b>Interest</b>	<b>0.00</b>
<b>Atty Fees</b>	<b>0.00</b>
<b>Refunds</b>	<b>7,829.20</b>
<b>Percentage</b>	<b>96.79%</b>

# Tax Collections Activity Report - Current/Delinquent

5/5/2023 9:03:08AM Report Criteria  
Entity: ALL  
Year: ALL  
Date Range: 04/01/2023 to 04/30/2023  
Batch(es): ALL

Entity: Marathon ISD

Current Year	M&O	I&S	Delinquent Years	M&O	I&S	All Years	M&O	I&S
Taxes	7,170.20	0.00	Taxes	1,108.04	0.00	Taxes	8,278.24	0.00
Discounts	0.00	0.00	Discounts	0.00	0.00	Discounts	0.00	0.00
Penalty	523.64	0.00	Penalty	132.97	0.00	Penalty	656.61	0.00
Interest	165.09	0.00	Interest	326.02	0.00	Interest	491.11	0.00
<b>Total Collected</b>	<b>7,858.93</b>	<b>0.00</b>	<b>Total Collected</b>	<b>1,567.03</b>	<b>0.00</b>	<b>Total Collected</b>	<b>9,425.96</b>	<b>0.00</b>
<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Disbursed:</b>	<b>7,858.93</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>1,567.03</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>9,425.96</b>	<b>0.00</b>
<b>Current Year</b>								
Taxes	7,170.20	0.00	Taxes	1,108.04	0.00	Taxes	8,278.24	0.00
Penalty	523.64	0.00	Penalty	132.97	0.00	Penalty	656.61	0.00
Interest	165.09	0.00	Interest	326.02	0.00	Interest	491.11	0.00
<b>Total Collected</b>	<b>7,858.93</b>	<b>0.00</b>	<b>Total Collected</b>	<b>1,567.03</b>	<b>0.00</b>	<b>Total Collected</b>	<b>9,425.96</b>	<b>0.00</b>
<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Disbursed:</b>	<b>7,858.93</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>1,567.03</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>9,425.96</b>	<b>0.00</b>
<b>Delinquent Years</b>								
Taxes	0.00	0.00	Taxes	0.00	0.00	Taxes	0.00	0.00
Penalty	0.00	0.00	Penalty	0.00	0.00	Penalty	0.00	0.00
Interest	0.00	0.00	Interest	0.00	0.00	Interest	0.00	0.00
<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Disbursed:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>0.00</b>	<b>0.00</b>
<b>All Years</b>								
Taxes	7,170.20	0.00	Taxes	1,108.04	0.00	Taxes	8,278.24	0.00
Penalty	523.64	0.00	Penalty	132.97	0.00	Penalty	656.61	0.00
Interest	165.09	0.00	Interest	326.02	0.00	Interest	491.11	0.00
<b>Total Collected</b>	<b>7,858.93</b>	<b>0.00</b>	<b>Total Collected</b>	<b>1,567.03</b>	<b>0.00</b>	<b>Total Collected</b>	<b>9,425.96</b>	<b>0.00</b>
<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Disbursed:</b>	<b>7,858.93</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>1,567.03</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>9,425.96</b>	<b>0.00</b>
<b>Underpayments</b>								
Underpayments	0.00	0.00	Underpayments	0.00	0.00	Underpayments	0.00	0.00
<b>Total Paid</b>	<b>7,858.94</b>	<b>0.00</b>	<b>Total Paid</b>	<b>1,880.44</b>	<b>0.00</b>	<b>Total Paid</b>	<b>9,739.38</b>	<b>0.00</b>
<b>Attorney Fees</b>								
Attorney Fees	0.00	0.00	Attorney Fees	313.41	0.00	Attorney Fees	313.41	0.00
Refunds Paid - Attorney Fees	0.00	0.00	Refunds Paid - Attorney Fees	0.00	0.00	Refunds Paid - Attorney Fees	0.00	0.00
<b>Attorney Fee Disbursement Amount</b>	<b>0.00</b>	<b>0.00</b>	<b>Attorney Fee Disbursement Amount</b>	<b>313.41</b>	<b>0.00</b>	<b>Attorney Fee Disbursement Amount</b>	<b>313.41</b>	<b>0.00</b>

# Tax Collections Activity Report - Current/Delinquent

5/5/2023 9:03:08AM  
 Report Criteria  
 Entity: ALL  
 Year: ALL  
 Date Range: 04/01/2023 to 04/30/2023  
 Batch(es): ALL

Entity MISD BPP

Current Year	M&O	I&S	Delinquent Years	M&O	I&S	All Years	M&O	I&S
Taxes	7.30	0.00	Taxes	0.00	0.00	Taxes	7.30	0.00
Discounts	0.00	0.00	Discounts	0.00	0.00	Discounts	0.00	0.00
Penalty	0.59	0.00	Penalty	0.00	0.00	Penalty	0.59	0.00
Interest	0.22	0.00	Interest	0.00	0.00	Interest	0.22	0.00
<b>Total Collected</b>	<b>8.11</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>8.11</b>	<b>0.00</b>
<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Disbursed:</b>	<b>8.11</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>8.11</b>	<b>0.00</b>
<b>Current Year</b>								
Total Collected	8.11	0.00	Total Collected	0.00	0.00	Total Collected	8.11	0.00
Attorney Fees	0.00	0.00	Attorney Fees	0.00	0.00	Attorney Fees	0.00	0.00
Other Fees	0.00	0.00	Other Fees	0.00	0.00	Other Fees	0.00	0.00
Overpayments	0.00	0.00	Overpayments	0.00	0.00	Overpayments	0.00	0.00
<b>Total Paid</b>	<b>8.11</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>8.11</b>	<b>0.00</b>
Underpayments	0.00	0.00	Underpayments	0.00	0.00	Underpayments	0.00	0.00
<b>Total Paid</b>	<b>8.11</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>8.11</b>	<b>0.00</b>
<b>Delinquent Years</b>								
Total Collected	0.00	0.00	Total Collected	0.00	0.00	Total Collected	0.00	0.00
Attorney Fees	0.00	0.00	Attorney Fees	0.00	0.00	Attorney Fees	0.00	0.00
Other Fees	0.00	0.00	Other Fees	0.00	0.00	Other Fees	0.00	0.00
Overpayments	0.00	0.00	Overpayments	0.00	0.00	Overpayments	0.00	0.00
<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>
Underpayments	0.00	0.00	Underpayments	0.00	0.00	Underpayments	0.00	0.00
<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>
<b>All Years</b>								
Total Collected	8.11	0.00	Total Collected	0.00	0.00	Total Collected	8.11	0.00
Attorney Fees	0.00	0.00	Attorney Fees	0.00	0.00	Attorney Fees	0.00	0.00
Other Fees	0.00	0.00	Other Fees	0.00	0.00	Other Fees	0.00	0.00
Overpayments	0.00	0.00	Overpayments	0.00	0.00	Overpayments	0.00	0.00
<b>Total Paid</b>	<b>8.11</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>8.11</b>	<b>0.00</b>
Underpayments	0.00	0.00	Underpayments	0.00	0.00	Underpayments	0.00	0.00
<b>Total Paid</b>	<b>8.11</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>8.11</b>	<b>0.00</b>
<b>Attorney Fee Disbursement Amount</b>								
Attorney Fees	0.00	0.00	Attorney Fees	0.00	0.00	Attorney Fees	0.00	0.00
Refunds Paid - Attorney Fees	0.00	0.00	Refunds Paid - Attorney Fees	0.00	0.00	Refunds Paid - Attorney Fees	0.00	0.00
<b>Attorney Fee Disbursement Amount</b>	<b>0.00</b>	<b>0.00</b>	<b>Attorney Fee Disbursement Amount</b>	<b>0.00</b>	<b>0.00</b>	<b>Attorney Fee Disbursement Amount</b>	<b>0.00</b>	<b>0.00</b>

# Tax Collections Activity Report - Current/Delinquent

5/5/2023

9:03:08AM

Report Criteria

Entity: ALL  
 Year: ALL  
 Date Range: 04/01/2023 to 04/30/2023  
 Batch(es): ALL

Brewster County Tax Office  
 Page 15 of 20

Entity	MCEID	Current Year	M&O	I&S	Delinquent Years	M&O	I&S	All Years	M&O	I&S
		Taxes	0.00	0.00	Taxes	0.00	0.00	Taxes	0.00	0.00
		Discounts	0.00	0.00	Discounts	0.00	0.00	Discounts	0.00	0.00
		Penalty	0.00	0.00	Penalty	0.00	0.00	Penalty	0.00	0.00
		Interest	0.00	0.00	Interest	0.00	0.00	Interest	0.00	0.00
		<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>
		<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>
		Refunds Paid			Refunds Paid			Refunds Paid		
		Taxes	0.00	0.00	Taxes	0.00	0.00	Taxes	0.00	0.00
		Penalty	0.00	0.00	Penalty	0.00	0.00	Penalty	0.00	0.00
		Interest	0.00	0.00	Interest	0.00	0.00	Interest	0.00	0.00
		<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>
		<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>
		Taxes	0.00	0.00	Taxes	0.00	0.00	Taxes	0.00	0.00
		Penalty	0.00	0.00	Penalty	0.00	0.00	Penalty	0.00	0.00
		Interest	0.00	0.00	Interest	0.00	0.00	Interest	0.00	0.00
		<b>Total Disbursed:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>0.00</b>	<b>0.00</b>
		<b>Total Disbursed:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>0.00</b>	<b>0.00</b>
		<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>
		Attorney Fees	0.00	0.00	Attorney Fees	0.00	0.00	Attorney Fees	0.00	0.00
		Refunds Paid -	0.00	0.00	Refunds Paid -	0.00	0.00	Refunds Paid -	0.00	0.00
		Attorney Fees			Attorney Fees			Attorney Fees		
		Attorney Fee Disbursement Amount	0.00		Attorney Fee Disbursement Amount	0.00		Attorney Fee Disbursement Amount	0.00	
		<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>
		Underpayments	0.00	0.00	Underpayments	0.00	0.00	Underpayments	0.00	0.00
		<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>
		Attorney Fees	0.00	0.00	Attorney Fees	0.00	0.00	Attorney Fees	0.00	0.00
		Refunds Paid -	0.00	0.00	Refunds Paid -	0.00	0.00	Refunds Paid -	0.00	0.00
		Attorney Fees			Attorney Fees			Attorney Fees		
		Attorney Fee Disbursement Amount	0.00		Attorney Fee Disbursement Amount	0.00		Attorney Fee Disbursement Amount	0.00	
		<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>

# Year to Date Recap Report

04/01/2023-04/30/2023

5/5/2023 9:23:36AM

Totals for Entity: 23 Marathon ISD

Year	Original Tax	Adjustments	Adjusted Tax	Base Tax Pd	Under	Disc	Eff Taxes Paid	Penalty	Interest	All Fee	Overage	Payments	Balance	%	#Owned
1971	18.55	0.00	18.55	18.55	0.00	0.00	18.55	0.00	0.00	0.00	0.00	18.55	0.00	100.00	0
1972	18.56	0.00	18.56	18.56	0.00	0.00	18.56	0.00	0.00	0.00	0.00	18.56	0.00	100.00	0
1973	18.56	0.00	18.56	18.56	0.00	0.00	18.56	0.00	0.00	0.00	0.00	18.56	0.00	100.00	0
1974	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	.00	0
1975	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	.00	0
1976	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	.00	0
1977	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	.00	0
1978	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	.00	0
1979	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	.00	0
1980	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	.00	0
1981	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	.00	0
1982	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	.00	0
1983	403.75	-355.30	48.45	48.45	0.00	0.00	48.45	3.64	78.76	16.91	0.00	147.76	0.00	100.00	0
1984	1,033.08	-613.07	420.01	420.01	0.00	0.00	420.01	37.04	789.41	167.27	0.00	1,383.73	0.00	100.00	0
1985	1,797.09	-1,480.62	336.47	336.47	0.00	0.00	336.47	26.15	527.88	115.82	0.00	1,006.32	0.00	100.00	0
1986	1,899.75	-1,623.26	276.49	276.49	0.00	0.00	276.49	25.42	487.25	108.67	0.00	897.83	0.00	100.00	0
1987	1,961.43	-1,206.32	755.11	755.11	0.00	0.00	755.11	86.16	1,855.44	398.94	0.00	3,095.65	0.00	100.00	0
1988	1,964.87	-1,164.86	790.01	790.01	0.00	0.00	790.01	90.12	1,874.86	407.37	0.00	3,162.36	0.00	100.00	0
1989	1,960.98	-1,150.11	810.87	810.87	0.00	0.00	810.87	73.94	1,455.17	321.84	0.00	2,661.82	0.00	100.00	0
1990	2,024.73	-1,179.43	845.30	845.30	0.00	0.00	845.30	76.72	1,431.20	322.07	0.00	2,675.29	0.00	100.00	0
1991	937.59	-417.23	520.36	520.36	0.00	0.00	520.36	50.81	815.05	193.36	0.00	1,579.58	0.00	100.00	0
1992	781.15	-306.25	474.90	474.90	0.00	0.00	474.90	48.58	724.84	176.71	0.00	1,425.03	0.00	100.00	0
1993	2,468.51	-954.24	1,514.27	1,514.27	0.00	0.00	1,514.27	159.05	2,224.14	558.89	0.00	4,473.35	0.00	100.00	0
1994	2,354.46	-1,030.07	1,324.39	1,324.39	0.00	0.00	1,324.39	133.45	1,797.57	456.48	0.00	3,711.89	0.00	100.00	0
1995	2,902.43	-1,081.92	1,820.51	1,820.51	0.00	0.00	1,820.51	150.77	1,855.97	489.52	0.00	4,316.77	0.00	100.00	0
1996	3,696.79	-1,220.58	2,476.21	2,476.21	0.00	0.00	2,476.21	181.27	2,019.06	556.71	0.00	5,233.25	0.00	100.00	0
1997	4,223.17	-1,418.58	2,804.59	2,804.59	0.00	0.00	2,804.59	209.28	2,194.50	622.14	0.00	5,830.51	0.00	100.00	0
1998	5,453.51	-1,445.52	4,007.99	4,007.99	0.00	0.00	4,007.99	288.31	2,423.51	739.10	0.00	7,438.91	0.00	100.00	0
1999	10,414.83	-1,459.91	8,954.92	8,954.92	0.00	0.00	8,954.92	432.96	3,704.64	1,013.58	0.00	14,106.10	0.00	100.00	0
2000	56,668.49	-1,428.35	55,240.14	55,240.14	0.00	0.00	55,240.14	487.42	3,263.21	1,032.10	0.00	60,022.87	0.00	100.00	0
2001	712,159.02	440.79	712,599.81	712,515.96	0.00	0.00	712,515.96	782.87	4,222.93	1,392.74	0.00	718,914.50	83.85	99.99	1
2002	694,002.92	-1,278.31	692,724.61	691,893.16	0.00	0.00	691,893.16	1,197.97	4,806.24	2,070.09	0.00	699,967.46	831.45	99.88	38
2003	662,708.92	-1,753.08	660,955.84	660,125.76	0.28	0.00	660,126.04	1,365.79	3,979.72	2,194.36	0.11	667,665.74	829.80	99.87	38
2004	713,904.51	-5,139.83	708,764.68	707,853.54	2.03	0.00	707,855.57	3,950.31	4,489.70	3,251.84	1.28	719,546.67	909.11	99.87	40

Effective Taxes Paid = Base Tax Pd + Under + Disc  
 Amount Paid = Base Tax Pd + Penalty + Interest + All Fee+ Overage  
 Balance = Adjusted Tax- Eff Taxes Paid

# Year to Date Recap Report 04/01/2023-04/30/2023

5/5/2023 9:23:36AM

Totals for Entity: 23 Marathon ISD

Year	Original Tax	Adjustments	Adjusted Tax	Base Tax Pd	Under	Disc	Eff Taxes Paid	Penalty	Interest	Att. Fee	Overage	Payments	Balance	%	#Owed
2005	720,343.60	-5,722.66	714,620.95	713,479.73	2.23	0.00	713,481.96	4,437.80	3,547.95	2,287.70	2.25	723,755.43	1,138.99	99.84	42
2006	896,376.41	-5,415.79	879,960.62	878,962.79	0.97	0.00	878,963.76	3,480.74	2,982.55	2,391.37	1.73	888,349.18	1,006.66	99.85	41
2007	542,646.13	-12,597.90	530,048.23	529,279.11	0.84	0.00	529,279.95	2,373.26	1,619.41	1,604.90	2.19	534,878.87	768.28	99.85	42
2008	649,499.84	-2,249.89	647,249.95	646,273.43	2.52	0.00	646,275.75	2,875.23	2,326.01	1,313.49	1.31	653,289.47	974.20	99.85	46
2009	713,110.54	-33,305.98	679,804.66	678,371.75	0.26	0.00	678,372.01	3,564.10	2,851.30	2,987.43	1.77	687,776.35	1,432.65	99.79	53
2010	708,741.13	-2,670.27	706,070.86	704,541.38	4.28	0.00	704,545.66	2,741.80	2,643.07	2,645.82	3.35	712,575.22	1,525.20	99.78	59
2011	744,512.55	-1,714.85	742,797.70	741,339.89	0.79	0.00	741,340.68	2,909.46	2,873.95	2,551.39	1.81	749,676.50	1,457.02	99.80	58
2012	764,148.94	-2,018.40	762,128.54	760,571.67	4.19	0.00	760,575.86	2,920.37	2,768.43	2,547.04	2.45	768,809.96	1,552.88	99.80	62
2013	788,693.11	-6,169.63	782,523.48	780,948.25	2.12	0.00	780,950.37	4,395.34	3,770.14	4,435.05	5.79	793,554.67	1,673.11	99.80	66
2014	873,578.88	-17,511.24	856,067.64	854,466.07	6.68	0.00	854,472.75	4,079.17	2,981.01	3,248.78	4.93	864,779.96	1,594.89	99.81	69
2015	968,189.65	-4,782.13	963,407.52	961,450.98	3.08	0.00	961,454.06	4,198.74	3,193.62	2,786.30	6.47	971,636.11	1,953.46	99.80	77
2016	1,020,986.68	-14,639.27	1,006,346.41	1,003,254.92	4.17	0.00	1,003,259.09	3,998.91	3,351.74	4,754.38	3.34	1,015,363.29	3,087.32	99.69	84
2017	1,053,648.10	-5,083.56	1,048,564.54	1,045,888.40	2.23	0.00	1,045,870.63	3,994.26	3,239.20	4,318.21	3.37	1,057,423.44	3,013.91	99.71	84
2018	1,100,430.61	-11,584.44	1,088,846.17	1,086,671.41	3.21	0.00	1,086,674.62	3,302.63	3,285.45	4,369.59	3.26	1,097,632.34	2,171.55	99.80	88
2019	1,013,806.07	-22,591.65	991,214.22	988,516.99	6.34	0.00	988,523.23	2,889.65	2,142.57	2,993.38	1.79	996,544.48	2,680.99	99.73	100
2020	1,038,705.63	-4,410.92	1,034,294.71	1,026,727.61	1.88	0.00	1,026,729.49	4,210.47	2,188.64	2,551.66	3.14	1,035,681.72	7,565.22	99.27	100
2021	1,080,554.10	-4,100.73	1,076,453.37	1,066,795.99	2.09	0.00	1,066,798.07	3,602.02	1,716.42	2,287.79	1.18	1,074,393.39	9,665.30	99.10	159
2022	1,136,072.25	-6,291.42	1,128,780.83	1,092,527.62	1.94	0.00	1,092,529.56	1,370.40	354.36	0.00	2.24	1,094,264.62	36,251.27	96.79	248
Total for all Delinquent Years:															
	17,353,036.62	-163,795.45	17,169,241.17	17,123,365.34	49.99	0.00	17,123,415.33	69,811.98	94,499.51	67,720.99	51.52	17,365,449.34	45,825.84		1,374
Totals for All Years:															
	18,488,108.87	-190,086.87	18,298,022.00	18,215,892.96	51.93	0.00	18,215,944.89	71,182.38	94,653.87	67,720.99	53.76	18,449,703.96	82,077.11		1,622
Refund Paid:															
				-57,130.29	0.00	0.00		-588.51	-434.78	-228.39	-0.01	-58,381.98			

Effective Taxes Paid = Base Tax Pd + Under + Disc  
 Amount Paid = Base Tax Pd + Penalty + Interest + Att. Fee+ Overage  
 Balance = Adjusted Tax- Eff Taxes Paid

# Year to Date Recap Report 04/01/2023-04/30/2023

5/5/2023 9:23:36AM

Totals for Entity: 23BP MISD BPP

Year	Original Tax	Adjustments	Adjusted Tax	Base Tax Pd	Under	Disc	Eff Taxes Paid	Penalty	Interest	Att Fee	Overage	Payments	Balance	%	#Owed
2006	528.48	-97.72	430.76	430.76	0.00	0.00	430.76	11.61	7.08	14.25	0.00	463.70	0.00	100.00	0
2007	592.53	-274.81	317.72	317.72	0.00	0.00	317.72	7.04	1.43	0.00	0.00	326.19	0.00	100.00	0
2008	768.08	-3.06	765.02	764.98	0.04	0.00	765.02	15.62	7.94	0.00	0.00	788.54	0.00	99.99	0
2009	20,427.10	-20,093.94	333.16	333.16	0.00	0.00	333.16	6.46	3.30	0.00	0.00	342.92	0.00	100.00	0
2010	119.94	0.00	119.94	119.94	0.00	0.00	119.94	0.00	0.00	0.00	0.00	119.94	0.00	100.00	0
2011	402.85	-41.62	361.23	361.23	0.00	0.00	361.23	13.70	4.97	0.00	0.00	379.90	0.00	100.00	0
2012	637.88	-57.72	580.16	580.16	0.00	0.00	580.16	4.80	2.40	0.00	0.00	587.36	0.00	100.00	0
2013	1,002.66	-443.17	559.48	558.92	0.00	0.00	558.92	7.05	6.41	0.00	0.00	572.36	0.56	99.90	1
2014	281.25	-19.49	261.76	261.22	0.00	0.00	261.22	2.97	0.56	0.00	0.02	264.77	0.54	99.79	1
2015	31,974.19	-30,466.16	1,508.03	1,500.05	0.00	0.00	1,500.05	3.13	1.57	0.00	0.02	1,504.77	7.98	99.47	2
2016	234.16	-13.11	221.05	213.07	0.00	0.00	213.07	2.08	0.37	0.00	0.00	215.52	7.98	96.39	2
2017	270.90	-114.54	156.36	148.38	0.00	0.00	148.38	0.37	0.18	0.66	0.00	149.59	7.98	94.90	2
2018	1,169.44	-996.67	172.77	164.76	0.03	0.00	164.79	0.69	0.35	1.36	0.00	167.16	7.98	95.36	2
2019	366.22	-62.05	304.17	303.67	0.00	0.00	303.67	0.59	0.14	1.35	0.06	305.81	0.50	99.84	1
2020	336.92	0.00	336.92	336.42	0.00	0.00	336.42	0.18	0.05	1.33	0.00	337.96	0.50	99.85	1
2021	715.93	-331.38	384.55	384.08	0.00	0.00	384.08	0.35	0.11	0.00	0.00	384.54	0.47	99.88	1
2022	618.66	-24.40	594.26	572.45	0.00	0.00	572.45	0.59	0.22	0.00	0.00	573.26	21.81	96.33	3
Total for all Delinquent Years:															
Totals for All Years:															
	59,828.52	-53,015.44	6,813.08	6,778.52	0.07	0.00	6,778.59	76.64	36.86	18.95	0.10	6,911.07	34.49		13
Return Paid:															
	60,447.18	-53,039.84	7,407.34	7,350.97	0.07	0.00	7,351.04	77.23	37.08	18.96	0.10	7,484.33	56.30		16
				-252.65		0.00		-2.46	-1.23	0.00	0.00	-256.34			

Effective Taxes Paid = Base Tax Pd + Under + Disc  
 Amount Paid = Base Tax Pd + Penalty + Interest + Att. Fee+ Overage  
 Balance = Adjusted Tax- Eff Taxes Paid

5/5/2023 9:23:36AM

Totals for Entity: 27 MCED

Year	Original Tax	Adjustments	Adjusted Tax	Base Tax Pd	Under	Disc	Eff Taxes Paid	Penalty	Interest	Alt Fee	Overage	Payments	Balance	%	#Owed
1991	1,438.89	-652.90	785.79	785.79	0.00	0.00	785.79	77.60	1,249.66	296.11	0.00	2,409.16	0.00	100.00	0
1992	1,472.09	-643.08	829.01	829.01	0.00	0.00	829.01	86.56	1,322.26	319.50	0.00	2,657.33	0.00	100.00	0
Total for all Delinquent Years:															
	2,910.78	-1,295.98	1,614.80	1,614.80	0.00	0.00	1,614.80	164.16	2,571.92	615.61	0.00	4,966.49	0.00		0
Totals for All Years:															
	2,910.78	-1,295.98	1,614.80	1,614.80	0.00	0.00	1,614.80	164.16	2,571.92	615.61	0.00	4,966.49	0.00		0
Retund Paid:															
				0.00		0.00		0.00	0.00	0.00	0.00	0.00			

Effective Taxes Paid = Base Tax Pd + Under + Disc  
 Amount Paid = Base Tax Pd + Penalty + Interest + Alt. Fee+ Overage  
 Balance = Adjusted Tax- Eff Taxes Paid

# Tax Collections Activity Report - Current/Delinquent

5/5/2023 9:08:59AM

Report Criteria

Entity: ALL  
Year: ALL  
Date Range: 10/01/2022 to 04/30/2023  
Batch(es): ALL

Entity: Marathon ISD

Current Year	M&O	I&S	Delinquent Years	M&O	I&S	All Years	M&O	I&S
Taxes	1,099,747.64	0.00	Taxes	6,628.34	0.00	Taxes	1,106,375.98	0.00
Discounts	0.00	0.00	Discounts	0.00	0.00	Discounts	0.00	0.00
Penalty	1,370.40	0.00	Penalty	795.39	0.00	Penalty	2,165.79	0.00
Interest	354.36	0.00	Interest	1,529.56	0.00	Interest	1,883.92	0.00
<b>Total Collected</b>	<b>1,101,472.40</b>	<b>0.00</b>	<b>Total Collected</b>	<b>8,953.29</b>	<b>0.00</b>	<b>Total Collected</b>	<b>1,110,425.69</b>	<b>0.00</b>
<b>Total Refunded:</b>	<b>7,220.02</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>609.18</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>7,829.20</b>	<b>0.00</b>
<b>Total Refunded:</b>	<b>7,220.02</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>609.18</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>7,829.20</b>	<b>0.00</b>
Taxes	1,092,527.62	0.00	Taxes	6,019.16	0.00	Taxes	1,098,546.78	0.00
Penalty	1,370.40	0.00	Penalty	795.39	0.00	Penalty	2,165.79	0.00
Interest	354.36	0.00	Interest	1,529.56	0.00	Interest	1,883.92	0.00
<b>Total Disbursed:</b>	<b>1,094,252.38</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>8,344.11</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>1,102,596.49</b>	<b>0.00</b>
<b>Total Disbursed:</b>	<b>1,094,252.38</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>8,344.11</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>1,102,596.49</b>	<b>0.00</b>
<b>Current Year</b>	<b>1,101,472.40</b>		<b>Delinquent Years</b>	<b>8,953.29</b>		<b>All Years</b>	<b>1,110,425.69</b>	
Attorney Fees	0.00		Attorney Fees	1,789.28		Attorney Fees	1,789.28	
Refunds Paid - Attorney Fees	0.00		Refunds Paid - Attorney Fees	0.00		Refunds Paid - Attorney Fees	0.00	
Attorney Fee Disbursement Amount	0.00		Attorney Fee Disbursement Amount	1,789.28		Attorney Fee Disbursement Amount	1,789.28	
<b>Underpayments</b>	<b>1.94</b>		<b>Underpayments</b>	<b>0.00</b>		<b>Underpayments</b>	<b>1.94</b>	
<b>Total Paid</b>	<b>1,101,474.64</b>		<b>Total Paid</b>	<b>10,742.57</b>		<b>Total Paid</b>	<b>1,112,217.21</b>	

# Tax Collections Activity Report - Current/Delinquent

5/5/2023 9:08:59AM

Report Criteria

Entity: ALL  
 Year: ALL  
 Date Range: 10/01/2022 to 04/30/2023  
 Batch(es): ALL

Entity: MISD BPP

Current Year	M&O	I&S	Delinquent Years	M&O	I&S	All Years	M&O	I&S
Taxes	572.45	0.00	Taxes	0.00	0.00	Taxes	572.45	0.00
Discounts	0.00	0.00	Discounts	0.00	0.00	Discounts	0.00	0.00
Penalty	0.59	0.00	Penalty	0.00	0.00	Penalty	0.59	0.00
Interest	0.22	0.00	Interest	0.00	0.00	Interest	0.22	0.00
<b>Total Collected</b>	<b>573.26</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>573.26</b>	<b>0.00</b>
<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Disbursed:</b>	<b>573.26</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>573.26</b>	<b>0.00</b>
Taxes	572.45	0.00	Taxes	0.00	0.00	Taxes	572.45	0.00
Penalty	0.59	0.00	Penalty	0.00	0.00	Penalty	0.59	0.00
Interest	0.22	0.00	Interest	0.00	0.00	Interest	0.22	0.00
<b>Total Collected</b>	<b>573.26</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>573.26</b>	<b>0.00</b>
<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Disbursed:</b>	<b>573.26</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>573.26</b>	<b>0.00</b>
Underpayments	0.00		Underpayments	0.00		Underpayments	0.00	
<b>Total Paid</b>	<b>573.26</b>		<b>Total Paid</b>	<b>0.00</b>		<b>Total Paid</b>	<b>573.26</b>	
Attorney Fees	0.00		Attorney Fees	0.00		Attorney Fees	0.00	
Refunds Paid - Attorney Fees	0.00		Refunds Paid - Attorney Fees	0.00		Refunds Paid - Attorney Fees	0.00	
<b>Attorney Fee Disbursement Amount</b>	<b>0.00</b>		<b>Attorney Fee Disbursement Amount</b>	<b>0.00</b>		<b>Attorney Fee Disbursement Amount</b>	<b>0.00</b>	

# Tax Collections Activity Report - Current/Delinquent

5/5/2023 9:08:59AM Report Criteria  
 Entity: ALL  
 Year: ALL  
 Date Range: 10/01/2022 to 04/30/2023  
 Batch(es): ALL

Entity	MICED	Current Year			Delinquent Years			All Years		
		M&O	I&S		M&O	I&S		M&O	I&S	
Taxes		0.00	0.00	Taxes	0.00	0.00	Taxes	0.00	0.00	
Discounts		0.00	0.00	Discounts	0.00	0.00	Discounts	0.00	0.00	
Penalty		0.00	0.00	Penalty	0.00	0.00	Penalty	0.00	0.00	
Interest		0.00	0.00	Interest	0.00	0.00	Interest	0.00	0.00	
<b>Total Collected</b>		<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	
<b>Total Collected</b>		<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	
<b>Refunds Paid</b>				<b>Refunds Paid</b>			<b>Refunds Paid</b>			
Taxes		0.00	0.00	Taxes	0.00	0.00	Taxes	0.00	0.00	
Penalty		0.00	0.00	Penalty	0.00	0.00	Penalty	0.00	0.00	
Interest		0.00	0.00	Interest	0.00	0.00	Interest	0.00	0.00	
<b>Total Refunded:</b>		<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	
<b>Total Refunded:</b>		<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Refunded:</b>	<b>0.00</b>	<b>0.00</b>	
Taxes		0.00	0.00	Taxes	0.00	0.00	Taxes	0.00	0.00	
Penalty		0.00	0.00	Penalty	0.00	0.00	Penalty	0.00	0.00	
Interest		0.00	0.00	Interest	0.00	0.00	Interest	0.00	0.00	
<b>Total Disbursed:</b>		<b>0.00</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>0.00</b>	<b>0.00</b>	
<b>Total Disbursed:</b>		<b>0.00</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Disbursed:</b>	<b>0.00</b>	<b>0.00</b>	
<b>Current Year</b>										
<b>Total Collected</b>		<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	
Attorney Fees		0.00	0.00	Attorney Fees	0.00	0.00	Attorney Fees	0.00	0.00	
Other Fees		0.00	0.00	Other Fees	0.00	0.00	Other Fees	0.00	0.00	
Overpayments		0.00	0.00	Overpayments	0.00	0.00	Overpayments	0.00	0.00	
<b>Total Paid</b>		<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	
<b>Underpayments</b>		<b>0.00</b>	<b>0.00</b>	<b>Underpayments</b>	<b>0.00</b>	<b>0.00</b>	<b>Underpayments</b>	<b>0.00</b>	<b>0.00</b>	
<b>Total Paid</b>		<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	
<b>All Years</b>										
<b>Total Collected</b>		<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Collected</b>	<b>0.00</b>	<b>0.00</b>	
Attorney Fees		0.00	0.00	Attorney Fees	0.00	0.00	Attorney Fees	0.00	0.00	
Refunds Paid - Attorney Fees		0.00	0.00	Refunds Paid - Attorney Fees	0.00	0.00	Refunds Paid - Attorney Fees	0.00	0.00	
Overpayments		0.00	0.00	Overpayments	0.00	0.00	Overpayments	0.00	0.00	
<b>Total Paid</b>		<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	
<b>Underpayments</b>		<b>0.00</b>	<b>0.00</b>	<b>Underpayments</b>	<b>0.00</b>	<b>0.00</b>	<b>Underpayments</b>	<b>0.00</b>	<b>0.00</b>	
<b>Total Paid</b>		<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	<b>Total Paid</b>	<b>0.00</b>	<b>0.00</b>	
<b>Attorney Fee Disbursement Amount</b>										
		0.00	0.00		0.00	0.00		0.00	0.00	

Totals for Entity: 23 Marathon ISD

Year	Base Tax Pd	Under	Discounts	Eff Taxes Paid	Penalty	Interest	Alt. Fee	Overage	Payments	Adjustments
1971	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1972	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1973	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1974	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1975	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1976	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1977	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1978	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1979	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1980	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1981	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1982	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1983	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1984	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1985	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1986	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1987	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1988	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1989	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1990	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1991	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1992	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1993	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1994	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1995	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1996	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1997	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1998	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1999	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2001	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2002	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2003	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2004	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Effective Taxes Paid = Base Tax Pd + Under + Disc  
 Amount Paid = Base Tax Pd + Penalty + Interest + Alt. Fee+ Overage

5/5/2023 9:16:05AM

Totals for Entity: 23 Marathon ISD

Year	Base Tax Pd	Under	Discounts	EFF Taxes Paid	Penalty	Interest	Att. Fee	Overage	Payments	Adjustments
2005	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2006	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2007	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2008	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2009	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2010	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2011	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2012	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2013	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2014	13.24	0.00	0.00	13.24	1.59	13.11	5.59	0.00	33.53	0.00
2015	58.50	0.00	0.00	58.50	7.02	50.90	23.28	0.00	139.70	0.00
2016	58.50	0.00	0.00	58.50	7.02	43.98	21.88	0.00	131.28	0.00
2017	58.50	0.00	0.00	58.50	7.02	36.96	20.48	0.00	122.96	0.00
2018	59.10	0.00	0.00	59.10	7.09	30.15	19.27	0.00	115.61	0.00
2019	54.74	0.00	0.00	54.74	6.57	21.34	16.53	0.00	99.18	0.00
2020	74.66	0.00	0.00	74.66	8.96	20.16	20.76	0.00	124.54	0.00
2021	730.80	0.00	0.00	730.80	87.70	109.62	165.62	0.00	1,113.74	0.00
2022	7,170.20	0.00	0.00	7,170.20	523.64	165.09	0.00	0.01	7,858.94	0.00
Total for Delinquent Years										
	1,108.04	0.00	0.00	1,108.04	132.97	326.02	313.41	0.00	1,880.44	0.00
Totals for All Years:										
	8,278.24	0.00	0.00	8,278.24	656.61	491.11	313.41	0.01	9,739.38	0.00
Refund Paid:										
	0.00		0.00		0.00	0.00	0.00	0.00	0.00	

Effective Taxes Paid = Base Tax Pd + Under + Disc  
 Amount Paid = Base Tax Pd + Penalty + Interest + Att. Fee+ Overage

5/5/2023 9:16:05AM

Totals for Entity: 23BP MISD BPP

Year	Base Tax Pd	Under	Discounts	Eff Taxes Paid	Penalty	Interest	Att. Fee	Overage	Payments	Adjustments
2006	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2007	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2008	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2009	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2010	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2011	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2012	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2013	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2014	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2015	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2016	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2017	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2018	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2019	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2020	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2021	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2022	7.30	0.00	0.00	7.30	0.59	0.22	0.00	0.00	8.11	0.00
Total for Delinquent Years										
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals for All Years:										
	7.30	0.00	0.00	7.30	0.59	0.22	0.00	0.00	8.11	0.00
Refund Paid:										
	0.00		0.00		0.00	0.00	0.00	0.00	0.00	

Effective Taxes Paid = Base Tax Pd + Under + Disc  
 Amount Paid = Base Tax Pd + Penalty + Interest + Att. Fee+ Overage

5/5/2023 9:16:05AM

Totals for Entity: 27 MCED

Year	Base Tax Pd	Under	Discounts	Eff Taxes Paid	Penalty	Interest	Att. Fee	Overage	Payments	Adjustments
1991	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1992	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total for Delinquent Years										
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals for All Years:										
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Refund Paid:										
	0.00		0.00		0.00	0.00	0.00	0.00	0.00	

Effective Taxes Paid = Base Tax Pd + Under + Disc  
 Amount Paid = Base Tax Pd + Penalty + Interest + Att. Fee+ Overage

Check Nbr	Check Date	Vend Nbr	Payee	Organization	PO Nbr Fnd-Fnc-Obj.	Invoice Nbr So-Org-Prog	Typ Cd	Reason	Amount	EFT
033161	04-11-2023	00013	DOUBLE R WELDING S	MARATHON SCHOO	300178	4219	C	gasses and rental	92.32	N
					199-11-6268.00-001-322015					
				MARATHON SCHOO	300178	DEM-8411	C	gasses and rental	16.43	N
					199-11-6268.00-001-322015					
				MARATHON SCHOO	300178	DEM-8541	C	gasses and rental	29.68	N
					199-11-6268.00-001-322015					
<b>Check 033161 Total:</b>									<b>138.43</b>	
<b>Vendor 00013 Total:</b>									<b>138.43</b>	
033153	04-11-2023	00057	MORRISON TRUE VAL	DISTRICT WIDE	300333	215710	C	Maint Sup - April	45.98	N
					199-51-6319.01-999-399000					
033165	04-11-2023	00057	MORRISON TRUE VAL	MARATHON SCHOO	300318	215480	C	grinding discs wire wheels	92.10	N
					199-11-6395.02-001-322015					
033173	04-21-2023	00057	MORRISON TRUE VAL	MARATHON SCHOO	300318	217351	C	grinding discs wire wheels	34.99	N
					199-11-6395.02-001-322015					
				DISTRICT WIDE	300292	217351	C	Maint Sup - March	2.58	N
					199-51-6319.01-999-399000					
				DISTRICT WIDE	300292	217349	C	Maint Sup - March	109.97	N
					199-51-6319.01-999-399000					
<b>Check 033173 Total:</b>									<b>147.54</b>	
<b>Vendor 00057 Total:</b>									<b>285.62</b>	
042301	04-03-2023	00086	TEACHER RETIREMEN	UAIC -SUPP.	300086		D	April Premium	6,927.00	N
					863-00-2153.00-007-300000					
042306	04-27-2023	00086	TEACHER RETIREMEN		300094		D	April Payroll	416.70	N
					863-00-2155.00-000-300000					
					300094		D	April Payroll	5,128.81	N
					863-00-2155.00-000-300000					
					300094		D	April Payroll	107.94	N
					863-00-2155.01-000-300000					
					300094		D	April Payroll	673.19	N
					863-00-2155.02-000-300000					
					300094		D	April Payroll	2,939.49	N
					863-00-2155.06-000-300000					
					300094		D	April Payroll	1,002.52	N
					863-00-2155.08-000-300000					
<b>Check 042306 Total:</b>									<b>10,268.65</b>	
<b>Vendor 00086 Total:</b>									<b>17,195.65</b>	
033159	04-11-2023	00134	Walsh Gallegos Trevino	SCHOOL BOARD	300297	650924	C	Legal fees	67.00	N
					199-41-6211.00-702-399000					
				SCHOOL BOARD	300297	650925	C	Legal fees	5,666.50	N
					199-41-6211.00-702-399000					
<b>Check 033159 Total:</b>									<b>5,733.50</b>	
<b>Vendor 00134 Total:</b>									<b>5,733.50</b>	
033164	04-11-2023	00146	MASTERCARD - CARD	MARATHON SCHOO	300219		C	testing - snacks	241.50	N
					199-31-6399.00-001-399000					
				MARATHON SCHOO	300088		C	Testing Supplies	41.88	N
					199-31-6499.02-001-399000					
				DISTRICT WIDE	300089		C	Misc Vehicle Parts	28.66	N
					199-34-6319.01-999-399000					
				DISTRICT WIDE	300338		C	White bus inspection	40.00	N
					199-34-6499.04-999-399000					
				MARATHON SCHOO	300328		C	Meals Track	88.56	N
					199-36-6412.32-001-391000					
				MARATHON SCHOO	300303		C	Track Meals - HS	124.61	N
					199-36-6412.32-001-391000					

Check Nbr	Check Date	Vend Nbr	Payee	Organization	PO Nbr Fnd-Fnc-Obj.	Invoice Nbr So-Org-Prog	Typ Cd	Reason	Amount	EFT
				MARATHON SCHOO	300339		C	Regional Tennis - Hotel	40.00	N
					199-36-6412.36-001-391000					
				MARATHON SCHOO	300332		C	Rooms for Regional Tennis	40.00	N
					199-36-6412.36-001-391000					
				MARATHON SCHOO	300339		C	Regional Tennis - Hotel	300.00	N
					199-36-6412.36-001-391000					
				MARATHON SCHOO	300332		C	Rooms for Regional Tennis	300.00	N
					199-36-6412.36-001-391000					
				MARATHON SCHOO	300304		C	Tennis Meals - HS	59.10	N
					199-36-6412.36-001-391000					
				MARATHON SCHOO	300342		C	Tennis Meals - HS	53.42	N
					199-36-6412.36-001-391000					
				MARATHON SCHOO	300342		C	Tennis Meals - HS	96.61	N
					199-36-6412.36-001-391000					
				MARATHON SCHOO	300342		C	Tennis Meals - HS	62.73	N
					199-36-6412.36-001-391000					
				MARATHON SCHOO	300342		C	Tennis Meals - HS	53.85	N
					199-36-6412.36-001-391000					
				MARATHON SCHOO	300304		C	Tennis Meals - HS	32.93	N
					199-36-6412.36-001-391000					
				MARATHON SCHOO	300304		C	Tennis Meals - HS	69.97	N
					199-36-6412.36-001-391000					
				MARATHON SCHOO	300311		C	Meals Golf	34.07	N
					199-36-6412.38-001-391000					
				MARATHON SCHOO	300310		C	Meals Golf Girls	35.13	N
					199-36-6412.38-001-391000					
				MARATHON SCHOO	300309		C	Meals Golf	68.27	N
					199-36-6412.38-001-391000					
				MARATHON SCHOO	300311		C	Meals Golf	25.36	N
					199-36-6412.38-001-391000					
				MARATHON SCHOO	300310		C	Meals Golf Girls	6.69	N
					199-36-6412.38-001-391000					
				MARATHON SCHOO	300090		C	MC/Int/Athletics	26.52	N
					199-36-6499.00-001-391000					
								<b>Check 033164 Total:</b>	<b>1,869.86</b>	
033185	04-25-2023	00146	MASTERCARD - CARD	MARATHON SCHOO	300322		C	History Fair Meals and Trave	1.00	N
					199-36-6412.05-001-399000					
				MARATHON SCHOO	300322		C	History Fair Meals and Trave	3.00	N
					199-36-6412.05-001-399000					
				MARATHON SCHOO	300322		C	History Fair Meals and Trave	4.50	N
					199-36-6412.05-001-399000					
				MARATHON SCHOO	300322		C	History Fair Meals and Trave	4.50	N
					199-36-6412.05-001-399000					
				MARATHON SCHOO	300322		C	History Fair Meals and Trave	112.00	N
					199-36-6412.05-001-399000					
				MARATHON SCHOO	300322		C	History Fair Meals and Trave	105.12	N
					199-36-6412.05-001-399000					
				MARATHON SCHOO	300322		C	History Fair Meals and Trave	161.16	N
					199-36-6412.05-001-399000					
				MARATHON SCHOO	300322		C	History Fair Meals and Trave	281.19	N
					199-36-6412.05-001-399000					
				MARATHON SCHOO	300322		C	History Fair Meals and Trave	138.29	N
					199-36-6412.05-001-399000					
				MARATHON SCHOO	300322		C	History Fair Meals and Trave	518.38	N
					199-36-6412.05-001-399000					

Check Nbr	Check Date	Vend Nbr	Payee	Organization	PO Nbr Fnd-Fnc-Obj.	Invoice Nbr So-Org-Prog	Typ Cd	Reason	Amount	EFT
				MARATHON SCHOO	300322		C	History Fair Meals and Trave	193.40	N
					199-36-6412.05-001-399000					
				MARATHON SCHOO	300322		C	History Fair Meals and Trave	552.78	N
					199-36-6412.05-001-399000					
				MARATHON SCHOO	300350		C	Regional Golf	36.01	N
					199-36-6412.38-001-391000					
				MARATHON SCHOO	300350		C	Regional Golf	32.39	N
					199-36-6412.38-001-391000					
				MARATHON SCHOO	300350		C	Regional Golf	54.93	N
					199-36-6412.38-001-391000					
				MARATHON SCHOO	300350		C	Regional Golf	213.64	N
					199-36-6412.38-001-391000					
				MARATHON SCHOO	300350		C	Regional Golf	213.64	N
					199-36-6412.38-001-391000					
				SUPERINTENDENT	300355		C	TASB /SRSU Spring Workso	30.00	N
					199-41-6411.00-701-399000					
				SCHOOL BOARD	300355		C	TASB /SRSU Spring Workso	60.00	N
					199-41-6419.00-702-399000					
								<b>Check 033185 Total:</b>	<b>2,715.93</b>	
033199	04-26-2023	00146	MASTERCARD - CARD	MARATHON SCHOO	300350		C	Regional Golf	43.27	N
					199-36-6412.38-001-391000					
042304	04-14-2023	00146	MASTERCARD - CARD	MARATHON SCHOO	300352		D	State History Fair Travel Me	95.72	N
					199-36-6412.01-001-399017					
				MARATHON SCHOO	300351		D	State History Fair hotel	482.61	N
					199-36-6412.01-001-399017					
								<b>Check 042304 Total:</b>	<b>578.33</b>	
042305	04-18-2023	00146	MASTERCARD - CARD	MARATHON SCHOO	300301		D	State History Hotel	1,332.75	N
					199-36-6412.05-001-399000					
								<b>Vendor 00146 Total:</b>	<b>6,540.14</b>	
042302	04-25-2023	00148	INTERNAL REVENUE S		300091		D	April Payroll	8,816.10	N
					863-00-2151.00-000-300000					
					300091		D	April Payroll	35.29	N
					863-00-2152.01-000-300000					
					300091		D	April Payroll	1,200.03	N
					863-00-2152.01-000-300000					
					300091		D	April Payroll	35.29	N
					863-00-2152.02-000-300000					
					300091		D	April Payroll	1,200.03	N
					863-00-2152.02-000-300000					
								<b>Check 042302 Total:</b>	<b>11,286.74</b>	
042303	04-21-2023	00148	INTERNAL REVENUE S		300092		D	April Payroll	231.94	N
					863-00-2152.03-000-300000					
								<b>Vendor 00148 Total:</b>	<b>11,518.68</b>	
033171	04-21-2023	00193	JOSTENS INC	MARATHON SCHOO	300263	769398	C	Sr Diplomas, Cords, Medalio	65.07	N
					199-23-6399.01-001-399000					
033184	04-25-2023	00193	JOSTENS INC	MARATHON SCHOO	300263	30917388	C	Sr Diplomas, Cords, Medalio	28.75	N
					199-23-6399.01-001-399000					
								<b>Vendor 00193 Total:</b>	<b>93.82</b>	
033181	04-25-2023	00250	BUENA VISTA ISD	MARATHON SCHOO	300341		C	Track Meals - HS	198.00	N
					199-36-6412.32-001-391000					

Check Nbr	Check Date	Vend Nbr	Payee	Organization	PO Nbr Fnd-Fnc-Obj.	Invoice Nbr So-Org-Prog	Typ Cd	Reason	Amount	EFT
033196	04-26-2023	00250	BUENA VISTA ISD	MARATHON SCHOO	300287		C	Tennis Meals - HS	81.00	N
					199-36-6412.36-001-391000					
033197	04-26-2023	00250	BUENA VISTA ISD	MARATHON SCHOO	300363		C	Tennis Meals - JH	70.00	N
					199-36-6412.31-001-391000					
				MARATHON SCHOO	300363		C	Tennis Meals - JH	70.00	N
					199-36-6499.36-001-391000					
								<b>Check 033197 Total:</b>	<b>140.00</b>	
								<b>Vendor 00250 Total:</b>	<b>419.00</b>	
033177	04-21-2023	00266	TERRELL COUNTY ISD	MARATHON SCHOO	300354		C	Reimb Cost/Basketball Refer	223.87	N
					199-36-6499.31-001-391000					
033189	04-25-2023	00266	Terrell Co ISD	MARATHON SCHOO	300306		C	Tennis Entry Fee	64.00	N
					199-36-6499.36-001-391000					
								<b>Vendor 00266 Total:</b>	<b>287.87</b>	
033176	04-21-2023	00304	School Specialty LLC	MARATHON SCHOO	300316	308104255617	C	Math classroom materials	149.60	N
					199-11-6395.00-001-311011					
033187	04-25-2023	00312	REGION 18 ESC	SUPERINTENDENT	300243	053128	C	Virtural PFIA Trng Fee- Dura	300.00	N
					199-41-6411.00-701-399000					
033179	04-25-2023	00403	AA Chemical & Supply	DISTRICT WIDE	300358	118483	C	Custodial Supplies	319.02	N
					199-51-6317.00-999-399000					
033188	04-25-2023	00438	TASB, INC.	SCHOOL BOARD	300295	637756	C	Policy Updates	768.84	N
					199-41-6499.01-702-399000					
033167	04-25-2023	00637	First Financial Administr	ANNUITY #43	DEDCHK		D	APR DED LIFE INSURANC	8.64	N
					863-00-2153.00-043-300000					
				DENTAL/METLIFE	DEDCHK		D	APR DED HEALTH INSURA	567.56	N
					863-00-2153.00-106-300000					
				VISION/METLIFE	DEDCHK		D	APR DED HEALTH INSURA	198.37	N
					863-00-2153.00-107-300000					
				LIFE INSURANCE	DEDCHK		D	APR DED LIFE INSURANC	839.18	N
					863-00-2153.00-108-300000					
				CANCER INSURANC	DEDCHK		D	APR DED HEALTH INSURA	163.48	N
					863-00-2153.00-109-300000					
				HOSPITAL GAP	DEDCHK		D	APR DED HEALTH INSURA	21.60	N
					863-00-2153.00-110-300000					
				EMPLOYEE LIFE	DEDCHK		D	APR DED LIFE INSURANC	88.50	N
					863-00-2153.00-113-300000					
				SPOUSE LIFE	DEDCHK		D	APR DED LIFE INSURANC	14.00	N
					863-00-2153.00-114-300000					
				CHILD LIFE	DEDCHK		D	APR DED LIFE INSURANC	2.00	N
					863-00-2153.00-115-300000					
				MASA EMERGENT P	DEDCHK		D	APR DED HEALTH INSURA	238.00	N
					863-00-2153.00-120-300000					
				ANNUITY #45	DEDCHK		D	APR DED TAX SHEL. ANN	200.00	N
					863-00-2159.00-045-300000					
				ANNUITY #46	DEDCHK		D	APR DED TAX SHEL. ANN	270.00	N
					863-00-2159.00-046-300000					
				DISABILITY	DEDCHK		D	APR DED INCOME REPLA	484.56	N
					863-00-2159.00-111-300000					
				FFGA HEALTH FLEX	DEDCHK		D	APR DED HSA	100.00	N
					863-00-2159.00-116-300000					
				AMERICAN FIDELIT	DEDCHK		D	APR DED INCOME REPLA	142.50	N
					863-00-2159.00-118-300000					
								<b>Check 033167 Total:</b>	<b>3,338.39</b>	

Check Nbr	Check Date	Vend Nbr	Payee	Organization	PO Nbr Fnd-Fnc-Obj.	Invoice Nbr So-Org-Prog	Typ Cd	Reason	Amount	EFT
								<b>Vendor 00637 Total:</b>	<b>3,338.39</b>	
033162	04-11-2023	00876	GANDY INK	MARATHON SCHOO	300280	784976	C	Tennis Uniform shirt tops	391.00	N
					199-36-6397.36-001-391000					
033154	04-11-2023	01012	NEAL NOVOSAD	MARATHON SCHOO	300345		C	Purchase Reimbursement	124.00	N
					199-52-6411.00-001-399000					
				MARATHON SCHOO	300336		C	Purchase Reimbursement	328.19	N
					199-52-6411.00-001-399000					
								<b>Check 033154 Total:</b>	<b>452.19</b>	
033174	04-21-2023	01012	NEAL NOVOSAD	MARATHON SCHOO	300346		C	fuel for travel Marble Falls	168.06	N
					199-52-6411.00-001-399000					
								<b>Vendor 01012 Total:</b>	<b>620.25</b>	
033160	04-11-2023	01219	WTG FUELS	DISTRICT WIDE	300299	4617648	C	Fuel	1,650.66	N
					199-34-6311.00-999-399000					
033178	04-21-2023	01219	WTG FUELS	DISTRICT WIDE	300299	4622150	C	Fuel	1,338.60	N
					199-34-6311.00-999-399000					
								<b>Vendor 01219 Total:</b>	<b>2,989.26</b>	
033163	04-11-2023	01272	Labatt Food Service LLC	MARATHON SCHOO	300009	04023561	C	Breakfast Food	276.54	N
					101-35-6341.00-001-399000					
				MARATHON SCHOO	300046	04092852	C	SCA GRANT EXP	64.15	N
					101-35-6341.02-001-399000					
				MARATHON SCHOO	300046	04023561	C	SCA GRANT EXP	97.44	N
					101-35-6341.02-001-399000					
				MARATHON SCHOO	300010	04092852	C	non food	17.20	N
					101-35-6342.00-001-399000					
				MARATHON SCHOO	300017	04092852	C	delivery fees	35.00	N
					101-35-6499.00-001-399000					
								<b>Check 033163 Total:</b>	<b>490.33</b>	
033172	04-21-2023	01272	Labatt Food Service LLC	MARATHON SCHOO	300009	04162744	C	Breakfast Food	10.29	N
					101-35-6341.00-001-399000					
				MARATHON SCHOO	300046	04162744	C	SCA GRANT EXP	77.66	N
					101-35-6341.02-001-399000					
				MARATHON SCHOO	300017	04162744	C	delivery fees	35.00	N
					101-35-6499.00-001-399000					
								<b>Check 033172 Total:</b>	<b>122.95</b>	
033198	04-26-2023	01272	Labatt Food Service LLC	MARATHON SCHOO	300046	04233341	C	SCA GRANT EXP	74.34	N
					101-35-6341.02-001-399000					
				MARATHON SCHOO	300017	04233341	C	delivery fees	35.00	N
					101-35-6499.00-001-399000					
								<b>Check 033198 Total:</b>	<b>109.34</b>	
								<b>Vendor 01272 Total:</b>	<b>722.62</b>	
033150	04-11-2023	01343	Arlene Griffis	MARATHON SCHOO	300283		C	Library contracted services	360.00	N
					498-12-6299.00-001-399000					
033168	04-21-2023	01366	AT&T MOBILITY	DISTRICT WIDE	300072	287273120946x04	C	Mobile/WiFi Service	120.81	N
					199-51-6258.00-999-399000					
033147	04-11-2023	01375	DIRECT ENERGY BUSI	DISTRICT WIDE	300026	230900051378087	C	Electricity	1,044.51	N
					199-51-6259.03-999-399000					
033158	04-11-2023	01408	Texas Disposal Systems	DISTRICT WIDE	300028	7189531	C	Waste Removal	251.14	N
					199-51-6259.05-999-399000					

Check Nbr	Check Date	Vend Nbr	Payee	Organization	PO Nbr Fnd-Fnc-Obj.	Invoice Nbr So-Org-Prog	Typ Cd	Reason	Amount	EFT
033180	04-25-2023	01414	AT&T	DISTRICT WIDE	300071		C	Long Distance	11.86	N
					199-51-6259.02-999-399000					
033152	04-11-2023	01512	MCCOY'S #86	DISTRICT WIDE	300334	8654483	C	Maint Sup - April	133.78	N
					199-51-6319.01-999-399000					
033170	04-21-2023	01522	CMC BUSINESS SYST	MARATHON SCHOO	300058	30338425	C	Copier Lease	161.72	N
					199-11-6269.00-001-311001					
				MARATHON SCHOO	300058	30338425	C	Copier Lease	189.95	N
					199-11-6269.00-001-311101					
				SUPERINTENDENT	300058	30338425	C	Copier Lease	53.90	N
					199-41-6269.00-701-399000					
				BUSINESS OFFICE	300058	30338425	C	Copier Lease	53.90	N
					199-41-6269.00-750-399000					
								<b>Check 033170 Total:</b>	<b>459.47</b>	
								<b>Vendor 01522 Total:</b>	<b>459.47</b>	
033145	04-11-2023	01549	BIG BEND TELEPHONE	DISTRICT WIDE	300076	10575625	C	PO Created by Req: 101071	474.41	N
					199-51-6258.00-999-399000					
033175	04-21-2023	10050	Scholastic Inc.		300093	W5497297BF	C	Spring 2023 Book Fair	554.19	N
					199-00-2110.01-000-300000					
033169	04-21-2023	14055	AUTOZONE	DISTRICT WIDE	300340	3544549587	C	Maint Sup - April	6.98	N
					199-51-6319.01-999-399000					
033146	04-11-2023	14150	CP Support, LLC	MARATHON SCHOO	300335	4316	C	AED Service-Support	1,055.00	N
					199-33-6299.01-001-399000					
033190	04-25-2023	14238	Terrell Co ISD	MARATHON SCHOO	300172		C	UIL Meal	182.00	N
					199-36-6412.01-001-399017					
033191	04-25-2023	14238	Terrell Co ISD	MARATHON SCHOO	300277		C	Track Meals - HS	170.00	N
					199-36-6412.32-001-391000					
033192	04-25-2023	14238	Terrell Co ISD	MARATHON SCHOO	300305		C	Tennis Meals	76.00	N
					199-36-6412.36-001-391000					
033193	04-25-2023	14238	Terrell Co ISD	MARATHON SCHOO	300317		C	District Tennis Meet Meals	133.00	N
					199-36-6412.36-001-391000					
033194	04-25-2023	14238	Terrell Co ISD	MARATHON SCHOO	300327		C	Tennis Meals - JH	32.00	N
					199-36-6412.36-001-391000					
								<b>Vendor 14238 Total:</b>	<b>593.00</b>	
033166	04-11-2023	14250	QUILL CORPORATION	SUPERINTENDENT	300325	31687648	C	paperplates spoons,forks lun	103.04	N
					199-41-6499.00-701-399000					
033157	04-11-2023	14252	TASBO	BUSINESS OFFICE	300344	3899-2023	C	TASBO Membership	195.00	N
					199-41-6495.00-750-399000					
033195	04-25-2023	14262	WESTERN TECHNICAL	MARATHON SCHOO	300370		C	student certifications	500.00	N
					199-11-6499.00-001-322015					
033182	04-25-2023	14393	Follett School Solutions,	MARATHON SCHOO	300307	1506542	C	Barcode order	532.91	N
					199-12-6399.00-001-311000					
033183	04-25-2023	14459	Fort Stockton HS Athleti	MARATHON SCHOO	300364		C	Basketball Playoff Gym Fees	455.54	N
					199-36-6412.31-001-391000					
033186	04-25-2023	14483	Rankin High School	MARATHON SCHOO	300326		C	Meals Track	81.00	N
					199-36-6412.32-001-391000					

Check Nbr	Check Date	Vend Nbr	Payee	Organization	PO Nbr Fnd-Fnc-Obj.	Invoice Nbr So-Org-Prog	Typ Cd	Reason	Amount	EFT
033148	04-11-2023	14526	Dodson Guns	MARATHON SCHOO	300331	780 199-52-6399.01-001-399000	C	training supplies	156.00	N
033149	04-11-2023	14532	Jayne M Gallo	MARATHON SCHOO	300282	498-12-6299.00-001-399000	C	Library contracted services	380.00	N
032968	04-06-2023	14546	Job Mason	MARATHON SCHOO	300051	199-36-6294.00-001-391000	D	LOST IN TRANSIT/MOVED	-112.50	N
033151	04-11-2023	14546	Job Mason	MARATHON SCHOO	300087	199-36-6294.00-001-391000	C	Re-Issue/Official/12/16/Com	112.50	N
<b>Vendor 14546 Total:</b>									<b>.00</b>	
033156	04-11-2023	14555	Susan V Spears	MARATHON SCHOO	300284	498-12-6299.00-001-399000	C	Library contracted services	260.00	N
033144	04-11-2023	14575	Amy Ruth Anthony	MARATHON SCHOO	300198	199-31-6299.00-001-338000	C	contracted services	650.00	N
033155	04-11-2023	14590	Schools on Target, LLC	MARATHON SCHOO	300330	5022 199-52-6411.00-001-399000	C	training	1,200.00	N
<b>Grand Total:</b>									<b>61,390.33</b>	

End of Report

Obj / Func	Description	Annual Budget	YTD Actual	YTD Encumbrance	Variance	Percent To Total
<b>REVENUES:</b>						
5700	Revenues, Local & Intermediate	1,230,959.00	-1,174,318.17	.00	56,640.83	71.32%
5800	State Program Revenues	597,193.00	-411,844.96	.00	185,348.04	25.01%
5900	Federal Program Revenues	56,000.00	-60,301.85	.00	-4,301.85	3.66%
<b>5000</b>	<b>Total Revenues</b>	<b>1,884,152.00</b>	<b>-1,646,464.98</b>	<b>.00</b>	<b>237,687.02</b>	<b>99.99%</b>
<b>EXPENDITURES:</b>						
11	Instruction	-933,096.00	538,438.24	6,128.01	-388,529.75	46.54%
12	Inst. Resources/Media Services	-2,750.00	1,515.21	.00	-1,234.79	.13%
13	Curriculum/Instructional PD	-7,268.00	768.00	.00	-6,500.00	.07%
23	School Leadership	-123,278.00	70,091.74	337.52	-52,848.74	6.06%
31	Guidance/Counseling/Evaluation	-14,114.00	10,000.34	1,935.00	-2,178.66	.86%
33	Health Services	-5,700.00	1,528.84	1,565.28	-2,605.88	.13%
34	Student Transportation	-17,824.00	11,709.34	770.08	-5,344.58	1.01%
35	Food Services	-23,553.00	13,913.72	2,189.88	-7,449.40	1.20%
36	Extracurricular Activities	-97,465.00	55,697.18	11,473.04	-30,294.78	4.81%
41	General Administration	-285,877.00	185,904.71	22,646.02	-77,326.27	16.07%
51	Facilities Maintenance & Opera	-220,736.00	129,845.33	32,980.52	-57,910.15	11.22%
52	Security & Monitoring Services	-24,460.00	7,355.23	1,055.00	-16,049.77	.64%
53	Data Processing Services	-205,118.00	99,713.31	29.50	-105,375.19	8.62%
61	Community Services	-1,000.00	593.67	250.00	-156.33	.05%
71	Debt Services	-10,000.00	.00	.00	-10,000.00	.00%
93	Payments to Fiscal Agent	-3,300.00	3,300.00	.00	.00	.29%
99	Other Intergovernmental Charge	-37,550.00	26,505.00	11,045.00	.00	2.29%
<b>6000</b>	<b>Total Expenditures</b>	<b>-2,013,089.00</b>	<b>1,156,879.86</b>	<b>92,404.85</b>	<b>-763,804.29</b>	<b>99.99%</b>
<b>OPERATING TRANSFERS:</b>						
7913	Proceeds of Capital Leases	10,000.00	.00	.00	10,000.00	
7915	Operating Transfers In	3,753.00	.00	.00	3,753.00	
7949	Other Resources	5,800.00	.00	.00	5,800.00	
<b>7000</b>	<b>Total Other Resources/Non-Operating Rev</b>	<b>19,553.00</b>	<b>.00</b>	<b>.00</b>	<b>19,553.00</b>	
8911	Operating Transfers Out	-3,753.00	.00	.00	-3,753.00	
<b>8000</b>	<b>Total Other Uses/Non-Operating Exp</b>	<b>-3,753.00</b>	<b>.00</b>	<b>.00</b>	<b>-3,753.00</b>	
<b>Total Operating Transfers</b>		<b>15,800.00</b>	<b>.00</b>			
<b>3000 Fund Balance - April (Unaudited)</b>		<b>.00</b>	<b>.00</b>			
<b>3000 Year to Date Fund Balance (Unaudited)</b>		<b>-113,137.00</b>	<b>-489,585.12</b>			

End of Report

**0177 - MAINTENANCE FUND/WTNB**

Cash		Cash Starting Balance	.00
	101 / 3		6,160.06
	198 / 3		-344.98
	199 / 3		292,838.82
	211 / 2		.00
	255 / 2		.00
	270 / 1		.00
	281 / 1		-.00
	282 / 1		-1,887.87
	283 / 2		-.00
	289 / 2		.00
	289 / 3		.00
	429 / 0		.00
	461 / 3		1,285.11
	498 / 3		7,000.00
	499 / 3		-.22
	863 / 3		-4,623.57
	864 / 0		.00
	864 / 3		.00
	865 / 3		2,881.91
		Cash Ending Balance	303,309.26
		<b>Group 0177 Ending Balance</b>	<b>303,309.26</b>

**0456 - SCHOLARSHIP FUND/WTNB**

Cash		Cash Starting Balance	.00
	829 / 3		40,046.90
		Cash Ending Balance	40,046.90
		<b>Group 0456 Ending Balance</b>	<b>40,046.90</b>

**1225 - CD 1225/TRANSPECOS BANK**

Add Investments		Investment Starting Balance	.00
	CD - CD/OPERATIONS	199 / 3 1101 02	65,745.34
		Investment Ending Balance	65,745.34
		<b>Group 1225 Ending Balance</b>	<b>65,745.34</b>

**1312 - CD 1312/TRANSPECOS BANK**

Add Investments		Investment Starting Balance	.00
	CD - CD/OPERATIONS	199 / 3 1101 03	9,373.38
		Investment Ending Balance	9,373.38
		<b>Group 1312 Ending Balance</b>	<b>9,373.38</b>

**LSIP - LONE STAR INVESTMENT POOL**

Cash		Cash Starting Balance	.00
	199 / 3		2,181,949.59
		Cash Ending Balance	2,181,949.59
		<b>Group LSIP Ending Balance</b>	<b>2,181,949.59</b>

**TOTALS**

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<b>Cash Ending Balance</b>	<b>2,525,305.75</b>
<b>Add Investment Balance</b>	<b>75,118.72</b>
<b>Totals</b>	<b>2,600,424.47</b>

End of Report

**Board Report**  
**Detail Comparison of Revenue to Budget**  
**Marathon ISD**  
**As of April**

Fund 101 / 3 Food Service Fund

	<u>Budget</u>	<u>Estimated Revenue (Budget)</u>	<u>Revenue Realized Current</u>	<u>Revenue Realized To Date</u>	<u>Revenue Balance</u>	<u>Percent Realized</u>
5000 - Revenue Control Accounts						
5900 - Federal Program Revenues						
5920 - Federal Revenues Dist by TEA						
5921-00.000-3-00000 School Breakfast Program		14,000.00	-1,152.92	-7,127.36	6,872.64	50.91%
5921-01.000-3-00000 P-EBT LOCAL ADMIN COST		.00	.00	-628.00	-628.00	.00%
5921-02.000-3-00000 SBP/Square Meals/SCA		.00	.00	-6,371.06	-6,371.06	.00%
<b>Sub Total 5920</b>		<b>14,000.00</b>	<b>-1,152.92</b>	<b>-14,126.42</b>	<b>-126.42</b>	<b>100.90%</b>
<b>Total Federal Program Revenues</b>		<b>14,000.00</b>	<b>-1,152.92</b>	<b>-14,126.42</b>	<b>-126.42</b>	<b>100.90%</b>

Board Report  
 Detail Comparison of Revenue to Budget  
 Marathon ISD  
 As of April

Fund 101 / 3 Food Service Fund

	<u>Budget</u>	<u>Estimated Revenue (Budget)</u>	<u>Revenue Realized Current</u>	<u>Revenue Realized To Date</u>	<u>Revenue Balance</u>	<u>Percent Realized</u>
7000 - Other Resources/NonOperating R						
7900 - Other Resources/NonOperating R						
7910 - Other Resources/NonOperating R						
7915-00.000-3-00000 Transfer In/199		3,753.00	.00	.00	3,753.00	.00%
<b>Sub Total 7910</b>		<b>3,753.00</b>	<b>.00</b>	<b>.00</b>	<b>3,753.00</b>	<b>.00%</b>
7940 - Other Resources						
7949-00.001-3-00000 Other Resources/SCA Grant		5,800.00	.00	.00	5,800.00	.00%
<b>Sub Total 7940</b>		<b>5,800.00</b>	<b>.00</b>	<b>.00</b>	<b>5,800.00</b>	<b>.00%</b>
<b>Total Other Resources/NonOperating R</b>		<b>9,553.00</b>	<b>.00</b>	<b>.00</b>	<b>9,553.00</b>	<b>.00%</b>
<b>Total Revenue Local-State-Federal</b>		<b>23,553.00</b>	<b>-1,152.92</b>	<b>-14,126.42</b>	<b>9,426.58</b>	<b>59.98%</b>
<b>Total for 001 - Marathon Schools</b>	<b>.00</b>	<b>23,553.00</b>	<b>-1,152.92</b>	<b>-14,126.42</b>	<b>9,426.58</b>	<b>59.98%</b>

	<u>Budget</u>	<u>Encumbrance YTD</u>	<u>Expenditure YTD</u>	<u>Current Expenditure</u>	<u>Balance</u>	<u>Percent Realized</u>
6000 - Expenditures/Expense Object Co						
35 - Food Services						
6100 - Payroll Costs						
6129-00.001-3-99000 Salary/Food Service	-10,203.00	.00	5,545.65	809.15	-4,657.35	54.35%
6141-00.001-3-99000 Social Security/Medicare	-148.00	.00	80.39	11.73	-67.61	54.32%
6142-00.001-3-99000 Group Health & Life	-2,258.00	.00	1,159.28	144.91	-1,098.72	51.34%
6143-00.001-3-99000 Workers' Compensation	-50.00	.00	37.85	4.73	-12.15	75.70%
6145-00.001-3-99000 Unemployment	-40.00	.00	.00	.00	-40.00	.00%
6146-00.001-3-99000 TRS/TRS Care	-1,204.00	.00	671.09	95.48	-532.91	55.74%
<b>Sub Total 6100</b>	<b>-13,903.00</b>	<b>.00</b>	<b>7,494.26</b>	<b>1,066.00</b>	<b>-6,408.74</b>	<b>53.90%</b>
6300 - Supplies & Materials						
6341-00.001-3-99000 Food	-4,500.00	1,406.16	3,093.19	286.83	-.65	68.74%
6341-02.001-3-99000 SCA Grant Expenditures	-2,500.00	70.78	2,429.22	313.59	.00	97.17%
6342-00.001-3-99000 Non-Food	-500.00	361.95	138.05	17.20	.00	27.61%
<b>Sub Total 6300</b>	<b>-7,500.00</b>	<b>1,838.89</b>	<b>5,660.46</b>	<b>617.62</b>	<b>-.65</b>	<b>75.47%</b>
6400 - Other Operating Costs						
6411-00.001-3-99000 Employee Travel/Prof Dev	-750.00	.00	9.99	.00	-740.01	1.33%
6499-00.001-3-99000 Misc Costs	-1,100.00	350.99	749.01	105.00	.00	68.09%
6499-01.001-3-99000 TDSHS Fees	-300.00	.00	.00	.00	-300.00	.00%
<b>Sub Total 6400</b>	<b>-2,150.00</b>	<b>350.99</b>	<b>759.00</b>	<b>105.00</b>	<b>-1,040.01</b>	<b>35.30%</b>
<b>Total Function 35 Food Services</b>	<b>-23,553.00</b>	<b>2,189.88</b>	<b>13,913.72</b>	<b>1,788.62</b>	<b>-7,449.40</b>	<b>59.07%</b>
<b>Total Expenditures</b>	<b>-23,553.00</b>	<b>2,189.88</b>	<b>13,913.72</b>	<b>1,788.62</b>	<b>-7,449.40</b>	<b>59.07%</b>
<b>Total for 001 - Marathon Schools</b>	<b>-23,553.00</b>	<b>2,189.88</b>	<b>13,913.72</b>	<b>1,788.62</b>	<b>-7,449.40</b>	<b>59.07%</b>

	<u>Budget</u>	<u>Encumbrance YTD</u>	<u>Expenditure YTD</u>	<u>Current Expenditure</u>	<u>Balance</u>	<u>Percent Realized</u>
6000 - Expenditures/Expense Object Co						
51 - Facilities Maintenance & Opera						
6200 - Professional & Contracted Serv						
6249-00.001-3-99000 Repairs/Fac/Security	-10,000.00	8,911.02	.00	.00	-1,088.98	.00%
<b>Sub Total 6200</b>	<b>-10,000.00</b>	<b>8,911.02</b>	<b>.00</b>	<b>.00</b>	<b>-1,088.98</b>	<b>.00%</b>
6300 - Supplies & Materials						
6319-00.001-3-99000 Materials/Fac/Security	-10,000.00	.00	.00	.00	-10,000.00	.00%
<b>Sub Total 6300</b>	<b>-10,000.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>-10,000.00</b>	<b>.00%</b>
<b>Total Function 51 Facilities Maintenance &amp; Opera</b>	<b>-20,000.00</b>	<b>8,911.02</b>	<b>.00</b>	<b>.00</b>	<b>-11,088.98</b>	<b>.00%</b>
52 - Security & Monitoring Services						
6300 - Supplies & Materials						
6398-00.001-3-99000 Security Equipment	-5,000.00	.00	344.98	344.98	-4,655.02	6.90%
<b>Sub Total 6300</b>	<b>-5,000.00</b>	<b>.00</b>	<b>344.98</b>	<b>344.98</b>	<b>-4,655.02</b>	<b>6.90%</b>
6600 - Capital Outlay/Land/Bldgs/Equi						
6639-00.001-3-99000 Security Cameras/Installation	-9,280.00	.00	.00	.00	-9,280.00	.00%
<b>Sub Total 6600</b>	<b>-9,280.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>-9,280.00</b>	<b>.00%</b>
<b>Total Function 52 Security &amp; Monitoring Services</b>	<b>-14,280.00</b>	<b>.00</b>	<b>344.98</b>	<b>344.98</b>	<b>-13,935.02</b>	<b>2.42%</b>
<b>Total Expenditures</b>	<b>-34,280.00</b>	<b>8,911.02</b>	<b>344.98</b>	<b>344.98</b>	<b>-25,024.00</b>	<b>1.01%</b>
<b>Total for 001 - Marathon Schools</b>	<b>-34,280.00</b>	<b>8,911.02</b>	<b>344.98</b>	<b>344.98</b>	<b>-25,024.00</b>	<b>1.01%</b>

## Fund 199 / 3 General Operating Fund

As of April

	Budget	Estimated Revenue (Budget)	Revenue Realized Current	Revenue Realized To Date	Revenue Balance	Percent Realized
5000 - Revenue Control Accounts						
5700 - Revenues, Local & Intermediate						
5710 - Revenues, Local Property Taxes						
5711-00.000-3-00000 Taxes-Current Year Levy		1,135,884.00	-7,115.28	-1,094,968.57	40,915.43	96.40%
5712-00.000-3-00000 Taxes-Prior Years		10,000.00	-941.07	-7,219.34	2,780.66	72.19%
5719-00.000-3-00000 Taxes-Penalty & Interest		7,000.00	-1,270.54	-4,321.86	2,678.14	61.74%
<b>Sub Total 5710</b>		<b>1,152,884.00</b>	<b>-9,326.89</b>	<b>-1,106,509.77</b>	<b>46,374.23</b>	<b>95.98%</b>
5740 - Revenues from Local Sources						
5742-00.000-3-00000 Interest Earnings/WTNB		10,700.00	-1,219.27	-10,260.97	439.03	95.90%
5742-01.000-3-00000 Interest Earnings/TPB		400.00	-28.10	-192.23	207.77	48.06%
5742-04.000-3-00000 Interest Earnings/LSIP		34,775.00	-8,775.73	-52,445.91	-17,670.91	150.81%
5743-00.000-3-00000 Rent - Teacherage		3,000.00	.00	-2,000.00	1,000.00	66.67%
5744-00.000-3-00000 Gymnasium A/C		.00	.00	-2,000.00	-2,000.00	.00%
5744-01.000-3-00000 Donations - History Fair		200.00	-200.00	-200.00	.00	100.00%
5744-02.000-3-00000 Donations/Misc		.00	-500.00	-500.00	-500.00	.00%
5749-00.000-3-00000 Misc Revenues		6,500.00	-3.25	-209.29	6,290.71	3.22%
5749-01.000-3-00000 E-Rate Funds		22,500.00	.00	.00	22,500.00	.00%
<b>Sub Total 5740</b>		<b>78,075.00</b>	<b>-10,726.35</b>	<b>-67,808.40</b>	<b>10,266.60</b>	<b>86.85%</b>
<b>Total Revenues, Local &amp; Intermediate</b>		<b>1,230,959.00</b>	<b>-20,053.24</b>	<b>-1,174,318.17</b>	<b>56,640.83</b>	<b>95.40%</b>
5800 - State Program Revenues						
5810 - Per Capita & FSP Revenues						
5811-00.000-3-00000 Available School Fund		30,912.00	-2,169.00	-16,046.00	14,866.00	51.91%
5812-00.000-3-00000 School Foundation Program		490,236.00	.00	-360,922.00	129,314.00	73.62%
<b>Sub Total 5810</b>		<b>521,148.00</b>	<b>-2,169.00</b>	<b>-376,968.00</b>	<b>144,180.00</b>	<b>72.33%</b>
5820 - State Revenues Dist by TEA						
5829-00.000-3-00000 TIA State Revenues Dist by		4,000.00	.00	.00	4,000.00	.00%
<b>Sub Total 5820</b>		<b>4,000.00</b>	<b>.00</b>	<b>.00</b>	<b>4,000.00</b>	<b>.00%</b>
5830 - State Revenues/Tx Gov Agencies						
5831-00.000-3-00000 TRS On Behalf		72,045.00	.00	-34,876.96	37,168.04	48.41%
<b>Sub Total 5830</b>		<b>72,045.00</b>	<b>.00</b>	<b>-34,876.96</b>	<b>37,168.04</b>	<b>48.41%</b>
<b>Total State Program Revenues</b>		<b>597,193.00</b>	<b>-2,169.00</b>	<b>-411,844.96</b>	<b>185,348.04</b>	<b>68.96%</b>
5900 - Federal Program Revenues						
5930 - Other Federal Revenues						
5931-00.000-3-00000 School Health/SHARS		42,000.00	-46,175.43	-46,175.43	-4,175.43	109.94%
<b>Sub Total 5930</b>		<b>42,000.00</b>	<b>-46,175.43</b>	<b>-46,175.43</b>	<b>-4,175.43</b>	<b>109.94%</b>
<b>Total Federal Program Revenues</b>		<b>42,000.00</b>	<b>-46,175.43</b>	<b>-46,175.43</b>	<b>-4,175.43</b>	<b>109.94%</b>

Board Report  
 Detail Comparison of Revenue to Budget  
 Marathon ISD  
 As of April

Fund 199 / 3 General Operating Fund

	<b>Budget</b>	<b>Estimated Revenue (Budget)</b>	<b>Revenue Realized Current</b>	<b>Revenue Realized To Date</b>	<b>Revenue Balance</b>	<b>Percent Realized</b>
7000 - Other Resources/NonOperating R						
7900 - Other Resources/NonOperating R						
7910 - Other Resources/NonOperating R						
7913-00.000-3-00000 Other Resources/GASB 87		10,000.00	.00	.00	10,000.00	.00%
<b>Sub Total 7910</b>		<b>10,000.00</b>	<b>.00</b>	<b>.00</b>	<b>10,000.00</b>	<b>.00%</b>
<b>Total Other Resources/NonOperating R</b>		<b>10,000.00</b>	<b>.00</b>	<b>.00</b>	<b>10,000.00</b>	<b>.00%</b>
<b>Total Revenue Local-State-Federal</b>		<b>1,880,152.00</b>	<b>-68,397.67</b>	<b>-1,632,338.56</b>	<b>247,813.44</b>	<b>86.82%</b>
<b>Total for 000</b>	<b>.00</b>	<b>1,880,152.00</b>	<b>-68,397.67</b>	<b>-1,632,338.56</b>	<b>247,813.44</b>	<b>86.82%</b>

Fund 199 / 3 General Operating Fund

As of April

		Budget	Encumbrance YTD	Expenditure YTD	Current Expenditure	Balance	Percent Realized
6000 - Expenditures/Expense Object Co							
11 - Instruction							
6100 - Payroll Costs							
6112-00.001-3-11000	Substitute Teacher	-12,000.00	.00	8,458.70	1,439.25	-3,541.30	70.49%
6117-00.001-3-11000	Retention Pay	-11,000.00	.00	6,000.00	.00	-5,000.00	54.55%
6118-00.001-3-30000	Salaries/Tutor/SS/CR	.00	.00	.00	.00	.00	.00%
6118-03.001-3-11000	Stipend/Masters	-14,001.00	.00	9,000.04	1,249.96	-5,000.96	64.28%
6119-00.001-3-11000	Salaries/Teacher/Reg	-439,765.00	.00	256,438.28	37,097.94	-183,326.72	58.31%
6119-00.001-3-11032	Salaries/Teacher/PreK	-21,752.00	.00	11,337.30	1,933.33	-10,414.70	52.12%
6119-00.001-3-22000	Salaries/Teacher/CTE	-20,571.00	.00	11,733.36	1,714.17	-8,837.64	57.04%
6119-00.001-3-23000	Salaries/Teacher/SpEd	-21,946.00	.00	12,915.00	1,828.75	-9,031.00	58.85%
6119-00.001-3-30000	Salaries/Teacher/SCE	-15,675.00	.00	6,175.93	3,557.12	-9,499.07	39.40%
6119-00.001-3-30032	Salaries/PK/SCE	-31,417.00	.00	19,070.67	2,416.67	-12,346.33	60.70%
6119-00.001-3-32000	Professional Salaries	.00	.00	.00	.00	.00	.00%
6119-00.001-3-34000	Professional Salaries	.00	.00	.00	.00	.00	.00%
6119-00.001-3-36000	Salary/Early Education	-4,834.00	.00	2,899.98	483.33	-1,934.02	59.99%
6119-00.001-3-37000	SalaryDyslexia	-3,060.00	.00	-556.36	-1,785.00	-3,616.36	18.18%
6119-00.001-3-38000	Salary/ECHS/DC	-24,961.00	.00	14,817.78	2,182.66	-10,143.22	59.36%
6127-00.001-3-11000	Retention Pay	-1,000.00	.00	500.00	.00	-500.00	50.00%
6129-00.001-3-11000	Salary/Temp History	-12,048.00	.00	12,047.92	.00	-.08	100.00%
6129-00.001-3-30000	Teacher Aide/SCE	-13,922.00	.00	9,290.53	997.92	-4,631.47	66.73%
6129-00.001-3-30032	Salaries/PK/SCE	-10,681.00	.00	5,620.34	890.01	-5,060.66	52.62%
6129-00.001-3-34000	Salaries/Support Personnel	.00	.00	.00	.00	.00	.00%
6139-00.001-3-11000	Local Leave Paid	-130.00	.00	130.00	.00	.00	100.00%
6139-99.001-3-11000	Payroll Distribution Funds	-8,046.00	.00	.00	.00	-8,046.00	.00%
6141-00.001-3-11000	Social Security/Medicare	-8,313.00	.00	5,240.81	624.11	-3,072.19	63.04%
6141-00.001-3-11032	Social Security/Medicare	-119.00	.00	-3.81	.00	-122.81	3.20%
6141-00.001-3-22000	Social Security/Medicare	-1,658.00	.00	170.17	24.86	-1,487.83	10.26%
6141-00.001-3-23000	Social Security/Medicare	-319.00	.00	187.38	26.53	-131.62	58.74%
6141-00.001-3-30000	Social Security/Medicare	-1,026.00	.00	507.89	113.06	-518.11	49.50%
6141-00.001-3-30032	Social Security/Medicare	-1.00	.00	.26	.00	-.74	26.00%
6141-00.001-3-32000	Social Security/Medicare	.00	.00	35.04	.00	35.04	.00%
6141-00.001-3-34000	Social Security/Medicare	.00	.00	47.95	.00	47.95	.00%
6141-00.001-3-36000	Social Security/Medicare	-71.00	.00	42.06	7.01	-28.94	59.24%
6141-00.001-3-37000	Social Security/Medicare	-44.00	.00	-8.07	-25.34	-52.07	18.34%
6141-00.001-3-38000	Social Security/Medicare	-360.00	.00	213.27	31.39	-146.73	59.24%
6142-00.001-3-11000	Group Health & Life	-41,459.00	.00	27,646.72	3,480.04	-13,812.28	66.68%
6142-00.001-3-11032	Group Health & Life	-615.00	.00	237.42	.00	-377.58	38.60%
6142-00.001-3-22000	Group Health & Life	-2,310.00	.00	1,313.84	164.23	-996.16	56.88%
6142-00.001-3-23000	Group Health & Life	-3,305.00	.00	2,202.56	275.32	-1,102.44	66.64%
6142-00.001-3-30000	Group Health & Life	-5,676.00	.00	3,738.76	734.34	-1,937.24	65.87%
6142-00.001-3-30032	Group Health & Life	-186.00	.00	185.40	.00	-.60	99.68%
6142-00.001-3-32000	Group Health & Life	.00	.00	.00	.00	.00	.00%
6142-00.001-3-34000	Group Health & Life	.00	.00	.00	.00	.00	.00%
6142-00.001-3-36000	Group Health & Life	-52.00	.00	31.20	5.20	-20.80	60.00%
6142-00.001-3-37000	Group Health & Life	.00	.00	.00	-202.86	.00	.00%
6142-00.001-3-38000	Group Health & Life	-3,002.00	.00	1,955.92	262.03	-1,046.08	65.15%
6143-00.001-3-11000	Workers' Compensation	-2,186.00	.00	1,928.25	244.29	-257.75	88.21%
6143-00.001-3-11032	Workers' Compensation	-283.00	34	14.13	.00	-268.87	4.99%
6143-00.001-3-22000	Workers' Compensation	-96.00	.00	80.16	10.02	-15.84	83.50%
6143-00.001-3-23000	Workers' Compensation	-84.00	.00	85.52	10.69	1.52	101.81%

Fund 199 / 3 General Operating Fund

As of April

		Budget	Encumbrance YTD	Expenditure YTD	Current Expenditure	Balance	Percent Realized
6000 - Expenditures/Expense Object Co							
11 - Instruction							
6100 - Payroll Costs							
6143-00.001-3-30000	Workers' Compensation	-250.00	.00	222.93	46.50	-27.07	89.17%
6143-00.001-3-30032	Workers' Compensation	-51.00	.00	19.34	.00	-31.66	37.92%
6143-00.001-3-32000	Workers' Compensation	.00	.00	14.13	.00	14.13	.00%
6143-00.001-3-34000	Workers' Compensation	.00	.00	19.34	.00	19.34	.00%
6143-00.001-3-36000	Workers' Compensation	.00	.00	16.98	2.83	16.98	.00%
6143-00.001-3-37000	Workers' Compensation	.00	.00	.00	-10.43	.00	.00%
6143-00.001-3-38000	Workers' Compensation	-101.00	.00	94.86	12.76	-6.14	93.92%
6143-99.001-3-11000	Workers' Compensation	-839.00	.00	.00	.00	-839.00	.00%
6144-00.001-3-11000	TRS On-Behalf	-31,020.00	.00	18,606.86	.00	-12,413.14	59.98%
6144-00.001-3-11032	TRS On-Behalf	-3,423.00	.00	.00	.00	-3,423.00	.00%
6144-00.001-3-22000	TRS On-Behalf	-1,616.00	.00	1,005.10	.00	-610.90	62.20%
6144-00.001-3-23000	TRS On-Behalf	-1,200.00	.00	929.50	.00	-270.50	77.46%
6144-00.001-3-30000	TRS On-Behalf	-4,465.00	.00	1,855.84	.00	-2,609.16	41.56%
6144-00.001-3-30032	TRS ON-BEHALF BENEFIT	-974.00	.00	.00	.00	-974.00	.00%
6144-00.001-3-34000	TRS ON-BEHALF BENEFIT	.00	.00	164.66	.00	164.66	.00%
6144-00.001-3-37000	TRS ON-BEHALF BENEFIT	.00	.00	141.19	.00	141.19	.00%
6144-00.001-3-38000	TRS On-Behalf	-1,725.00	.00	1,166.41	.00	-558.59	67.62%
6145-00.001-3-11000	Unemployment	-1,100.00	.00	.00	.00	-1,100.00	.00%
6146-00.001-3-11000	Teacher Retirement/TRS	-29,556.00	.00	17,087.10	2,242.60	-12,468.90	57.81%
6146-00.001-3-11032	Teacher Retirement/TRS	-17,333.00	.00	1,182.71	.00	-16,150.29	6.82%
6146-00.001-3-22000	Teacher Retirement/TRS	-656.00	.00	443.23	57.26	-212.77	67.57%
6146-00.001-3-23000	Teacher Retirement/TRS	-991.00	.00	650.06	81.81	-340.94	65.60%
6146-00.001-3-30000	Teacher Retirement/TRS	-5,252.00	.00	3,065.56	505.10	-2,186.44	58.37%
6146-00.001-3-30032	Teacher Retirement/TRS	-405.00	.00	404.80	.00	-.20	99.95%
6146-00.001-3-32000	Teacher Retirement/TRS	.00	.00	.00	.00	.00	.00%
6146-00.001-3-34000	Teacher Retirement/TRS	.00	.00	.00	.00	.00	.00%
6146-00.001-3-36000	Teacher Retirement/TRS	.00	.00	463.98	77.33	463.98	.00%
6146-00.001-3-37000	Teacher Retirement/TRS	.00	.00	55.04	-6.79	55.04	.00%
6146-00.001-3-38000	Teacher Retirement/TRS	-977.00	.00	623.59	80.09	-353.41	63.83%
<b>Sub Total 6100</b>		<b>-839,908.00</b>	<b>.00</b>	<b>479,965.51</b>	<b>62,880.09</b>	<b>-359,942.49</b>	<b>57.15%</b>
6200 - Professional & Contracted Serv							
6222-00.001-3-11000	TxVSN	.00	.00	.00	.00	.00	.00%
6223-00.001-3-38000	Tuition/ECHS/DC	-11,715.00	.00	11,715.00	.00	.00	100.00%
6239-03.001-3-30000	TEKS Resource System	-336.00	.00	336.00	.00	.00	100.00%
6239-04.001-3-30000	R.18 DMAC	-4,543.00	.00	4,542.72	.00	-.28	99.99%
6239-05.001-3-30000	R.18/Discovery Ed	-116.00	115.71	.00	.00	-.29	.00%
6268-00.001-3-22015	NN/Rental/Cylinders	-2,500.00	391.74	2,108.26	138.43	.00	84.33%
6269-00.001-3-11001	Rental/Copier/HS	-2,500.00	1,206.24	1,293.76	161.72	.00	51.75%
6269-00.001-3-11101	Rental/Copier/MES	-2,600.00	1,080.70	1,519.60	189.95	.30	58.45%
6299-00.001-3-30000	Edgenuity/Online Curr SVS	-11,000.00	.00	11,000.00	.00	.00	100.00%
6299-33.001-3-11000	CPR Certification/SVS	-250.00	.00	.00	.00	-250.00	.00%
<b>Sub Total 6200</b>		<b>-35,560.00</b>	<b>2,794.39</b>	<b>32,515.34</b>	<b>490.10</b>	<b>-250.27</b>	<b>91.44%</b>
6300 - Supplies & Materials							
6321-00.001-3-11000	Textbooks/Regular	-3,200.00	.00	.00	.00	-3,200.00	.00%
6321-01.001-3-38000	College Textbooks/ECHS/DC	.00	35	.00	.00	.00	.00%
6395-00.001-3-11006	History Fair Materials	-526.00	45.23	342.92	.00	-137.85	65.19%
6395-00.001-3-11011	LR/Math/Inst Materials	-800.00	.00	799.56	149.60	-.44	99.94%

## Marathon ISD

## Fund 199 / 3 General Operating Fund

As of April

		Budget	Encumbrance YTD	Expenditure YTD	Current Expenditure	Balance	Percent Realized
6000 - Expenditures/Expense Object Co							
11 - Instruction							
6300 - Supplies & Materials							
6395-00.001-3-11012	TJ/Instructional Materials	-800.00	.00	167.78	.00	-632.22	20.97%
6395-00.001-3-11013	JG/Instructional Materials	.00	.00	.00	.00	.00	.00%
6395-00.001-3-11020	H & A/Instr Materials	-800.00	215.00	439.99	.00	-145.01	55.00%
6395-00.001-3-11024	PE Instructional Materials	-250.00	.00	.00	.00	-250.00	.00%
6395-00.001-3-11032	CJ/EE-PK Materials	-400.00	.00	.00	.00	-400.00	.00%
6395-00.001-3-11033	MB/K-1 Instructional	-800.00	.00	191.32	.00	-608.68	23.91%
6395-00.001-3-11034	MP/3-5 Instructional Materials	-800.00	.00	.00	.00	-800.00	.00%
6395-00.001-3-11035	PH 2/Instructional Materials	-300.00	.00	.00	.00	-300.00	.00%
6395-00.001-3-11036	KH/3-4 Instructional Materials	-800.00	40.66	677.86	.00	-81.48	84.73%
6395-00.001-3-23018	JNG/SpEd Inst. Materials	-500.00	.00	161.48	.00	-338.52	32.30%
6395-01.001-3-11012	TJ/Science Lab Materials	-500.00	662.17	145.94	.00	308.11	29.19%
6395-01.001-3-22015	NN/Plate Steel	-5,400.00	.00	4,696.50	.00	-703.50	86.97%
6395-01.001-3-30034	Science Materials/SCE	-500.00	.00	294.00	.00	-206.00	58.80%
6395-02.001-3-11215	NN/Wood Work Books	-200.00	.00	.00	.00	-200.00	.00%
6395-02.001-3-11024	PE Field Day	-250.00	.00	.00	.00	-250.00	.00%
6395-02.001-3-11035	MP/3-5 Science Lab	-500.00	.00	.00	.00	-500.00	.00%
6395-02.001-3-22015	NN/Disc, Cords,Burshes...	-800.00	232.91	337.09	127.09	-230.00	42.14%
6395-03.001-3-11215	NN/Feed/Poultry	-250.00	.00	.00	.00	-250.00	.00%
6395-04.001-3-11015	NN/Green House	-100.00	.00	.00	.00	-100.00	.00%
6395-04.001-3-11215	NN/Career Inv/6	-1,000.00	.00	.00	.00	-1,000.00	.00%
6395-05.001-3-11215	NN/Career Inv/7-8	-2,000.00	551.81	703.33	.00	-744.86	35.17%
6395-06.001-3-22015	NN/Welding Books	-400.00	.00	.00	.00	-400.00	.00%
6395-07.001-3-22015	NN/Weld Gloves, lens, etc	-925.00	.00	.00	.00	-925.00	.00%
6397-00.001-3-11007	Technology Materials	-1,200.00	110.00	950.97	.00	-139.03	79.25%
6397-01.001-3-11000	Printer Cartridges	-3,000.00	290.40	1,479.77	.00	-1,229.83	49.33%
6397-02.001-3-11000	Laminator Film	-500.00	.00	.00	.00	-500.00	.00%
6398-00.001-3-22015	NN/Torch Cart & Hoses	-350.00	.00	209.22	.00	-140.78	59.78%
6398-01.001-3-11007	Teacher Laptops/Chrome	-2,000.00	.00	.00	.00	-2,000.00	.00%
6398-01.001-3-22015	NN/Welding Helmets	-1,500.00	.00	.00	.00	-1,500.00	.00%
6399-00.001-3-11000	Basics Materials	-200.00	.00	119.99	.00	-80.01	59.99%
6399-00.001-3-21033	MB/GT Instructional Materials	-500.00	.00	.00	.00	-500.00	.00%
6399-00.001-3-22015	NN/Welding Class Materials	-3,000.00	420.00	2,303.84	.00	-276.16	76.79%
6399-00.001-3-30000	Inst. Materials/SCE	-400.00	.00	402.50	.00	2.50	100.63%
6399-00.001-3-36000	PK-3/Reading/Math	-5,000.00	15.44	234.00	.00	-4,750.56	4.68%
6399-00.001-3-37000	Dyslexia Materials	-250.00	.00	.00	.00	-250.00	.00%
6399-01.001-3-21033	MB/NNAT3 (GT)	-500.00	.00	.00	.00	-500.00	.00%
6399-01.001-3-22015	NN/Welding Consumables	-300.00	.00	.00	.00	-300.00	.00%
6399-01.001-3-30000	HMH Reading Intervention	-175.00	.00	.00	.00	-175.00	.00%
6399-10.001-3-30000	Istation/Reading/SCE	-1,250.00	.00	1,224.00	.00	-26.00	97.92%
6399-11.001-3-30000	Renaissance Learning/SCE	-5,135.00	.00	5,135.00	.00	.00	100.00%
6399-14.001-3-11011	LR/Materials/Garden	-250.00	.00	.00	.00	-250.00	.00%
6399-16.001-3-11000	Art Materials	-800.00	.00	.00	.00	-800.00	.00%
6399-30.001-3-11000	Paper/Copy Machine	-1,000.00	.00	338.41	.00	-661.59	33.84%
<b>Sub Total 6300</b>		<b>-50,111.00</b>	<b>2,583.62</b>	<b>21,355.47</b>	<b>276.69</b>	<b>-26,171.91</b>	<b>42.62%</b>

Fund 199 / 3 General Operating Fund

As of April

	Budget	Encumbrance YTD	Expenditure YTD	Current Expenditure	Balance	Percent Realized
6000 - Expenditures/Expense Object Co						
11 - Instruction						
6400 - Other Operating Costs						
6412-00.001-3-11000 Meals/Field Trips/Reg	-500.00	.00	.00	.00	-500.00	.00%
6412-00.001-3-11015 NN/Travel/CTE	-300.00	200.00	.00	.00	-100.00	.00%
6412-00.001-3-23000 Field	-100.00	.00	.00	.00	-100.00	.00%
6412-00.001-3-38000 Meals/Travel/CCMR	-500.00	.00	85.39	.00	-414.61	17.08%
6494-00.001-3-11000 Fuel/Field Trips/Reg	-300.00	.00	.00	.00	-300.00	.00%
6494-00.001-3-11015 NN/Fuel/CTE	-100.00	.00	.00	.00	-100.00	.00%
6494-00.001-3-38000 Fuel/CCMR	-300.00	.00	.00	.00	-300.00	.00%
6495-00.001-3-11033 Field Trip Fees	-300.00	200.00	.00	.00	-100.00	.00%
6499-00.001-3-11000 Misc Costs/Fees/Field	-250.00	.00	.00	.00	-250.00	.00%
6499-00.001-3-22015 NN/Fees/CTE	-750.00	250.00	500.00	500.00	.00	66.67%
6499-00.001-3-30000 Misc Costs/After School	-100.00	100.00	.00	.00	.00	.00%
6499-01.001-3-11000 TexQuest Participation Fee	-17.00	.00	16.53	.00	-.47	97.24%
6499-99.001-3-11000 TIA FEES	-4,000.00	.00	4,000.00	.00	.00	100.00%
<b>Sub Total 6400</b>	<b>-7,517.00</b>	<b>750.00</b>	<b>4,601.92</b>	<b>500.00</b>	<b>-2,165.08</b>	<b>61.22%</b>
<b>Total Function 11 Instruction</b>	<b>-933,096.00</b>	<b>6,128.01</b>	<b>538,438.24</b>	<b>64,146.88</b>	<b>-388,529.75</b>	<b>57.70%</b>
12 - Inst. Resources/Media Services						
6300 - Supplies & Materials						
6329-01.001-3-11000 Library Books and Media	-300.00	.00	.00	.00	-300.00	.00%
6399-00.001-3-11000 Library Materials/Supplies	-1,700.00	.00	1,515.21	532.91	-184.79	89.13%
6399-01.001-3-11000 Destiny Library Manager	-750.00	.00	.00	.00	-750.00	.00%
<b>Sub Total 6300</b>	<b>-2,750.00</b>	<b>.00</b>	<b>1,515.21</b>	<b>532.91</b>	<b>-1,234.79</b>	<b>55.10%</b>
<b>Total Function 12 Inst. Resources/Media Services</b>	<b>-2,750.00</b>	<b>.00</b>	<b>1,515.21</b>	<b>532.91</b>	<b>-1,234.79</b>	<b>55.10%</b>
13 - Curriculum/Instructional PD						
6200 - Professional & Contracted Serv						
6237-00.001-3-11000 R.18 Prof Dev Svs/Reg	-300.00	.00	.00	.00	-300.00	.00%
6237-00.001-3-11032 R.18 Prof Dev/PK	-500.00	.00	.00	.00	-500.00	.00%
6237-00.001-3-30000 R.18 Prof Dev Svs/SCE	-1,000.00	.00	.00	.00	-1,000.00	.00%
6237-00.001-3-37000 R.18 Dyslexia/Prof Dev	-200.00	.00	.00	.00	-200.00	.00%
6239-01.001-3-11000 R.18 Required Training	-700.00	.00	700.00	.00	.00	100.00%
6239-02.001-3-11000 R.18 Prof Dev Record	-68.00	.00	68.00	.00	.00	100.00%
<b>Sub Total 6200</b>	<b>-2,768.00</b>	<b>.00</b>	<b>768.00</b>	<b>.00</b>	<b>-2,000.00</b>	<b>27.75%</b>
6300 - Supplies & Materials						
6399-00.001-3-30000 Materials/Prof Development	-500.00	.00	.00	.00	-500.00	.00%
<b>Sub Total 6300</b>	<b>-500.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>-500.00</b>	<b>.00%</b>
6400 - Other Operating Costs						
6411-00.001-3-23000 Travel/Prof Dev/SpEd	-500.00	.00	.00	.00	-500.00	.00%
6411-00.001-3-30000 Prof Dev/Travel	-1,500.00	.00	.00	.00	-1,500.00	.00%
6499-01.001-3-11000 Certification Fee	-1,500.00	.00	.00	.00	-1,500.00	.00%
6499-02.001-3-30000 Misc Costs/Prof Development	-500.00	.00	.00	.00	-500.00	.00%
<b>Sub Total 6400</b>	<b>-4,000.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>-4,000.00</b>	<b>.00%</b>
<b>Total Function 13 Curriculum/Instructional PD</b>	<b>-7,268.00</b>	<b>.00</b>	<b>768.00</b>	<b>.00</b>	<b>-6,500.00</b>	<b>10.57%</b>
23 - School Leadership						

## Fund 199 / 3 General Operating Fund

As of April

		Budget	Encumbrance YTD	Expenditure YTD	Current Expenditure	Balance	Percent Realized
6000 - Expenditures/Expense Object Co							
23 - School Leadership							
6100 - Payroll Costs							
6118-00.001-3-99000	Stipend/Masters	-3,000.00	.00	2,000.00	250.00	-1,000.00	66.67%
6119-00.001-3-99000	Salary Principal/PT	-69,459.00	.00	41,088.23	4,844.25	-28,370.77	59.15%
6129-00.001-3-99000	Salary/Princ Secretary	-15,642.00	.00	10,428.01	1,303.50	-5,213.99	66.67%
6141-00.001-3-99000	Social Security/Medicare	-1,344.00	.00	823.54	92.43	-520.46	61.28%
6142-00.001-3-99000	Group Health & Life	-7,815.00	.00	1,737.02	221.88	-6,077.98	22.23%
6143-00.001-3-99000	Workers' Compensation	-406.00	.00	210.82	20.98	-195.18	51.93%
6144-00.001-3-99000	TRS On-Behalf	-6,441.00	.00	1,289.04	.00	-5,151.96	20.01%
6145-00.001-3-99000	Unemployment	-150.00	.00	.00	.00	-150.00	.00%
6146-00.001-3-99000	TRS/TRS Care/NonOASDI	-9,585.00	.00	6,452.60	747.97	-3,132.40	67.32%
<b>Sub Total 6100</b>		<b>-113,842.00</b>	<b>.00</b>	<b>64,029.26</b>	<b>7,481.01</b>	<b>-49,812.74</b>	<b>56.24%</b>
6200 - Professional & Contracted Serv							
6238-00.001-3-99000	TxCEE	-1,250.00	.00	1,250.00	.00	.00	100.00%
6269-01.001-3-99000	Rental/Postage Meter	-230.00	193.54	36.46	.00	.00	15.85%
<b>Sub Total 6200</b>		<b>-1,480.00</b>	<b>193.54</b>	<b>1,286.46</b>	<b>.00</b>	<b>.00</b>	<b>86.92%</b>
6300 - Supplies & Materials							
6399-00.001-3-99000	Campus Office Supplies	-1,300.00	.00	626.61	.00	-673.39	48.20%
6399-01.001-3-99000	Diplomas/Certificates	-300.00	43.98	236.02	93.82	-20.00	78.67%
6399-02.001-3-99000	Postage	-200.00	100.00	100.00	.00	.00	50.00%
6399-30.001-3-99000	Paper/Copy Machine	-450.00	.00	338.39	.00	-111.61	75.20%
<b>Sub Total 6300</b>		<b>-2,250.00</b>	<b>143.98</b>	<b>1,301.02</b>	<b>93.82</b>	<b>-805.00</b>	<b>57.82%</b>
6400 - Other Operating Costs							
6411-00.001-3-99000	Hotel/Meals/Reg Fees/Prof	-1,500.00	.00	.00	.00	-1,500.00	.00%
6497-01.001-3-99000	ProgFee/PEPP/Inspire Reimb	-3,475.00	.00	3,475.00	.00	.00	100.00%
6497-02.001-3-99000	TEExES 268	-200.00	.00	.00	.00	-200.00	.00%
6497-03.001-3-99000	Perf Asst for School Leaders	-375.00	.00	.00	.00	-375.00	.00%
6497-04.001-3-99000	Standard Princ Cert App Fee	-78.00	.00	.00	.00	-78.00	.00%
6497-05.001-3-99000	Intern Princ Cert App Fee	-78.00	.00	.00	.00	-78.00	.00%
<b>Sub Total 6400</b>		<b>-5,706.00</b>	<b>.00</b>	<b>3,475.00</b>	<b>.00</b>	<b>-2,231.00</b>	<b>60.90%</b>
<b>Total Function 23 School Leadership</b>		<b>-123,278.00</b>	<b>337.52</b>	<b>70,091.74</b>	<b>7,574.83</b>	<b>-52,848.74</b>	<b>56.86%</b>
31 - Guidance/Counseling/Evaluation							
6100 - Payroll Costs							
6118-01.001-3-99000	Testing Coordinator Stipend	-2,000.00	.00	1,333.34	166.66	-666.66	66.67%
6118-02.001-3-99000	Coord/AAT/CCMR/ECHS	-1,500.00	.00	1,500.00	.00	.00	100.00%
6119-00.001-3-99000	AA/CCMR/ECHS	-2,081.00	.00	2,080.81	.00	-.19	99.99%
6119-01.001-3-99000	AAA/CCMR/ECHS	.00	.00	.00	.00	.00	.00%
6141-00.001-3-99000	Social Security/Medicare	-112.00	.00	82.55	2.36	-29.45	73.71%
6142-00.001-3-99000	Group Health & Life	-300.00	.00	299.71	.00	-.29	99.90%
6143-00.001-3-99000	Workers' Compensation	-38.00	.00	33.64	.81	-4.36	88.53%
6144-00.001-3-99000	TRS On-Behalf	-715.00	.00	416.53	.00	-298.47	58.26%
6145-00.001-3-99000	Unemployment	-25.00	.00	.00	.00	-25.00	.00%
6146-00.001-3-99000	Teacher Retirement/TRS	-197.00	.00	214.84	5.55	17.84	109.06%
<b>Sub Total 6100</b>		<b>-6,968.00</b>	<b>.00</b>	<b>5,961.42</b>	<b>175.38</b>	<b>-1,006.58</b>	<b>85.55%</b>
6200 - Professional & Contracted Serv							
6299-00.001-3-38000	CCMR/ECHS Consultant	-5,000.00	38 1,735.00	3,265.00	650.00	.00	65.30%
<b>Sub Total 6200</b>		<b>-5,000.00</b>	<b>1,735.00</b>	<b>3,265.00</b>	<b>650.00</b>	<b>.00</b>	<b>65.30%</b>

Fund 199 / 3 General Operating Fund

As of April

		Budget	Encumbrance YTD	Expenditure YTD	Current Expenditure	Balance	Percent Realized
6000 - Expenditures/Expense Object Co							
31 - Guidance/Counseling/Evaluation							
6300 - Supplies & Materials							
6339-00.001-3-99000 Testing		-50.00	.00	.00	.00	-50.00	.00%
6399-00.001-3-99000 Supplies/Materials		-669.00	200.00	451.57	241.50	-17.43	67.50%
6399-02.001-3-99000 Career/Motivational Materials		-300.00	.00	.00	.00	-300.00	.00%
6399-45.001-3-99000 STOP IT License		-27.00	.00	.00	.00	-27.00	.00%
<b>Sub Total 6300</b>		<b>-1,046.00</b>	<b>200.00</b>	<b>451.57</b>	<b>241.50</b>	<b>-394.43</b>	<b>43.17%</b>
6400 - Other Operating Costs							
6411-00.001-3-99000 Prof Dev Fees/Hotel/Meals		-100.00	.00	25.57	.00	-74.43	25.57%
6499-00.001-3-21000 GT Testing		-150.00	.00	.00	.00	-150.00	.00%
6499-00.001-3-99000 Testing Fees/ACT/SAT/TSI		-500.00	.00	175.00	.00	-325.00	35.00%
6499-01.001-3-99000 Testing Fees/CLEP		-150.00	.00	79.90	.00	-70.10	53.27%
6499-02.001-3-99000 Misc Operating Costs		-100.00	.00	41.88	41.88	-58.12	41.88%
6499-03.001-3-38000 College Transcripts		-100.00	.00	.00	.00	-100.00	.00%
<b>Sub Total 6400</b>		<b>-1,100.00</b>	<b>.00</b>	<b>322.35</b>	<b>41.88</b>	<b>-777.65</b>	<b>29.30%</b>
<b>Total Function 31</b>		<b>-14,114.00</b>	<b>1,935.00</b>	<b>10,000.34</b>	<b>1,108.76</b>	<b>-2,178.66</b>	<b>70.85%</b>
33 - Health Services							
6200 - Professional & Contracted Serv							
6219-00.001-3-99000 Cont Svs-Nurse		-2,000.00	1,565.28	434.72	.00	.00	21.74%
6299-00.001-3-99000 CPR Certification		-300.00	.00	.00	.00	-300.00	.00%
6299-01.001-3-99000 AED/Services		-1,100.00	.00	1,055.00	1,055.00	-45.00	95.91%
<b>Sub Total 6200</b>		<b>-3,400.00</b>	<b>1,565.28</b>	<b>1,489.72</b>	<b>1,055.00</b>	<b>-345.00</b>	<b>43.82%</b>
6300 - Supplies & Materials							
6399-00.001-3-99000 Health Services Supplies		-300.00	.00	39.12	.00	-260.88	13.04%
6399-01.001-3-99000 AED Supplies		-2,000.00	.00	.00	.00	-2,000.00	.00%
<b>Sub Total 6300</b>		<b>-2,300.00</b>	<b>.00</b>	<b>39.12</b>	<b>.00</b>	<b>-2,260.88</b>	<b>1.70%</b>
<b>Total Function 33 Health Services</b>		<b>-5,700.00</b>	<b>1,565.28</b>	<b>1,528.84</b>	<b>1,055.00</b>	<b>-2,605.88</b>	<b>26.82%</b>
34 - Student Transportation							
6200 - Professional & Contracted Serv							
6249-00.999-3-99000 Maintenance/Repairs/Vehicle		-1,000.00	300.00	225.28	.00	-474.72	22.53%
6299-00.999-3-99000 Alcohol/Drug Screening		-1,500.00	.00	.00	.00	-1,500.00	.00%
<b>Sub Total 6200</b>		<b>-2,500.00</b>	<b>300.00</b>	<b>225.28</b>	<b>.00</b>	<b>-1,974.72</b>	<b>9.01%</b>
6300 - Supplies & Materials							
6311-00.999-3-99000 Gasoline/Diesel Fuel		-8,000.00	.00	8,492.42	2,989.26	492.42	106.16%
6311-01.999-3-99000 Fuel/Staff/Retention		.00	.00	.00	.00	.00	.00%
6319-00.999-3-99000 Tires		-1,500.00	.00	.00	.00	-1,500.00	.00%
6319-01.999-3-99000 Supplies/Vehicles		-1,000.00	220.08	290.14	28.66	-489.78	29.01%
6398-00.001-3-99000 Battery Charger		.00	.00	.00	.00	.00	.00%
<b>Sub Total 6300</b>		<b>-10,500.00</b>	<b>220.08</b>	<b>8,782.56</b>	<b>3,017.92</b>	<b>-1,497.36</b>	<b>83.64%</b>
6400 - Other Operating Costs							
6429-00.999-3-99000 Vehicle Insurance		-2,024.00	.00	2,023.00	.00	-1.00	99.95%
6499-00.999-3-99000 Private		-1,000.00	250.00	250.00	.00	-500.00	25.00%
6499-02.999-3-99000 Driver Training		-500.00	.00	.00	.00	-500.00	.00%
6499-03.999-3-99000 Driver Physicals		-1,000.00	.00	330.00	.00	-670.00	33.00%
6499-04.999-3-99000 Vehicle Registration		-300.00	39	98.50	40.00	-201.50	32.83%
<b>Sub Total 6400</b>		<b>-4,824.00</b>	<b>250.00</b>	<b>2,701.50</b>	<b>40.00</b>	<b>-1,872.50</b>	<b>56.00%</b>
<b>Total Function 34 Student Transportation</b>		<b>-17,824.00</b>	<b>770.08</b>	<b>11,709.34</b>	<b>3,057.92</b>	<b>-5,344.58</b>	<b>65.69%</b>

Fund 199 / 3 General Operating Fund

As of April

		Budget	Encumbrance YTD	Expenditure YTD	Current Expenditure	Balance	Percent Realized
6000 - Expenditures/Expense Object Co							
36 - Extracurricular Activities							
6100 - Payroll Costs							
6118-00.001-3-91000	Stipend/Athletic Director	.00	.00	.00	.00	.00	.00%
6118-00.001-3-99006	Stipend/History Fair	-1,000.00	.00	1,000.00	.00	.00	100.00%
6118-00.001-3-99017	Stipend/UII Director/MES	-250.00	.00	250.00	.00	.00	100.00%
6118-01.001-3-91050	Stipend/Basketball/JHB	-1,500.00	.00	1,000.00	125.00	-500.00	66.67%
6118-01.001-3-91051	Stipend/Basketball/JHG	-3,500.00	.00	2,333.34	291.66	-1,166.66	66.67%
6118-01.001-3-99017	Stipend/UII Director/MHS	.00	.00	.00	.00	.00	.00%
6118-02.001-3-91000	Stipend/Basketball/Varsity	-2,000.00	.00	.00	.00	-2,000.00	.00%
6118-02.001-3-99017	Stipend/UII Director/MJH	-250.00	.00	250.00	.00	.00	100.00%
6118-03.001-3-91000	Stipend/Cross Country	-2,000.00	.00	1,333.34	166.66	-666.66	66.67%
6118-04.001-3-91000	Stipend/Tennis/JH/HS	-2,000.00	.00	1,333.34	166.66	-666.66	66.67%
6118-04.001-3-99017	Stipend/UII/Individual Events	-3,325.00	.00	3,325.00	.00	.00	100.00%
6118-05.001-3-91000	Stipend/Track/JH/HS	-3,000.00	.00	2,000.00	250.00	-1,000.00	66.67%
6118-06.001-3-91000	Stipend/Volleyball/JH	-1,500.00	.00	1,000.00	125.00	-500.00	66.67%
6118-06.001-3-91051	Stipend/Volleyball/HS	-1,500.00	.00	1,000.00	125.00	-500.00	66.67%
6118-07.001-3-91000	XDuty/10 Summer Days	-3,000.00	.00	2,000.00	250.00	-1,000.00	66.67%
6118-08.001-3-91000	Stipend/Golf	-1,500.00	.00	1,000.00	125.00	-500.00	66.67%
6125-00.001-3-38000	Driver/ECHS/DC	-250.00	.00	.00	.00	-250.00	.00%
6128-00.001-3-91000	Driver/Athletics	.00	.00	.00	.00	.00	.00%
6128-00.001-3-99017	Driver/UII	.00	.00	.00	.00	.00	.00%
6141-00.001-3-91000	Social Security/Medicare	-312.00	.00	193.24	23.55	-118.76	61.94%
6141-00.001-3-99000	Social Security/Medicare	.00	.00	65.86	.00	65.86	.00%
6143-00.001-3-91000	Workers' Compensation	-105.00	.00	64.98	7.92	-40.02	61.89%
6143-00.001-3-99000	Workers' Compensation	.00	.00	23.52	.00	23.52	.00%
6144-00.001-3-91000	TRS On Behalf	-1,481.00	.00	845.37	.00	-635.63	57.08%
6144-00.001-3-99000	TRS ON-BEHALF BENEFIT	.00	.00	316.48	.00	316.48	.00%
6145-00.001-3-91000	Unemployment	-100.00	.00	.00	.00	-100.00	.00%
6145-00.001-3-99000	Unemployment	-75.00	.00	.00	.00	-75.00	.00%
6146-00.001-3-91000	Teacher Retirement/TRS	-942.00	.00	479.20	57.31	-462.80	50.87%
6146-00.001-3-99000	Teacher Retirement/TRS	.00	.00	243.71	.00	243.71	.00%
<b>Sub Total 6100</b>		<b>-29,590.00</b>	<b>.00</b>	<b>20,057.38</b>	<b>1,713.76</b>	<b>-9,532.62</b>	<b>67.78%</b>
6200 - Professional & Contracted Serv							
6249-00.001-3-91000	Scoreboard Repairs	-500.00	.00	.00	.00	-500.00	.00%
6294-00.001-3-91000	Athletic Officials	-5,700.00	.00	4,931.79	.00	-768.21	86.52%
6299-00.001-3-91000	Scorebooks	-300.00	.00	.00	.00	-300.00	.00%
<b>Sub Total 6200</b>		<b>-6,500.00</b>	<b>.00</b>	<b>4,931.79</b>	<b>.00</b>	<b>-1,568.21</b>	<b>75.87%</b>
6300 - Supplies & Materials							
6397-02.001-3-91000	Coaching Apparel	.00	.00	.00	.00	.00	.00%
6397-31.001-3-91000	Uniforms/Basketball/B&G	-1,200.00	.00	510.00	.00	-690.00	42.50%
6397-32.001-3-91000	Uniforms/Track	-2,000.00	1,350.00	.00	.00	-650.00	.00%
6397-35.001-3-91000	Uniforms/Cross Cntry/B&G	-400.00	.00	.00	.00	-400.00	.00%
6397-36.001-3-91000	Uniforms/Tennis/B&G	-600.00	.00	391.00	391.00	-209.00	65.17%
6397-37.001-3-91000	Uniforms/Volleyball	-750.00	.00	.00	.00	-750.00	.00%
6397-38.001-3-91000	Uniforms/Golf	-600.00	.00	.00	.00	-600.00	.00%
6398-37.001-3-91000	VB Equipment	-600.00	.00	.00	.00	-600.00	.00%
6399-00.001-3-91000	Materials/Athletics Program	-1,200.00	40	605.00	.00	-595.00	50.42%
6399-01.001-3-91000	Medical Supplies	-400.00	.00	.00	.00	-400.00	.00%
6399-01.001-3-99017	Supplies/UII	-500.00	478.08	41.00	.00	19.08	8.20%

Fund 199 / 3 General Operating Fund

As of April

		Budget	Encumbrance YTD	Expenditure YTD	Current Expenditure	Balance	Percent Realized
6000 - Expenditures/Expense Object Co							
36 - Extracurricular Activities							
6300 - Supplies & Materials							
6399-03.001-3-99013	Materials/NHS	-150.00	.00	.00	.00	-150.00	.00%
6399-31.001-3-91000	Supplies/Basketball	-700.00	.00	570.99	.00	-129.01	81.57%
6399-32.001-3-91000	Supplies/Track	-1,575.00	82.00	.00	.00	-1,493.00	.00%
6399-34.001-3-91000	Materials/Homecoming/Motiv	-250.00	.00	.00	.00	-250.00	.00%
6399-35.001-3-91000	Supplies/Cross Country	.00	.00	.00	.00	.00	.00%
6399-36.001-3-91000	Supplies/Tennis	-1,000.00	191.50	.00	.00	-808.50	.00%
6399-37.001-3-91000	Supplies/Volleyball	-300.00	.00	206.00	.00	-94.00	68.67%
6399-38.001-3-91000	Supplies/Golf Bags	-500.00	.00	500.00	.00	.00	100.00%
6399-38.001-3-91001	Supplies/Golf Clubs/Sets	-500.00	.00	490.00	.00	-10.00	98.00%
6399-38.001-3-91002	Supplies/Golf balls, kits, tow	-500.00	.00	.00	.00	-500.00	.00%
<b>Sub Total 6300</b>		<b>-13,725.00</b>	<b>2,101.58</b>	<b>3,313.99</b>	<b>391.00</b>	<b>-8,309.43</b>	<b>24.15%</b>
6400 - Other Operating Costs							
6411-00.001-3-91000	Coach Travel/Meetings/PD	-1,500.00	.00	.00	.00	-1,500.00	.00%
6412-00.001-3-91024	JR/THSC Assn	-500.00	.00	.00	.00	-500.00	.00%
6412-00.001-3-99008	Travel/Science Fair	.00	.00	.00	.00	.00	.00%
6412-01.001-3-99017	Travel/UII	-1,300.00	.00	1,284.33	760.33	-15.67	98.79%
6412-03.001-3-99000	Travel/NHS	-200.00	.00	.00	.00	-200.00	.00%
6412-05.001-3-99000	Travel/History Fair	-10,935.00	2,743.63	3,408.07	3,408.07	-4,783.30	31.17%
6412-31.001-3-91000	Travel/Basketball	-4,000.00	853.44	3,621.69	525.54	475.13	90.54%
6412-32.001-3-91000	Travel/Track	-3,300.00	2,378.07	1,101.43	662.17	179.50	33.38%
6412-35.001-3-91000	Travel/Cross Country	-1,600.00	558.00	900.68	.00	-141.32	56.29%
6412-36.001-3-91000	Travel/Tennis	-2,000.00	513.00	1,430.61	1,430.61	-56.39	71.53%
6412-37.001-3-91000	Travel/Volleyball	-2,550.00	144.00	1,876.53	.00	-529.47	73.59%
6412-38.001-3-91000	Travel /Golf	-1,600.00	539.32	838.40	763.40	-222.28	52.40%
6429-00.001-3-91000	Athletic Insurance	-1,500.00	.00	1,500.00	.00	.00	100.00%
6494-00.001-3-91000	Fuel/Athletics	-1,500.00	.00	542.80	.00	-957.20	36.19%
6494-01.001-3-99006	History Fair Fuel	-200.00	150.00	.00	.00	-50.00	.00%
6494-02.001-3-99000	Fuel/Science Fair	-100.00	.00	.00	.00	-100.00	.00%
6494-03.001-3-99000	Fuel/NHS TRAVEL	-100.00	.00	.00	.00	-100.00	.00%
6494-04.001-3-99017	Fuel/UII Competition	.00	.00	.00	.00	.00	.00%
6495-00.001-3-99006	History Fair Fees	-440.00	440.00	.00	.00	.00	.00%
6495-10.001-3-91000	Dues/Coach	-150.00	.00	.00	.00	-150.00	.00%
6497-00.001-3-91000	Athletic Banners	.00	.00	.00	.00	.00	.00%
6497-00.001-3-99000	Letter Jackets/Student	-300.00	.00	.00	.00	-300.00	.00%
6499-00.001-3-91000	Misc Costs/EOY Awards	-1,300.00	980.00	26.52	26.52	-293.48	2.04%
6499-00.001-3-99000	Misc Costs/Student Programs	-500.00	.00	.00	.00	-500.00	.00%
6499-01.001-3-99017	Fees/District Chair	-5,000.00	.00	5,000.00	.00	.00	100.00%
6499-02.001-3-99013	Misc Costs & Fees/NHS	-400.00	.00	210.04	.00	-189.96	52.51%
6499-02.001-3-99017	Fees/UII Conference 1A	-2,500.00	.00	2,500.00	.00	.00	100.00%
6499-31.001-3-91000	Fees/Basketball	-625.00	.00	620.44	223.87	-4.56	99.27%
6499-32.001-3-91000	Fees/Track	-700.00	72.00	570.00	.00	-58.00	81.43%
6499-35.001-3-91000	Fees/Cross Country	-100.00	.00	96.41	.00	-3.59	96.41%
6499-36.001-3-91000	Fees/Tennis	-500.00	.00	256.22	134.00	-243.78	51.24%
6499-37.001-3-91000	Fees/Volleyball	-1,250.00	.00	1,209.85	.00	-40.15	96.79%
6499-38.001-3-91000	Fees/Golf Greens	-1,000.00	.00	400.00	.00	-600.00	40.00%
<b>Sub Total 6400</b>		<b>-47,650.00</b>	<b>41 9,371.46</b>	<b>27,394.02</b>	<b>7,934.51</b>	<b>-10,884.52</b>	<b>57.49%</b>
<b>Total Function 36 Extracurricular Activities</b>		<b>-97,465.00</b>	<b>11,473.04</b>	<b>55,697.18</b>	<b>10,039.27</b>	<b>-30,294.78</b>	<b>57.15%</b>

Fund 199 / 3 General Operating Fund

As of April

		Budget	Encumbrance YTD	Expenditure YTD	Current Expenditure	Balance	Percent Realized
6000 - Expenditures/Expense Object Co							
41 - General Administration							
6100 - Payroll Costs							
6117-00.701-3-99000	Retention Pay	-1,000.00	.00	500.00	.00	-500.00	50.00%
6117-00.750-3-99000	Retention Pay	-1,000.00	.00	500.00	.00	-500.00	50.00%
6118-00.701-3-99000	Stipend/RMO	-2,500.00	.00	2,000.00	250.00	-500.00	80.00%
6118-01.701-3-99000	Stipend/DRSM	-2,500.00	.00	2,000.00	250.00	-500.00	80.00%
6119-00.701-3-99000	Salary/Superintendent	-55,250.00	.00	37,115.50	4,269.25	-18,134.50	67.18%
6119-00.750-3-99000	Salary/Business Manager	-56,301.00	.00	37,533.92	4,691.74	-18,767.08	66.67%
6122-00.701-3-99000	Substitute/Office	-250.00	.00	108.75	108.75	-141.25	43.50%
6127-00.701-3-99000	Retention Pay	-1,000.00	.00	500.00	.00	-500.00	50.00%
6129-00.701-3-99000	Salary/Supt Secretary	-15,536.00	.00	10,451.96	1,303.54	-5,084.04	67.28%
6141-00.701-3-99000	Social Security/Medicare	-1,091.00	.00	761.34	89.33	-329.66	69.78%
6141-00.750-3-99000	Social Security/Medicare	-813.00	.00	548.93	67.71	-264.07	67.52%
6142-00.701-3-99000	Group Health & Life	-1,932.00	.00	1,273.34	163.92	-658.66	65.91%
6142-00.750-3-99000	Group Health & Life	-4,083.00	.00	2,704.88	338.11	-1,378.12	66.25%
6143-00.701-3-99000	Workers' Compensation	-321.00	.00	183.12	19.38	-137.88	57.05%
6143-00.750-3-99000	Workers' Compensation	-274.00	.00	185.24	22.85	-88.76	67.61%
6144-00.701-3-99000	TRS On Behalf	-5,123.00	.00	1,103.82	.00	-4,019.18	21.55%
6144-00.750-3-99000	TRS On Behalf	-4,434.00	.00	2,498.95	.00	-1,935.05	56.36%
6145-00.701-3-99000	Unemployment	-125.00	.00	.00	.00	-125.00	.00%
6145-00.750-3-99000	Unemployment	-125.00	.00	.00	.00	-125.00	.00%
6146-00.701-3-99000	TRS/TRS Care/NOASDI	-9,272.00	.00	6,337.63	733.20	-2,934.37	68.35%
6146-00.750-3-99000	TRS/TRS Care/NOASDI	-2,298.00	.00	1,532.48	191.56	-765.52	66.69%
<b>Sub Total 6100</b>		<b>-165,228.00</b>	<b>.00</b>	<b>107,839.86</b>	<b>12,499.34</b>	<b>-57,388.14</b>	<b>65.27%</b>
6200 - Professional & Contracted Serv							
6211-00.702-3-99000	Legal Services/Board	-15,000.00	701.50	18,967.50	5,733.50	4,669.00	126.45%
6212-00.750-3-99000	Financial Audit	-22,000.00	.00	21,090.99	.00	-909.01	95.87%
6212-01.750-3-99000	Property Tax Audit	-1,000.00	.00	.00	.00	-1,000.00	.00%
6213-00.703-3-99000	Tax Collection Fees	-23,000.00	10,723.00	10,722.00	.00	-1,555.00	46.62%
6214-00.701-3-99000	Advocacy/Lobbying Costs	-25.00	.00	.00	.00	-25.00	.00%
6237-00.702-3-99000	R.18 Board Training	-1,500.00	.00	.00	.00	-1,500.00	.00%
6238-00.001-3-99000	TxCEE	-1,250.00	.00	1,250.00	.00	.00	100.00%
6238-00.701-3-99000	N/A R.18/TEEMS	.00	.00	.00	.00	.00	.00%
6238-01.701-3-99000	R.18 Job Applicant Tracking	-650.00	.00	650.00	.00	.00	100.00%
6239-02.750-3-99000	R.18 Purchasing Cooperative	-450.00	.00	450.00	.00	.00	100.00%
6239-04.701-3-99000	R.18 Cont Svs/Approved	-200.00	.00	200.00	.00	.00	100.00%
6239-04.750-3-99000	R.18 School Finance	-1,750.00	.00	1,750.00	.00	.00	100.00%
6239-05.701-3-99000	R.12 E-RATE Services	-1,500.00	.00	1,190.43	.00	-309.57	79.36%
6239-06.701-3-99000	R.12 E-RATE Works	-500.00	.00	.00	.00	-500.00	.00%
6269-00.701-3-99000	Copier Rental/Supt Office	-850.00	418.80	431.20	53.90	.00	50.73%
6269-00.750-3-99000	Copier Rental/Bus Office	-850.00	418.80	431.20	53.90	.00	50.73%
6269-01.701-3-99000	Postage Meter/Supt Office	-250.00	211.26	38.74	.00	.00	15.50%
6269-01.750-3-99000	Postage Meter/Bus Office	-250.00	211.26	38.74	.00	.00	15.50%
6299-00.750-3-99000	BSWIFT/ACA Reporting	-1,650.00	.00	1,649.48	.00	-.52	99.97%
<b>Sub Total 6200</b>		<b>-72,675.00</b>	<b>12,684.62</b>	<b>58,860.28</b>	<b>5,841.30</b>	<b>-1,130.10</b>	<b>80.99%</b>
6300 - Supplies & Materials							
6398-00.701-3-99000	Technology/Superintendent	-1,000.00	42 .00	.00	.00	-1,000.00	.00%
6398-01.701-3-99000	Furniture	-3,000.00	.00	.00	.00	-3,000.00	.00%
6399-00.701-3-99000	Supplies/Materials/Supt	-1,000.00	.00	146.47	.00	-853.53	14.65%

Fund 199 / 3 General Operating Fund

As of April

		Budget	Encumbrance YTD	Expenditure YTD	Current Expenditure	Balance	Percent Realized
6000 - Expenditures/Expense Object Co							
41 - General Administration							
6300 - Supplies & Materials							
6399-00.750-3-99000	Supplies/Materials/Business	-2,500.00	.00	1,930.18	.00	-569.82	77.21%
6399-02.701-3-99000	Postage	-500.00	300.00	200.00	.00	.00	40.00%
6399-02.750-3-99000	Postage	-750.00	550.00	200.00	.00	.00	26.67%
6399-30.701-3-99000	Paper/Copy Machine	-500.00	.00	338.39	.00	-161.61	67.68%
6399-30.750-3-99000	Paper/Copy Machine	-500.00	.00	338.21	.00	-161.79	67.64%
<b>Sub Total 6300</b>		<b>-9,750.00</b>	<b>850.00</b>	<b>3,153.25</b>	<b>.00</b>	<b>-5,746.75</b>	<b>32.34%</b>
6400 - Other Operating Costs							
6411-00.701-3-99000	Travel Costs/Supt	-2,500.00	66.00	1,514.46	330.00	-919.54	60.58%
6411-00.750-3-99000	Travel Costs/Business Office	-2,500.00	.00	340.00	.00	-2,160.00	13.60%
6419-00.702-3-99000	Travel/Board	-10,000.00	7,904.00	545.00	60.00	-1,551.00	5.45%
6429-00.701-3-99000	TASB Liability Insurance	-3,500.00	.00	3,500.00	.00	.00	100.00%
6439-00.702-3-99000	Election Costs	-1,474.00	.00	727.03	.00	-746.97	49.32%
6491-00.701-3-99000	Legally Req Pub Not/Supt	-500.00	.00	150.00	.00	-350.00	30.00%
6491-00.750-3-99000	Legally Req Pub	-2,000.00	225.00	465.00	.00	-1,310.00	23.25%
6495-00.701-3-99000	Dues/Superintendent	-500.00	.00	.00	.00	-500.00	.00%
6495-00.750-3-99000	TASBO Membership	-200.00	.00	195.00	195.00	-5.00	97.50%
6495-01.701-3-99000	TASB Membership & Leg Ass	-1,000.00	.00	1,000.00	.00	.00	100.00%
6499-00.701-3-99000	Misc Costs/Supt	-1,200.00	209.24	152.03	103.04	-838.73	12.67%
6499-00.702-3-99000	Misc Board Costs	-1,500.00	.00	.00	.00	-1,500.00	.00%
6499-00.750-3-99000	Misc Costs/Business Offices	-3,450.00	.00	2,224.96	.00	-1,225.04	64.49%
6499-01.702-3-99000	TASB Policy Updates	-3,000.00	693.16	806.84	768.84	-1,500.00	26.89%
6499-01.750-3-99000	Texas SmartBuy Membership	-100.00	.00	100.00	.00	.00	100.00%
6499-02.702-3-99000	TASB Policy Online Support	-1,200.00	.00	1,000.00	.00	-200.00	83.33%
6499-03.701-3-99000	TASB HR Services	-1,000.00	.00	945.00	.00	-55.00	94.50%
6499-04.701-3-99000	Fee/Background	-100.00	14.00	11.00	.00	-75.00	11.00%
6499-04.702-3-99000	TASB Policy Services	-1,000.00	.00	875.00	.00	-125.00	87.50%
6499-05.702-3-99000	TASB Board Book	-1,500.00	.00	1,500.00	.00	.00	100.00%
<b>Sub Total 6400</b>		<b>-38,224.00</b>	<b>9,111.40</b>	<b>16,051.32</b>	<b>1,456.88</b>	<b>-13,061.28</b>	<b>41.99%</b>
<b>Total Function 41 General Administration</b>		<b>-285,877.00</b>	<b>22,646.02</b>	<b>185,904.71</b>	<b>19,797.52</b>	<b>-77,326.27</b>	<b>65.03%</b>
51 - Facilities Maintenance & Opera							
6100 - Payroll Costs							
6119-00.001-3-99000	Facilities Administrator	-6,545.00	.00	3,776.64	554.58	-2,768.36	57.70%
6127-00.999-3-99000	Retention Pay	-2,000.00	.00	1,000.00	.00	-1,000.00	50.00%
6129-00.001-3-99000	Salary/Facilities	-59,700.00	.00	39,435.25	5,100.00	-20,264.75	66.06%
6129-01.001-3-99000	Salary/Custodial	.00	.00	.00	.00	.00	.00%
6129-02.001-3-99000	Custodial/Extra Duties	.00	.00	.00	.00	.00	.00%
6141-00.001-3-99000	Social Security/Medicare	-2,180.00	.00	653.67	81.89	-1,526.33	29.98%
6141-00.999-3-99000	Social Security/Medicare	-15.00	.00	14.50	.00	-.50	96.67%
6142-00.001-3-99000	Group Health & Life	-13,013.00	.00	7,670.34	1,019.17	-5,342.66	58.94%
6143-00.001-3-99000	Workers' Compensation	-1,250.00	.00	1,424.68	187.35	174.68	113.97%
6143-00.999-3-99000	Workers' Compensation	.00	.00	36.10	.00	36.10	.00%
6144-00.001-3-99000	TRS On Behalf	-5,461.00	.00	2,235.59	.00	-3,225.41	40.94%
6145-00.001-3-99000	Unemployment	-150.00	.00	.00	.00	-150.00	.00%
6146-00.001-3-99000	TRS/TRS Care/NOASDI	-2,961.00	.00	2,361.33	148.57	-599.67	79.75%
<b>Sub Total 6100</b>		<b>-93,275.00</b>	<b>43.00</b>	<b>58,608.10</b>	<b>7,091.56</b>	<b>-34,666.90</b>	<b>62.83%</b>

Fund 199 / 3 General Operating Fund

As of April

		Budget	Encumbrance YTD	Expenditure YTD	Current Expenditure	Balance	Percent Realized
6000 - Expenditures/Expense Object Co							
51 - Facilities Maintenance & Opera							
6200 - Professional & Contracted Serv							
6249-00.999-3-99000 Contracted		-6,000.00	600.00	1,727.40	.00	-3,672.60	28.79%
6249-01.999-3-99000 Pest Management Control		-1,000.00	.00	.00	.00	-1,000.00	.00%
6249-05.999-3-99000 Repairs/Fire Alarm System		-500.00	.00	.00	.00	-500.00	.00%
6258-00.999-3-99000 VOIP/Internet		-6,500.00	2,747.73	4,633.19	595.22	880.92	71.28%
6258-01.999-3-99000 Alert/Paging System		-1,000.00	1,000.00	.00	.00	.00	.00%
6259-01.999-3-99000 Water		-7,000.00	3,088.81	3,911.19	.00	.00	55.87%
6259-02.999-3-99000 Phone/Fax/Dish		-1,750.00	303.96	96.04	11.86	-1,350.00	5.49%
6259-03.999-3-99000 Electricity		-15,000.00	7,082.60	7,917.40	1,044.51	.00	52.78%
6259-04.999-3-99000 Heat/Propane		-15,000.00	.00	19,598.94	.00	4,598.94	130.66%
6259-05.999-3-99000 Waste Disposal		-7,500.00	1,689.61	1,810.39	251.14	-4,000.00	24.14%
6269-00.999-3-99000 Rental/Electricity Poles		-50.00	.00	35.55	.00	-14.45	71.10%
6299-00.999-3-99000 TASB Facilities		-1,100.00	.00	1,100.00	.00	.00	100.00%
6299-02.999-3-99000 Annual Fire Alarm Inspection		-800.00	.00	.00	.00	-800.00	.00%
6299-03.999-3-99000 Annual Fire Extinguisher		-650.00	.00	.00	.00	-650.00	.00%
<b>Sub Total 6200</b>		<b>-63,850.00</b>	<b>16,512.71</b>	<b>40,830.10</b>	<b>1,902.73</b>	<b>-6,507.19</b>	<b>63.95%</b>
6300 - Supplies & Materials							
6317-00.999-3-99000 Supplies/Custodial		-5,000.00	78.66	3,722.19	319.02	-1,199.15	74.44%
6318-00.999-3-99000 Supplies/Grounds		-1,600.00	200.03	1,054.91	.00	-345.06	65.93%
6319-00.999-3-99000 Paint		-1,500.00	760.33	757.93	.00	18.26	50.53%
6319-01.999-3-99000 Supplies/Facilities Maint		-11,500.00	2,517.77	5,822.10	299.29	-3,160.13	50.63%
6398-00.999-3-99000 Equipment/Grounds		-250.00	.00	194.50	.00	-55.50	77.80%
6398-01.999-3-91000 Sand/Track Area		-500.00	.00	.00	.00	-500.00	.00%
6398-01.999-3-99000 Equipment/Facilities		-250.00	.00	194.50	.00	-55.50	77.80%
6398-02.999-3-99000 Teacherage/Furnishings		-4,000.00	4,000.00	.00	.00	.00	.00%
<b>Sub Total 6300</b>		<b>-24,600.00</b>	<b>7,556.79</b>	<b>11,746.13</b>	<b>618.31</b>	<b>-5,297.08</b>	<b>47.75%</b>
6400 - Other Operating Costs							
6411-01.999-3-99000 Travel/IPM Training		-250.00	.00	.00	.00	-250.00	.00%
6429-00.999-3-99000 Insurance/Property		-18,661.00	.00	18,661.00	.00	.00	100.00%
6499-00.999-3-99000 Miscellaneous Costs		-100.00	.00	.00	.00	-100.00	.00%
<b>Sub Total 6400</b>		<b>-19,011.00</b>	<b>.00</b>	<b>18,661.00</b>	<b>.00</b>	<b>-350.00</b>	<b>98.16%</b>
<b>Total Function 51 Facilities Maintenance &amp; Opera</b>		<b>-200,736.00</b>	<b>24,069.50</b>	<b>129,845.33</b>	<b>9,612.60</b>	<b>-46,821.17</b>	<b>64.68%</b>
52 - Security & Monitoring Services							
6200 - Professional & Contracted Serv							
6239-07.001-3-99000 R.18 School Safety		-1,320.00	.00	1,320.00	.00	.00	100.00%
6249-00.001-3-99000 Repairs/Security		-139.00	.00	139.00	.00	.00	100.00%
6249-00.999-3-99000 Contr Maint &		.00	.00	.00	.00	.00	.00%
6299-00.001-3-99000 Contracted Safety Training		.00	.00	.00	.00	.00	.00%
<b>Sub Total 6200</b>		<b>-1,459.00</b>	<b>.00</b>	<b>1,459.00</b>	<b>.00</b>	<b>.00</b>	<b>100.00%</b>
6300 - Supplies & Materials							
6398-00.001-3-99000 Materials/Security		.00	.00	.00	-344.98	.00	.00%
6399-00.001-3-99000 Materials/Security/50x6		-1,180.00	80.00	.00	.00	-1,100.00	.00%
6399-01.001-3-99000 Materials/Training/250R		-150.00	.00	156.00	156.00	6.00	104.00%
<b>Sub Total 6300</b>		<b>-1,330.00</b>	<b>80.00</b>	<b>156.00</b>	<b>-188.98</b>	<b>-1,094.00</b>	<b>11.73%</b>

## Fund 199 / 3 General Operating Fund

As of April

		Budget	Encumbrance YTD	Expenditure YTD	Current Expenditure	Balance	Percent Realized
6000 - Expenditures/Expense Object Co							
52 - Security & Monitoring Services							
6400 - Other Operating Costs							
6411-00.001-3-99000 Security/Prof Development		-3,741.00	900.00	1,820.25	1,820.25	-1,020.75	48.66%
6429-00.999-3-99000 TASB/Privacy/Info Security		-3,500.00	.00	3,500.00	.00	.00	100.00%
6499-00.001-3-99000 Fee/BBSC Range		-150.00	75.00	75.00	.00	.00	50.00%
<b>Sub Total 6400</b>		<b>-7,391.00</b>	<b>975.00</b>	<b>5,395.25</b>	<b>1,820.25</b>	<b>-1,020.75</b>	<b>73.00%</b>
<b>Total Function 52 Security &amp; Monitoring Services</b>		<b>-10,180.00</b>	<b>1,055.00</b>	<b>7,010.25</b>	<b>1,631.27</b>	<b>-2,114.75</b>	<b>68.86%</b>
53 - Data Processing Services							
6100 - Payroll Costs							
6118-00.999-3-99000 Salary/Tech/Extra Duty Pay		-2,500.00	.00	1,666.66	208.33	-833.34	66.67%
6119-00.750-3-99000 Salary/Data/Business Office		-24,130.00	.00	16,086.72	2,010.84	-8,043.28	66.67%
6129-00.001-3-99000 Salary PEIMS Data		-20,831.00	.00	13,879.94	1,737.95	-6,951.06	66.63%
6141-00.001-3-99000 Social Security/Medicare		-290.00	.00	198.38	24.84	-91.62	68.41%
6141-00.750-3-99000 Social Security/Medicare		-348.00	.00	232.16	29.02	-115.84	66.71%
6141-00.999-3-99000 Social Security/Medicare		-36.00	.00	24.08	3.01	-11.92	66.89%
6142-00.001-3-99000 Group Health & Life		-2,617.00	.00	1,545.60	193.20	-1,071.40	59.06%
6142-00.750-3-99000 Group Health & Life		-2,136.00	.00	1,159.28	144.91	-976.72	54.27%
6143-00.001-3-99000 Workers' Compensation		-37.00	.00	27.25	3.39	-9.75	73.65%
6143-00.750-3-99000 Workers' Compensation		-118.00	.00	78.40	9.80	-39.60	66.44%
6143-00.999-3-99000 Workers' Compensation		-12.00	.00	8.10	1.01	-3.90	67.50%
6144-00.001-3-99000 TRS On-Behalf		-1,877.00	.00	1,116.56	.00	-760.44	59.49%
6144-00.750-3-99000 TRS On-Behalf		-1,900.00	.00	1,071.00	.00	-829.00	56.37%
6144-00.999-3-99000 TRS On Behalf & Med Part D		-190.00	.00	114.06	.00	-75.94	60.03%
6145-00.001-3-99000 Unemployment		-150.00	.00	.00	.00	-150.00	.00%
6146-00.001-3-99000 Teacher Retirement/TRS		-533.00	.00	352.08	44.31	-180.92	66.06%
6146-00.750-3-99000 Teacher Retirement/TRS		-993.00	.00	656.80	82.10	-336.20	66.14%
6146-00.999-3-99000 Teacher Retirement/TRS		-96.00	.00	64.24	7.98	-31.76	66.92%
<b>Sub Total 6100</b>		<b>-58,794.00</b>	<b>.00</b>	<b>38,281.31</b>	<b>4,500.69</b>	<b>-20,512.69</b>	<b>65.11%</b>
6200 - Professional & Contracted Serv							
6236-00.999-3-99000 EdLink/Erate		-12,867.00	.00	12,867.00	.00	.00	100.00%
6236-01.999-3-99000 EdLink/Security Suite		-4,753.00	.00	4,753.00	.00	.00	100.00%
6236-02.999-3-99000 EdLink/On-Site Support		-17,025.00	.00	16,613.00	.00	-412.00	97.58%
6236-03.999-3-99000 EdLink Disaster Recovery		.00	.00	.00	.00	.00	.00%
6238-00.001-3-99000 R.18 Info Systems/Student		-12,960.00	.00	12,959.00	.00	-1.00	99.99%
6238-00.750-3-99000 R.18 Infor Systems/BO/HR		-6,480.00	.00	6,480.00	.00	.00	100.00%
6238-02.001-3-99000 R.18/Additional Svs		-5,074.00	.00	5,074.00	.00	.00	100.00%
6239-03.999-3-99000 R.18 Antivirus Software		-738.00	.00	738.00	.00	.00	100.00%
6239-04.999-3-99000 R.18 Windows Server		-257.00	.00	257.00	.00	.00	100.00%
6249-00.001-3-99000 Cabling/Installation/Meraki		.00	.00	.00	.00	.00	.00%
<b>Sub Total 6200</b>		<b>-60,154.00</b>	<b>.00</b>	<b>59,741.00</b>	<b>.00</b>	<b>-413.00</b>	<b>99.31%</b>
6300 - Supplies & Materials							
6399-03.999-3-99000 Microsoft Office Renewal		-1,400.00	.00	.00	.00	-1,400.00	.00%
6399-06.999-3-99000 Google Web Domain		-100.00	.00	.00	.00	-100.00	.00%
6399-07.999-3-99000 Monitoring Software		-250.00	.00	.00	.00	-250.00	.00%
6399-08.001-3-99000 Meraki License		-2,000.00	.00	1,691.00	.00	-309.00	84.55%
<b>Sub Total 6300</b>		<b>-3,750.00</b>	<b>.00</b>	<b>1,691.00</b>	<b>.00</b>	<b>-2,059.00</b>	<b>45.09%</b>

Fund 199 / 3 General Operating Fund

	Budget	Encumbrance YTD	Expenditure YTD	Current Expenditure	Balance	Percent Realized
6000 - Expenditures/Expense Object Co						
53 - Data Processing Services						
6400 - Other Operating Costs						
6499-00.999-3-99000 Misc Costs	-49.00	29.50	.00	.00	-19.50	.00%
<b>Sub Total 6400</b>	<b>-49.00</b>	<b>29.50</b>	<b>.00</b>	<b>.00</b>	<b>-19.50</b>	<b>.00%</b>
6600 - Capital Outlay/Land/Bldgs/Equi						
6639-00.001-3-99000 Capital	-82,371.00	.00	.00	.00	-82,371.00	.00%
<b>Sub Total 6600</b>	<b>-82,371.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>-82,371.00</b>	<b>.00%</b>
<b>Total Function 53 Data Processing Services</b>	<b>-205,118.00</b>	<b>29.50</b>	<b>99,713.31</b>	<b>4,500.69</b>	<b>-105,375.19</b>	<b>48.61%</b>
61 - Community Services						
6300 - Supplies & Materials						
6399-00.001-3-99000 Materials/Parental	-500.00	250.00	169.04	.00	-80.96	33.81%
<b>Sub Total 6300</b>	<b>-500.00</b>	<b>250.00</b>	<b>169.04</b>	<b>.00</b>	<b>-80.96</b>	<b>33.81%</b>
6400 - Other Operating Costs						
6499-00.001-3-99000 Misc Costs/Parental	-500.00	.00	424.63	.00	-75.37	84.93%
<b>Sub Total 6400</b>	<b>-500.00</b>	<b>.00</b>	<b>424.63</b>	<b>.00</b>	<b>-75.37</b>	<b>84.93%</b>
<b>Total Function 61 Community Services</b>	<b>-1,000.00</b>	<b>250.00</b>	<b>593.67</b>	<b>.00</b>	<b>-156.33</b>	<b>59.37%</b>
71 - Debt Services						
6500 - Debt Service						
6599-00.001-3-99000 Leases GASB 87	-10,000.00	.00	.00	.00	-10,000.00	.00%
<b>Sub Total 6500</b>	<b>-10,000.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>-10,000.00</b>	<b>.00%</b>
<b>Total Function 71 Debt Services</b>	<b>-10,000.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>-10,000.00</b>	<b>.00%</b>
93 - Payments to Fiscal Agent						
6400 - Other Operating Costs						
6492-00.001-3-23000 Fiscal Agent/588 Coop	-3,300.00	.00	3,300.00	.00	.00	100.00%
<b>Sub Total 6400</b>	<b>-3,300.00</b>	<b>.00</b>	<b>3,300.00</b>	<b>.00</b>	<b>.00</b>	<b>100.00%</b>
<b>Total Function 93 Payments to Fiscal Agent</b>	<b>-3,300.00</b>	<b>.00</b>	<b>3,300.00</b>	<b>.00</b>	<b>.00</b>	<b>100.00%</b>
99 - Other Intergovernmental Charge						
6200 - Professional & Contracted Serv						
6213-00.999-3-99000 Property Appraisal Services	-37,550.00	11,045.00	26,505.00	.00	.00	70.59%
<b>Sub Total 6200</b>	<b>-37,550.00</b>	<b>11,045.00</b>	<b>26,505.00</b>	<b>.00</b>	<b>.00</b>	<b>70.59%</b>
<b>Total Function 99 Other Intergovernmental</b>	<b>-37,550.00</b>	<b>11,045.00</b>	<b>26,505.00</b>	<b>.00</b>	<b>.00</b>	<b>70.59%</b>

Fund 199 / 3 General Operating Fund

As of April

	<u>Budget</u>	<u>Encumbrance YTD</u>	<u>Expenditure YTD</u>	<u>Current Expenditure</u>	<u>Balance</u>	<u>Percent Realized</u>
8000 - Other Uses & NonOperating Exp						
00 - Generic						
8900 - Other Uses						
8911-00.000-3-00000 Transfer to Food Service	-3,753.00	.00	.00	.00	-3,753.00	.00%
<b>Sub Total 8900</b>	<b>-3,753.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>-3,753.00</b>	<b>.00%</b>
<b>Total Function 00 Generic</b>	<b>-3,753.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>-3,753.00</b>	<b>.00%</b>
<b>Total Expenditures</b>	<b>-1,959,009.00</b>	<b>81,303.95</b>	<b>1,142,621.16</b>	<b>123,057.65</b>	<b>-735,083.89</b>	<b>58.33%</b>
<b>Total for 000</b>	<b>-1,959,009.00</b>	<b>81,303.95</b>	<b>1,142,621.16</b>	<b>123,057.65</b>	<b>-735,083.89</b>	<b>58.33%</b>
<b>End of Report</b>						

MARATHON INDEPENDENT SCHOOL DISTRICT REGULAR BOARD MEETING  
APRIL 26, 2023

Regular Board of Trustees School Board Meeting: The Board of Trustees of the Marathon Independent School District met on April 26, 2023, in the High School Library.

Present Board Members: Marina Aguilar, Steven Aguilar, Judy Briones, Andrew Lewis, Cheyenne Marta, Andrew Lewis

Absent Board Member: Craig Carter

Staff: Dr. Ivonne Durant, Coy Gonzalez, Travis Jarrell, Victoria Sanchez

Audience of Individuals: Jacob Garcia, Jayne Gallo, Betty Ramirez, Michelle West

- I. Call the meeting to Order: Board President, Judy Briones called the meeting to order at 6:02 p.m.
- II. Recited the Pledge of Allegiance to the American and Texas Flags
- III. Moment of Silence
- IV. Public Comments – None
- V. Grant Received for High School Gym HVAC – Congress Tony Gonzales gave a live-virtual talk about Marathon ISD and how he saw the need for a HVAC in the gym. Congress Tony Gonzales did say coming from a small school district he understands the needs and how the smaller school districts are overlooked. With a lot of hard work from Congress Tony Gonzales, Dr. Durant and the community all came together, and Congress Tony Gonzales succeeded and received a grant for Marathon ISD for the High School Gym HVAC in the amount of 325,000. Marathon ISD appreciates everyone’s help.
- VI. Consent Items – A motion was made by Marina Aguilar and seconded by Steven Aguilar to accept the Consent Items as presented. Motion Carried.
  - VI.a. Monthly Tax Collection Report
  - VI.b. Check Payments
  - VI.c. Financial Reports
  - VI.d. Review and approve previous Board Minutes
- VII. Storage Needs for Pole Vault Pit & High Jump Pit – Coach Jacob Garcia requested a Storage Metal Box Container be purchased to store the donated Pole Vault Pit & High Jump Pit. A motion was made by Judy Briones and seconded by Hayes West to approve buying a Metal Box Container, check around for pricing first. Motion Carried.
- VIII. 2023 National History Day – National History Day is scheduled for June 11-15 in Washington D.C.
- IX. Texas Education Agency Visiting International Teacher Program – Closed Meeting
- X. Budget Amendments – A motion was made by Marina Aguilar and seconded by Steven Aguilar to approve the Budget Amendments as presented by Business Manager, Victoria Sanchez. Motion Carried.
- XI. ESSA LEA Maintenance of Effort Compliance Report for FY 2022 – Information Only.
- XII. Compensation Plan – Instructional Aide – Closed Meeting.
- XIII. Subcommittee Report on upgrades for our school building included level out concrete sidewalks with the sidewalk in place, dirt work needed by bus barn, gutters on backside of gym – The Upgrade school building report was given by the facility committee which included Steven Aguilar, Andrew Lewis, Hayes West, and Brad Wilson. The committee met and walked around the school buildings checking for upgrades to school buildings. The repairs/upgrades reported by the committee consisted of sidewalk repairs and dirt

work for bus barn parking area. A motion was made by Andrew Lewis and seconded by Steven Aguilar to proceed with the facilities repairs as discussed. Motion Carried.

- XIV. Teacher Housing Discussion and Possible Action – Closed Meeting
- XV. Prayer Invocation as Part of the Opening Protocol – Dr. Ivonne Durant discussed the possibility of having Prayer Invocation as Part of the Opening Protocol. Prayer at board meetings is permissible with board approval. A motion was made by Marina Aguilar and seconded by Steven Aguilar to Prayer Invocation as Part of the Opening Protocol. Motion Carried.
- XVI. Discuss and possible approval of the TEKS Certification - A motion was made by Cheyenne Marta and seconded by Steven Aguilar to approve the TEKS Certification as presented. Motion Carried.
- XVII. Discussion of Team of Eight mandatory training – Discussion of date to set training.
- XVIII. Discuss and possible approval of Early Education Program – Discussion no approval.
- XIX. Summer Leadership Institute – Board training in San Antonio available for board members.
- XX. District of Innovation Final Report Prior to TEA Notification: Additional Exemptions to be Considered as an Addition/Modification to the Plan: Exemption: Texas Education Code 25.092. A motion was made by Marina Aguilar and seconded by Steven Aguilar to approve the District of Innovation Modifications as presented by DOI committee. Motion Carried.

**MINIMUM ATTENDANCE FOR CLASS CREDIT OR FINAL GRADE:** In order to better meet the needs and values of the Marathon ISD community, the District seeks relief from Texas Education Code Section 25.092, which inhibits our sports, co-curricular, and local priorities for a class if the student is not in attendance ninety percent of the time that the class is offered. The law currently awards credit based on “seat time” rather than content mastery. Relief from Section 25.092 does not in any way impact or alter existing compulsory attendance requirements or University Interscholastic League (UIL) rules. Adding the exception would allow:

Students who miss seat time not to be penalized. This is meant to encourage more students to participate in extra and co-curricular activities such as: Sports, Livestock Showings, UIL, Bereavement, History Fair. Additionally, parent supervised medical leaves fall under this category.

**ADDITIONAL EXEMPTION/MODIFICATION FOR TEACHER CERTIFICATION**

**Exception: Texas Education Code 21.003, 21.053, 21.044**

**TEACHER CERTIFICATION**

In order to improve college and career readiness opportunities for our students as well as provide continuity to our student with their teachers, this flexibility will improve the overall support our students receive in their schooling. Our District is divided into two sections: Pre-K through fifth grade and sixth through twelfth. Our assignment of classes to teachers and the subjects they teach also must adhere to this configuration even though our teaching certificates do not. By allowing our teachers the flexibility to teach grade levels above or below their certification, we can better meet the academic needs of our students.

Also, the career and technical courses require teachers who are highly skilled in their career practices to provide the direct instruction needed in the hard-to-fill career and technical when highly qualified certified teachers are not available.

**21.003 (DK LEGAL) Teacher Certification** allowing us to have teachers teach three subjects outside of their certifications only as it relates to grades 6, 7 and 8 in the same subject area.

**This would be additional request above and beyond the one currently being utilized (approved for school year 2022-2027) for teachers to be able to teach one course outside of their certification area.**

- XXI. Closed Meeting – In accordance with the Texas Open Meetings Act (Subchapter D and F of Chapter 551 of the Texas Government Code), the board will now enter into a closed meeting to deliberate subjects listed on this agenda authorized by Subchapter D. Any final action, decision, or vote on a subject deliberated in the closed meeting will be taken in an open meeting held in an open meeting.  
XXI.a. Deliberate teachers’ contracts, vacancies, and/or prospective candidates.  
Tex.Gov’t Code 551.074
- XXII. Open Meeting – Board went into open session at 8:05 p.m.  
XXII.a. Take action on teachers’ contracts, vacancies, and/or prospective candidates.  
Tex. Gov’t Code 551.074. A motion was made by Cheyenne Marta and seconded by Marina Aguilar to move forward, and research Teacher housing as discussed. Motion Carried.  
A motion was made by Steven Aguilar and second by Andrew Lewis to approve RCC – Staff Shortage Solution as discussed. Motion Carried.
- XXIII. Upcoming Events
- XXIV. Adjourn – A motion was made by Judy Briones and seconded by Steven Aguilar to adjourn meeting at 8:21 p.m. Motion Carried. Hayes West left the meeting at 8:13 p.m.

Board President \_\_\_\_\_

Board Secretary \_\_\_\_\_







## TASB LOCALIZED POLICY MANUAL UPDATE 120

Marathon ISD 022902 STATE AND FEDERAL REVENUE SOURCES CB (LOCAL) DATE ISSUED:

12/12/202210/6/2015 Adopted:ADOPTED: 1 of 2 UPDATE 120103 CB(LOCAL)-A1A The Superintendent shall be authorized to: 1. Apply, on behalf of the Board, for any and all special federal and state grants and awards as deemed appropriate for the District's operations; 2. Approve commitment of District funds for matching, cost sharing, cooperative, or jointly funded projects up to the amounts specifically allowed under the District budget approved by the Board; and 3. Approve grant and award amendments as necessary. The District shall comply with all requirements for state and federal grants and awards imposed by law, the awarding agency, or an applicable pass-through entity. The Superintendent shall develop and enforce financial management systems, internal control procedures, procurement procedures, and other administrative procedures as needed to provide reasonable assurance that the District is complying with requirements for state and federal grants and awards. [See CAA, CBB] The District shall provide public notice of federal grant applications through an information item at a Board meeting and by publishing information on the District's website. The District shall make available opportunities for public input as required by law or the granting agency. Approval of required grant and award plans shall be by the Superintendent. Each employee, Board member, or agent of the District who is engaged in the selection, award, or administration of a contract supported by a federal grant or award and who has a potential conflict of interest as defined at Code of Federal Regulations, title 2, section 200.318, shall disclose to the District, in writing, any conflict that meets the disclosure threshold in Chapter 176 of the Local Government Code. [See CBB] In addition, each employee, Board member, or agent of the District shall comply with any other conflict of interest requirements imposed by the granting agency or a pass-through entity. For purposes of this policy, "immediate family member" shall have the same meaning as "family member" as described in Chapter 176 of the Government Code. [See BBFA] Grants and Awards Federal Awards Public Notice and Input Plan Approval Conflict of Interest Marathon ISD 022902 STATE AND FEDERAL REVENUE SOURCES CB (LOCAL) DATE ISSUED:

12/12/202210/6/2015 Adopted:ADOPTED: 2 of 2 UPDATE 120103 CB(LOCAL)-A1A For purposes of this policy, "partner" shall have the same meaning as defined in Business Organizations Code Chapter 1, Subchapter A. An employee, Board member, or agent of the District who is required to disclose a conflict in accordance with the provisions above shall not participate in the selection, award, or administration of a contract supported by a federal grant or award. Employees, Board members, and agents of the District shall not solicit any gratuities, favors, or items from a contractor or a party to a subcontract for a federal grant or award and shall not accept: 1. Any single item with a value at or above \$50; or \$50; or 2. Items from a single contractor or subcontractor that have an aggregate monetary value exceeding \$100 in a 12-month period. [See BBFA, BBFB, CBB, DBD. In the event of a violation of these requirements, see CAA and DH.] Gifts and Gratuities Marathon ISD 022902 SAFETY PROGRAM/RISK MANAGEMENT CKC EMERGENCY PLANS (LOCAL) DATE ISSUED: 12/12/20222/3/2021 Adopted: 1 of 2 UPDATE 120LDU 2021.01 CKC(LOCAL)-X The Superintendent shall ensure updating of the District's emergency operations plan and ongoing staff training. As required by law, the emergency operations plan shall include the District's procedures addressing: 1. Reasonable security measures when District property is used as a polling place; 2. Response to an active shooter emergency; and 3. Response to a nearby train derailment, as applicable; and 3.4. Access to campus buildings and materials necessary for a substitute teacher to carry out the duties of a District employee during an emergency or an emergency drill. The Board has adopted these provisions regarding firearms to address concerns about effective and timely response to emergency situations onat a District propertyschool, including: invasion of a school by an armed outsider; a hostage situation; actions of a student or employee who is armed and

## TASB LOCALIZED POLICY MANUAL UPDATE 120

poses a direct threat of physical harm to himself, herself, or others; and similar circumstances. Pursuant to its authority under state law, the Board may authorize specific District employees to possess certain firearms in schools, at Board meetings, at school and at school-sponsored or school-related events on District property, to the extent allowed by law. Each specifically authorized employee shall be approved by action of the Board. The Superintendent shall issue written authorization to each approved employee. Participation in this safety program shall be strictly voluntary and shall not be a requirement of any employee position. The Superintendent, as well as the Board, shall have the authority to revoke at any time a specific employee's authorization to possess a firearm under this policy. However, The authorization for a specific employee to possess a firearm under this policy shall be automatically revoked if the employee is placed on administrative leave or separates from employment with the District, regardless of the reason. In addition, the Superintendent shall have the authority to revoke at any time a specific employee's authorization to possess a firearm under this policy. Employee participation in this safety program shall be voluntary and shall not be a requirement for any position of employment with the District. Emergency Operations Plan Firearms Purpose Authorization Revocation

Marathon ISD 022902 SAFETY PROGRAM/RISK MANAGEMENT CKC EMERGENCY PLANS (LOCAL) DATE ISSUED: 12/12/2022/3/2021 Adopted: 2 of 2 UPDATE 120LDU 2021.01 CKC(LOCAL)-X Only a District employee who maintains a current license to carry a handgun, in accordance with Texas state law, shall be eligible for authorization to possess a firearm on District property under this policy and in accordance with the District's emergency operations plan. . A District employee who is a handgun license holder but who has not been specifically authorized by Board action under this policy shall not be permitted to possess a firearm on school property except in accordance with the limited provisions of DH(LOCAL). The District shall provide to each Each District employee who is authorized to possess a firearm on District property shall be provided specialized training in crisis intervention, management of hostage situations, and other topics as the Board or designee may determine necessary or appropriate. Only District-approved firearms and ammunition shall be permitted in firearms authorized for possession and use under this policy and the District's emergency operations procedures. The Superintendent shall ensure that procedures to implement this security program are detailed in the District's emergency operations plan. Handgun Licensees Training Permitted Weapons and Ammunition Implementation

Marathon ISD 022902 STUDENT RIGHTS AND RESPONSIBILITIES FNG STUDENT AND PARENT COMPLAINTS/GRIEVANCES (LOCAL) DATE ISSUED: 12/12/2022/17/2020 Adopted: 1 of 6 UPDATE 120115 FNG(LOCAL)-A1 In this policy, the terms "complaint" and "grievance" shall have the same meaning. Student or parent complaints shall be filed in accordance with this policy, except as required by the policies listed below. Some of these policies require appeals to be submitted in accordance with FNG after the relevant complaint process: 1. Complaints alleging discrimination or harassment based on race, color, religion, sex, gender, national origin, age, or disability shall be submitted in accordance with FFH. 2. Complaints concerning dating violence shall be submitted in accordance with FFH. 3. Complaints concerning retaliation related to discrimination and harassment shall be submitted in accordance with FFH. 4. Complaints concerning bullying or retaliation related to bullying shall be submitted in accordance with FFI. 5. Complaints concerning failure to award credit or a final grade on the basis of attendance shall be submitted in accordance with FEC. 6. Complaints concerning expulsion shall be submitted in accordance with FOD and the Student Code of Conduct. 7. Complaints concerning any final decisions of the gifted and talented selection committee regarding selection for or exit from the gifted program shall be submitted in accordance with EHBB. 8. Complaints within the scope of Section 504, including complaints concerning identification, evaluation, or educational placement of a student with a disability,

## TASB LOCALIZED POLICY MANUAL UPDATE 120

within the scope of Section 504 shall be submitted in accordance with FB and the procedural safeguards handbook. 9. Complaints within the scope of the Individuals with Disabilities Education Act, including complaints concerning identification, evaluation, educational placement, or discipline of a student with a disability, within the scope of the Individuals with Disabilities Education Act shall be submitted in accordance with EHBAE, FOF, and the procedural safeguards handbook provided to parents of all students referred to special education. 10. Complaints concerning instructional resources shall be submitted in accordance with the EF series. Complaints Other Complaint Processes Marathon ISD 022902 STUDENT RIGHTS AND RESPONSIBILITIES FNG STUDENT AND PARENT COMPLAINTS/GRIEVANCES (LOCAL) DATE ISSUED: 12/12/2022/17/2020 Adopted: 2 of 6 UPDATE 120115 FNG(LOCAL)-A1 11. Complaints concerning a commissioned peace officer who is an employee of the District shall be submitted in accordance with CKE. 12. Complaints concerning admission, placement, or services provided for a homeless student shall be submitted in accordance with FDC. 13. Complaints concerning disputes regarding a student's eligibility for free or reduced-priced meal programs shall be submitted in accordance with COB. Complaints regarding refusal of entry to or ejection from District property based on Education Code 37.105 shall be filed in accordance with this policy. However, the timelines shall be adjusted as necessary to permit the complainant to address the Board in person within 90 calendar days of filing the initial complaint, unless the complaint is resolved before the Board considers it. [See GKA(LEGAL)] The District shall inform students and parents of this policy through appropriate District publications. The Board encourages students and parents to discuss their concerns with the appropriate teacher, principal, or other campus administrator who has the authority to address the concerns. Concerns should be expressed as soon as possible to allow early resolution at the lowest possible administrative level. Informal resolution shall be encouraged but shall not extend any deadlines in this policy, except by mutual written consent. A student or parent may initiate the formal process described below by timely filing a written complaint form. Even after initiating the formal complaint process, students and parents are encouraged to seek informal resolution of their concerns. A student or parent whose concerns are resolved may withdraw a formal complaint at any time. The process described in this policy shall not be construed to create new or additional rights beyond those granted by law or Board policy, nor to require a full evidentiary hearing or "mini-trial" at any level. Neither the Board nor any District employee shall unlawfully retaliate against any student or parent for bringing a concern or complaint. The District shall make reasonable attempts to schedule conferences at a mutually agreeable time. If a student or parent fails to Notice to Students and Parents Guiding Principles Informal Process Formal Process Freedom from Retaliation General Provisions Marathon ISD 022902 STUDENT RIGHTS AND RESPONSIBILITIES FNG STUDENT AND PARENT COMPLAINTS/GRIEVANCES (LOCAL) DATE ISSUED: 12/12/2022/17/2020 Adopted: 3 of 6 UPDATE 120115 FNG(LOCAL)-A1 appear at a scheduled conference, the District may hold the conference and issue a decision in the student's or parent's absence. "Days" shall mean District business days, unless otherwise noted. In calculating timelines under this policy, the day a document is filed is "day zero." The following business day is "day one." Complaints arising out of an event or a series of related events shall be addressed in one complaint. A student or parent shall not file separate or serial complaints arising from any event or series of events that have been or could have been addressed in a previous complaint. All time limits shall be strictly followed unless modified by mutual written consent. If a complaint form or appeal notice is not timely filed, the complaint may be dismissed, on written notice to the student or parent, at any point during the complaint process. The student or parent may appeal the dismissal by seeking review in writing within ten days from the date of the written dismissal notice, starting at the level at

## TASB LOCALIZED POLICY MANUAL UPDATE 120

which the complaint was dismissed. Such appeal shall be limited to the issue of timeliness. Each party shall pay its own costs incurred in the course of the complaint. Complaints and appeals under this policy shall be submitted in writing on a form provided by the District. Copies of any documents that support the complaint should be attached to the complaint form. If the student or parent does not have copies of these documents, copies may be presented at the Level One conference. After the Level One conference, no new documents may be submitted by the student or parent unless the student or parent did not know the documents existed before the Level One conference. A complaint or appeal form that is incomplete in any material aspect may be dismissed but may be refiled with all the required information if the refiling is within the designated time for filing. Complaint forms must be filed with the Superintendent or designee within 15 days of the date the student or parent first knew, or with reasonable diligence should have known, of the decision or action giving rise to the complaint or grievance. The Superintendent or designee shall investigate as necessary and schedule a conference with the student or parent within ten Days Consolidating Complaints Untimely Filings Costs Incurred Complaint and Appeal Forms Level One Marathon ISD 022902 STUDENT RIGHTS AND RESPONSIBILITIES FNG STUDENT AND PARENT COMPLAINTS/GRIEVANCES (LOCAL) DATE ISSUED: 12/12/20227/17/2020 Adopted: 4 of 6 UPDATE 120115 FNG(LOCAL)-A1 days after receipt of the written complaint. The Superintendent or designee may set reasonable time limits for the conference. Absent extenuating circumstances, the Superintendent or designee shall provide the student or parent a written response within ten days following the conference. The written response shall set forth the basis of the decision. In reaching a decision, the Superintendent or designee may consider information provided at the Level One conference and any other relevant documents or information the administrator believes will help resolve the complaint. If the student or parent did not receive the relief requested at Level One or if the time for a response has expired, the student or parent may request a conference with the Superintendent to appeal the Level One decision. If, however, the Superintendent heard the complaint at Level One, the student or parent shall bypass Level Two and proceed to Level Three. The appeal notice must be filed in writing, on a form provided by the District, within ten days of the date of the written Level One response or, if no response was received, within ten days of the Level One response deadline. After receiving notice of the appeal, the Level One administrator shall prepare and forward a record of the Level One complaint to the Superintendent. The student or parent may request a copy of the Level One record. The Level One record shall include: 1. The original complaint form and any attachments. 2. All other documents submitted by the student or parent at Level One. 3. The written response issued at Level One and any attachments. 4. All other documents relied upon by the Level One administrator in reaching the Level One decision. The Superintendent shall schedule a conference within ten days after the appeal notice is filed. The conference shall be limited to the issues and documents considered at Level One. At the conference, the student or parent may provide information concerning any documents or information relied upon by the administration for the Level One decision. The Superintendent may set reasonable time limits for the conference. Level Two Marathon ISD 022902 STUDENT RIGHTS AND RESPONSIBILITIES FNG STUDENT AND PARENT COMPLAINTS/GRIEVANCES (LOCAL) DATE ISSUED: 12/12/20227/17/2020 Adopted: 5 of 6 UPDATE 120115 FNG(LOCAL)-A1 The Superintendent shall provide the student or parent a written response within ten days following the conference. The written response shall set forth the basis of the decision. In reaching a decision, the Superintendent may consider the Level One record, information provided at the Level Two conference, and any other relevant documents or information the Superintendent believes will help resolve the complaint. Recordings of the Level One and Level Two conferences, if any, shall be maintained with the

## TASB LOCALIZED POLICY MANUAL UPDATE 120

Level One and Level Two records. If the student or parent did not receive the relief requested at the preceding level or if the time for a response has expired, the student or parent may appeal the decision to the Board. The appeal notice must be filed in writing, on a form provided by the District, within ten days of the date of the written response or, if no response was received, within ten days of the response deadline. The Superintendent shall inform the student or parent of the date, time, and place of the Board meeting at which the complaint will be on the agenda for presentation to the Board. The Superintendent shall provide the Board the record of the Level One complaint and, if applicable, the Level Two appeal. The records shall include: 1. The original complaint form, any attachments, and all other documents submitted by the student or parent. 2. The notice of appeal from Level One. 3. The written response issued at Level One and, if applicable, Level Two. 4. All other documents relied upon by the administration in reaching the Level One decision and, if applicable, the Level Two decision. The appeal shall be limited to the issues and documents considered at the preceding level, except that if at the Level Three hearing the administration intends to rely on evidence not included in the record from the preceding level, the administration shall provide the student or parent notice of the nature of the evidence at least three days before the hearing. The District shall determine whether the complaint will be presented in open or closed meeting in accordance with the Texas Open Meetings Act and other applicable law. [See BE] Level Three Marathon ISD 022902 STUDENT RIGHTS AND RESPONSIBILITIES FNG STUDENT AND PARENT COMPLAINTS/GRIEVANCES (LOCAL) DATE ISSUED: 12/12/2022/17/2020  
Adopted: 6



From: **rebecca aztecstorage.com** <rebecca@aztecstorage.com>

Date: Wed, May 24, 2023 at 11:09 AM

Subject: Re: ASC Quote Request, for Marathon ISD, Select Length New - Standard (8' 6" height)

To: Victoria Sanchez <vsanchez@marathonisd.net>

Hi Victoria,

Our 40' DD HC new (high cube is what I have right now no more standard height) are \$7,995. These are beige color.

Our 40' sd New with doors on end are \$7,250. These are beige color.

The 40' with the 4 separate doors is all I will have for the opening in the middle. That one is \$12,500.

We have use also pricing as follows.

40' used door on one end--\$5,495.

Colors are Blue or Evergreen.

These do not come with doors on both ends or in the center.

No delivery charge to Marathon.

Warranty is

1 year for used; 5 years for new

Hope this helps.

Please let me know if you have any questions.

**Prices are valid for 3 days**

**\*\* Please note that pricing can change without notice and all deals are quoted out on first come first serve basis\*\***

*Thank you!*

*Rebecca Morales*

*ASC--[aztecstoragecontainers.com](http://aztecstoragecontainers.com)*

*Office:*

*500 S Midland Dr*

*Midland, TX 79703*

*Office:432-520-7653*

*432-699-5949*

*Container Yard:*

*200 E I-20 Service Rd.*

*Odessa, TX*

*<https://goo.gl/maps/uSaSVTW28EpchDET9>*

*[rebecca@aztecstorage.com](mailto:rebecca@aztecstorage.com)*

*Have an awesome blessed day!!!*



Ms. Victoria Sanchez, Business Manager  
Marathon ISD  
PO Box 416  
Marathon, TX. 79842

Dear Ms. Sanchez,

Thank you for allowing us to work with you and Marathon ISD for this important line of protection for the student athletes and UIL participants of the District. I am presenting this renewal, and have attached a copy of the base and catastrophic plans from Ameritas Life Insurance Co and Zurich American Insurance. We are pleased to tell you that our **Texas Star All School plan** is your current base plan, and has no increase in premium- **as well as a NEW TWO YEAR rate guarantee.**

**I also included optional base plan designs for your consideration.**

Some important base plan highlights are:

- Our USAMCO network is one of the largest in Texas, and most Providers are contracted not to balance-bill parents (for the mid and high-end plans). **Four El Paso area Hospitals and all San Angelo Hospitals will accept as payment in full the TX Value/Star plans for students with no other insurance.**
- We have an arrangement with MedEx/Don-Joy for any needed athletic braces to be paid in full (Custom braces are also included).
- **Our base plans pay benefits for non-contact injuries and also for negative diagnosis's during evaluation (MRI, CT Scans, etc.)**

**Please also review the upgraded catastrophic policy quotes, with a new “Felony Assault” benefit available. In light of the school violence that happens more frequently in the current environment we operate in, we have additional benefits available to the students and, even Faculty/ Staff/Guests on campus in the event of an assault. Please review this, and call me to discuss adding this benefit to your policy for next year. You’ll notice the rates are very affordable, for the NEW benefits available.**

This supplemental insurance is very helpful, whether a student has their own health insurance or not-as it pays many medical costs which would otherwise be the parents’ responsibility.

Thank you again for considering renewing this important policy to protect the students of Marathon ISD with us. We look forward to hearing from you soon.

Sincerely,

Jeff Johnson

APPLICATION FOR STUDENT/ATHLETIC ACCIDENT INSURANCE GRADES PK-12



Send completed form to:  
The Brokerage Store  
4091 De Zavala Road, Suite 3 • San Antonio, TX 78249

**2 YEAR RATE  
GUARANTEE**



Ameritas Life Insurance Corp.  
Lincoln, Nebraska

**SCHOOL/DISTRICT INFORMATION**

School/District Marathon ISD DIST. CLASS. \_\_\_\_\_

Address P.O. Box 416  
Street

City Marathon County \_\_\_\_\_ State TX Zip 79842

**DATE INFORMATION** Effective Date 08/01/2023 Termination Date 07/31/2024  
\_\_\_\_\_ 1st Day of School \_\_\_\_\_ Last Day of School \_\_\_\_\_ 1st Day of Football Practice

**SCHOOLS THAT PROVIDE COVERAGE ON A GROUP BASIS**

A: GROUP COVERAGES		PREMIUMS
<input type="checkbox"/>	1. Group UIL Coverage: Plan ( _____ )	\$ _____
<input checked="" type="checkbox"/>	2. All School Coverage: Plan ( <u>Texas Star</u> ) (Includes UIL Activities) Enrollment grades PK- 12 ( _____ ) @ \$ _____ =	\$ <u>1,000</u>
<b>TOTAL PREMIUM</b>		= \$ <u>1,000</u>

**SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS**

B: VOLUNTARY COVERAGES: (See Brochure)		ENROLLMENT FORMS NEEDED
<input type="checkbox"/>	1. Voluntary Sports/UIL Activities Coverage: Plan ( <u>Basic</u> ) Estimated number of Interscholastic UIL Participants 7-12 _____ ( _____ )	
<input type="checkbox"/>	2. Voluntary Student Coverage: Plan ( <u>Basic</u> ) Estimated Total Enrollment in grades PK-12 (No Sports) _____ ( _____ )	

- It is agreed and understood that: (**applies only to voluntary coverages**)
- The school will offer coverage to all students in the school system.
  - Voluntary Sports and UIL Activities Coverage are available only if the school installs the Voluntary or Group Student Coverage.
  - A School Official will complete the School's section of each claim form for school related injuries.
  - Only one student accident plan will be offered by the district.**

**WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison**

Applied for by:

\_\_\_\_\_  
Print Name of School Official Phone Number E-mail Address

\_\_\_\_\_  
Signature of School Official Title Date

Agent Signature: \_\_\_\_\_ Telephone# \_\_\_\_\_

Administered by:

Stillwater, Minnesota



ZURICH®

# 2023 Enrollment Form for Catastrophic Coverage

Underwritten by Zurich

The Brokerage Store, Inc., 4091 De Zavala Road, Suite 3, San Antonio, TX 78249

## Participant Information:

Name of Participating School or District: Marathon ISD

Address: P.O. Box 416 City: Marathon ISD State: TX ZIP: 79842

Number of Schools Junior High: \_\_\_\_\_ Senior High: \_\_\_\_\_

Estimated Number of Students Grades K-8: 40 Grades 9-12: 17

Eligible Classes Junior High:  Yes  No Senior High:  Yes  No

Class I: All enrolled Students of the School or School District, including all sports and activities (includes student coaches, student trainers and student managers). Football:  Yes  No

Class II: All enrolled Students of the School or School District, while participating in gym classes and extracurricular school activities, including intramural and interscholastic sports, such as football, band members, cheerleaders, majorettes, student coaches, student trainers and student managers. Coverage also includes supervised travel to and from such games and practice sessions. Football:  Yes  No

## Benefits:

Accident Medical Expense (AME) Benefit Amount - Excess Coverage \$10,000,000

Accidental Death & Dismemberment (AD&D) (\$10,000 Death, \$20,000 Dismemberment)

Catastrophic Cash Benefit (Maximum Benefit Amount \$500,000)

Rates: See 3DJH

Premium: Total Premium: \$ 540

## Requested Effective Date:

The Effective Date will be the requested dates assuming We have accepted the risk and received the attached enrollment form. If the acceptance of the enrollment form or the enrollment form is not received prior to the requested effective date, the Effective Date will be the date We accept the Enrollment Form. The Expiration Date of the policy will be one (1) year from the Effective Date.

08 / 01 / 2023  
Month Day Year

## Approval for Enrollment:

The authorized signer of this application represents to the best of his or her knowledge and belief that the statements set forth herein are true and include all material information. Signing of this application does not bind Zurich to offer nor the authorized signer to accept insurance, but it is agreed this questionnaire and any attachments thereto shall be the basis of the insurance.

Officer's Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Title (print): \_\_\_\_\_ Date: \_\_\_\_\_

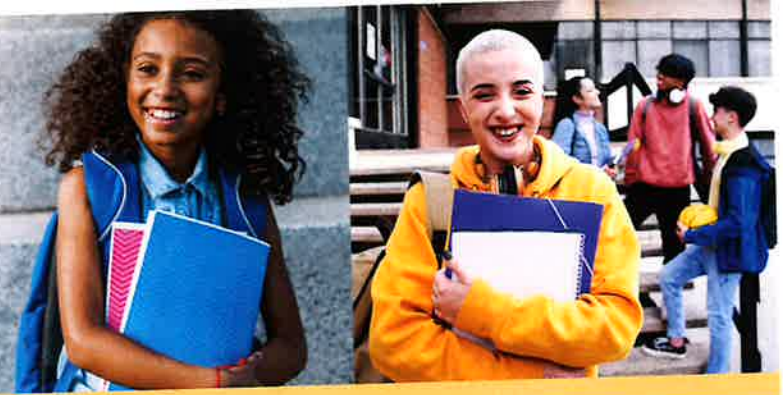
## General Statement:

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



# New school coverages for today's needs:

## K-12 Catastrophic Student Accident Insurance



### We did our homework to help you protect your school's students and staff

As long as kids have been suiting up for school sports, there have been resulting injuries, and with more than 3.5 million sports-related injuries to children and teens each year,<sup>1</sup> they remain a major part of any school's risk exposures.

However, there have always been other hazards during activities on and off school premises, including **crimes and acts of violence**. Sadly, too many recent news stories remind us no school is immune to these kinds of tragic events. For example, since 1999, over 320,000 students have been on campus during a school shooting incident.<sup>2</sup>

We recognize that every school is different, from the number of students and staff involved in school-sponsored activities to varying levels of security. That's why we offer three different coverage choices for schools.

All three coverage options are backed by the underwriting strength and stability of Zurich North America, one of the largest and most experienced providers of commercial insurance products and services in the U.S.

### Premier Package

This option adds even greater value to the Sports-Plus Package, with Felonious Assault benefit options for students, faculty, staff and authorized guests related to injuries resulting from a **violent or criminal act**; and expanded Catastrophic Student Accident coverage to include students participating in school activities scheduled, sponsored and supervised by the school, on or off premises.

### Sports-Plus Package

This package adds Felonious Assault benefit options, covering losses for covered injuries resulting from a **violent or criminal act**, to the Catastrophic Student Accident Insurance coverage in our Strictly Sports package.

### Strictly Sports Package

We continue to offer broad Catastrophic Student Accident Insurance focused on school sports injuries, covering multiple classes of students, sports activities and travel protections.

*For complete details on benefits, eligibility, rates and limits, a sample policy for each package is available.*

Want to know more about our K-12 Catastrophic Student Accident Insurance packages?

**Please reach out to:** David Cates, CSRM/Owner  
The Brokerage Store, Inc.  
1-210-366-4800

1. "Sports Injury Statistics," Stanford Medicine Children's Health. Accessed 14 November 2022.

2. John Woodrow Cox, John Woodrow, et al. "More than 320,000 students have experienced gun violence at school since Columbine." The Washington Post. 18 October 2022

Zurich | 1299 Zurich Way, Schaumburg, IL 60196-1056 | 800 382-2150 | [www.zurichna.com](http://www.zurichna.com)

This is intended as a general description of certain type of insurance available to qualified customers, provided solely for informational purposes. Insurance coverages underwritten by Zurich American Insurance Company, a New York domiciled company with its principal place of business at 1299 Zurich Way, Schaumburg, IL 60196 (NAIC # 16535). The terms and conditions of the policy described in this brief summary are governed by the individual policy document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the policy, the policy document shall govern.

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**Felonious Assault Benefits**

**FOR STUDENT**

Accident Medical Expense Benefit Amount - Excess	\$10,000,000 Maximum
Deductible - \$25,000	
<b>Accidental Death</b> .....	<b>Benefit Amount</b> .....\$35,000
Accidental Dismemberment and Loss of Use.....	.....\$45,000
Exposure and Disappearance.....	.....\$35,000
<b>Bereavement and Trauma Counseling</b> .....	.....\$400 per session, maximum of 10 sessions

<b>Loss Schedule</b>	<b>Percentage of Accidental Dismemberment/Loss of Use Benefit Amount</b>
Both Hands or Both Feet.....	100.00%
One Hand and One Foot, or One Hand/Foot plus loss of Sight on One Eye.....	100.00%
Sight of Both Eyes, Speech and Hearing or Four Limbs.....	100.00%
Three Limbs.....	75.00%
Two Limbs.....	66.67%
One Limb, Speech or Hearing, One Hand, One Foot, or the Sight of One Eye.....	50.00%
Hearing in One Ear, Thumb and Index Finger of the Same Hand.....	25.00%

**FOR FACULTY, STAFF, AUTHORIZED GUESTS – Premier Plan Only**

Accident Medical Expense Benefit Amount - Excess	\$25,000 Maximum
Deductible - \$0	
<b>Accidental Death</b> .....	<b>Benefit Amount</b> .....\$25,000
Accidental Dismemberment and Loss of Use.....	.....\$25,000
Exposure and Disappearance.....	.....\$25,000



**ZURICH**

# Blanket Accident Insurance Policy

**ZURICH AMERICAN INSURANCE COMPANY**  
1299 Zurich Way  
Schaumburg, Illinois 60196

In return for the payment of premium expressed in the Schedule, **We** agree to pay the benefits of this **Policy** to the persons insured hereunder, subject to the terms and conditions which follow. **We** have issued this **Policy** to the **Policyholder**. This **Policy** is executed as of the Policy Inception Date shown in the Schedule which is its date of issue, and from which anniversary dates are measured.

**RENEWAL.** This **Policy** will automatically renew for an additional twelve-month (12) period unless either party expresses its intent not to renew as specified in the Termination of Insurance provisions shown in Section VII.A.

This **Policy** is delivered in, and subject to the laws of the Contract Situs in which it is issued.

**We** will pay benefits described in this **Policy** when an **Insured** suffers a **Covered Loss** as a result of participating in a **Covered Activity** described in the Schedule.

**THIS BLANKET ACCIDENT INSURANCE POLICY PROVIDES ACCIDENT COVERAGE ONLY  
THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS**

**We and the Policyholder** have agreed to all the terms of this **Policy**.

This is a legal contract between the **Policyholder** and **Us**.

IN WITNESS WHEREOF, this **Company** has executed and attested these presents and, where required by law, has caused this **Policy** to be countersigned by its duly Authorized Representative(s).

President

Corporate Secretary

**SAMPLE**

**PLEASE READ THIS POLICY CAREFULLY**

**NON-PARTICIPATING**

# Important Notice

## Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company. If you don't, you may lose your right to appeal.

### Zurich North America

To get information or file a complaint with your insurance company

**Call: Customer Inquiry Center at 1-847-413-5438**

**Toll-free: 1-800-382-2150**

Email: [info.source@zurichna.com](mailto:info.source@zurichna.com)

Mail: 1299 Zurich Way, Schaumburg, IL 60196-1056

### The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Email: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Mail: MC111-1A, P.O. Box 149091, Austin, TX 78714-9091

## ¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros. Si no lo hace, podría perder su derecho para apelar.

### Zurich North America

Para obtener información o para presentar una queja ante su compañía de seguros:

**Llame a: Customer Inquiry Center at 1-847-413-5438**

**Teléfono gratuito: 1-800-382-2150**

Correo electrónico: [info.source@zurichna.com](mailto:info.source@zurichna.com)

Dirección postal: 1299 Zurich Way, Schaumburg, IL 60196-1056

### El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Correo electrónico: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

TABLE OF CONTENTS

<u>SECTION</u>	<u>DESCRIPTION</u>
Section I	SCHEDULE
Section II	ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE
Section III	DEFINITIONS
Section IV	GENERAL EXCLUSIONS
Section V	GENERAL LIMITATIONS
Section VI	PREMIUMS
Section VII	TERMINATION OF INSURANCE
Section VIII	HOW TO FILE A CLAIM
Section IX	PAYMENT OF CLAIMS
Section X	GENERAL POLICY CONDITIONS
Section XI	BENEFITS

SAMPLE

SECTION I - SCHEDULE

- I. **POLICYHOLDER:** John Doe Organization  
123 Main Street  
Anywhere, XX 10011
- II. **POLICY NUMBER:** ABC-1234567
- III. **POLICY INCEPTION DATE:** Date 00, 20XX
- IV. **POLICY PERIOD:** Date 00, 20XX to Date 00, 20XX  
(All Insurance begins and ends at 12:01 a.m. at the **Policyholder's** address)
- V. **CONTRACT SITUS:** Texas
- VI. **ELIGIBILITY AND CLASSIFICATION OF INSURED:**

The following individuals are eligible to become **Insureds** upon the submission of completed enrollment material, if required:

- Class I: All Enrolled Students of the school or school district, including all sports activities (includes student coaches, student trainers, and student managers).
- Class II: All Faculty, Staff and authorized Guests of the **Policyholder**, while participating in activities scheduled, sponsored and supervised by the **Policyholder** on or off the premises of the **Policyholder**, who suffer a **Covered Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death, Accidental Dismemberment or Accident Medical Expense Benefit**, as a result of a **Felonious Assault** committed by someone other than the **Insured** person, including a different **Insured** person.
- Class III: All Students Pre-K to 12<sup>th</sup> grades of the **Policyholder**, while participating in activities scheduled, sponsored and supervised by the **Policyholder** on or off the premises of the **Policyholder**, who suffer a **Covered Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death, Accidental Dismemberment or Accident Medical Expense Benefit**, as a result of a **Felonious Assault** committed by someone other than the **Insured** person, including a different **Insured** person.

**Felonious Assault** means crimes or attempted crimes considered to be a felony by the local jurisdiction.

If a **Insured** suffers a **Covered Injury** resulting in a **Covered Loss**, and he or she is covered under more than one Class, **We** will pay only one benefit, the largest benefit.

VII. **COVERED ACTIVITY(IES):**

- Class I: While participating in **Policyholder** sponsored and approved activities while the **Insured** is:
1. on the school premises:
    - a. while school is in session (including recess and lunch periods); or
    - b. while school is not in session, if the **Insured** is involved in a school sponsored activity; or
  2. away from school or home:
    - a. if the **Insured** is involved in a school sponsored activity; and
    - b. with adult supervision provided by the school; or
  3. traveling directly between the **Insured's** home and the school when school is in session; or
  4. traveling directly to or from the **Insured's** home or the school to the location of a school sponsored activity whether or not such school is in session; or
  5. participating in school scheduled sponsored and supervised games and practice sessions of intramural or interscholastic sports. Coverage includes supervised travel to and from such games and practice sessions.

When travel is by other than school bus, covered travel time shall not exceed one hour each way. This includes traveling to or from the **Insured's** home, school, or a school sponsored activity. The covered travel time includes the period before the **Insured's** required attendance time and the period after the **Insureds** dismissal or after the **Insured** completes any extra duties.

Class II: While participating in activities scheduled, sponsored and supervised by the **Policyholder** on or off the premises of the **Policyholder**.

Class III: While participating in activities scheduled, sponsored and supervised by the **Policyholder** on or off the premises of the **Policyholder**.

VIII. BENEFITS:

BENEFITS	CLASS COVERED	COVERAGE AMOUNT	FORM NUMBER
Accidental Death Benefit	All	Class I: \$10,000 Class II: \$25,000 Class III: \$35,000	U-BMC-100EI-B TX (10/20)
Accidental Dismemberment Benefit	All	Class I: \$20,000 Class II: \$25,000 Class III: \$45,000	U-BMC-100EI-B TX (10/20)
Exposure and Disappearance Benefit	All	Class I: \$10,000 Class II: \$25,000 Class III: \$35,000	U-BMC-100EI-B TX (10/20)
Accident Medical Expense Benefit with Sublimits	All	See Benefit Rider	U-BMC-180EI-B TX (01/20)
Catastrophe Cash Benefit	Class I	Lump Sum: \$100,000 Monthly Amount: \$3,333.33 Number of Months: 120	U-BMC-125EI-A TX (04/10)
Heart Failure Benefit	Class I	\$10,000	U-BMC-143EI-A TX (04/10)
Bereavement and Trauma Counseling Benefit	Class II & III	\$400 per Session Maximum 10 Sessions	U-BMC-194EI-A TX (10/20)

IX. REPORTING AND NOTICE ADDRESSES:

Claim Reporting:

Claims Department  
Zurich American Insurance Company  
P.O. Box 968041  
Schaumburg, IL 60196  
1-877-287-4805

X. PREMIUM: \$000 per year  
Benefits under this **Policy** are **Non-Contributory**.

SECTION II – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

INSURED'S EFFECTIVE DATE

An **Insured's** coverage under this **Policy** begins on the latest of:

1. the Policy Inception Date shown in the Schedule;
2. the date for which the first premium for the **Insured's** coverage is paid; or
3. the date the person becomes a member of an eligible class of persons as described in the ELIGIBILITY AND CLASSIFICATION OF INSUREDS section on the Schedule;

A change in an **Insured's** coverage under this **Policy** due to a change in his or her eligible class becomes effective on the later of:

1. when the change in his or her eligible class occurs; or

2. if the change requires a change in premium, the date the first changed premium is paid.  
However, a change in coverage applies only with respect to **Accidents** that occur after the change becomes effective.

### SECTION III – DEFINITIONS

**Accident or Accidental** means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the **Policy** term.

**Covered Accident** means an **Accident** that results in a **Covered Loss**.

**Covered Activity(ies)** means those activities set out in the COVERED ACTIVITIES section of the Schedule.

**Covered Injury** means bodily injury directly caused by **Accidental** means which is independent of all other causes, results from a **Covered Accident**, occurs while the **Insured** is insured under this **Policy** and participating in a **Covered Activity**, and results in a **Covered Loss**.

**Covered Loss** means a loss which meets the requisites of one or more benefits or additional benefits, results from a **Covered Injury**, and for which benefits are payable under this **Policy**.

**Insured** means any person who is eligible for coverage under this **Policy** as provided in the ELIGIBILITY AND CLASSIFICATION OF INSUREDS section of the Schedule, and who completes the enrollment material, if required.

**Limb** means an arm or a leg.

**Physician** means a person who is:

1. a doctor of medicine, osteopathy, psychology or other legally qualified practitioner of a healing art that **We** recognize or are required by law to recognize;
2. licensed to practice in the jurisdiction where care is being given;
3. practicing within the scope of that license; and
4. not related to the **Insured** by blood or marriage.

**Plan** means the coverages and/or benefits selected in the Schedule.

**Policy** means this Blanket Accident Insurance Policy.

**Policyholder** means the entity named as such in the Schedule.

**Spouse** means the **Insured's** legally married **Spouse**.

**We, Us, and Our** means Zurich American Insurance Company or **Our** authorized representative.

### SECTION IV – GENERAL EXCLUSIONS

A loss will not be a **Covered Loss** if it is caused by, contributed to, or results from:

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. war or any act of war, whether declared or undeclared.
3. involvement in any type of active military service.
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for **Accidental** ingestion of contaminated foods.
5. participation in the commission or attempted commission of a crime, any felony, an assault, or insurrection.
6. being intoxicated while operating a motor vehicle.
  - a. An **Insured** will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be intoxicated, if operating a motor vehicle.
  - b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the **Insured's** intoxication.
7. being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen was prescribed by a **Physician** and taken in accordance with the prescribed dosage.
8. travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight.
9. release, whether or not **Accidental**, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release.

10. a cardiovascular event or stroke caused by exertion prior to or at the same time as an **Accident**
11. any condition for which the **Insured** is entitled to benefits under any Workers' Compensation Act, No Fault Auto Coverage or similar law.
12. the **Insured** riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
13. any loss incurred while outside the United States, its territories or Canada.

#### SECTION V – GENERAL LIMITATIONS

Benefits are payable only for **Covered Losses** incurred as a result of participation in **Covered Activities**.

**LIMITATION ON MULTIPLE COVERED ACTIVITIES:** If an **Insured** suffers a **Covered Loss** while participating in more than one **Covered Activity**, **We** will pay only one benefit, the largest benefit unless there is a specific written exception in this **Policy**.

**LIMITATION ON MULTIPLE BENEFITS:** If an **Insured** can recover benefits under more than one of the Benefits stated in the Schedule, as a result of the same **Accident**, **We** will pay only one benefit, the largest benefit.

#### SECTION VI – PREMIUMS

- A. **PREMIUMS:** Premiums are due and payable to **Us** at the rates and in the manner described in the Schedule. All rates are expressed and all premiums are payable in United States currency. If, at any time, it is determined that additional premium or a premium credit is due, the additional premium must be paid or the premium credit applied at the next premium due date. Except in the case of fraud, premium adjustments will be made only for the current Policy Period and the prior Policy Period.
- B. **GRACE PERIOD:** Premiums are due for this **Policy** on or before the premium due date or renewal date, whichever applies. If a renewal premium is not paid when it is due, there is a thirty-one (31) day Grace Period (the "Grace Period") to pay. During the Grace Period, the **Policy** will stay in force. There will not be a Grace Period if **We** have given notice, at least thirty (30) days in advance, that **We** are going to terminate this **Policy**.
- C. **CHANGE IN PREMIUM:** **We** may change the premium as a condition of any renewal of this **Policy** by giving at least sixty (60) days written notice to the **Policyholder**. **We** may also change premium at any time when any change, agreed upon in writing, between the **Policyholder** and **Us** is made that affects coverage or if it is discovered that there was a material misrepresentation in the information relied upon in establishing the premiums.

#### SECTION VII - TERMINATION OF INSURANCE

##### A. POLICY RENEWAL AND TERMINATION:

**RENEWAL:** This **Policy** will automatically renew for an additional twelve-month (12) period unless either party expresses its intent to terminate as specified herein.

**TERMINATION BY POLICYHOLDER:** The **Policyholder** may terminate this **Policy** by delivering to **Us** a written notice to end this **Policy** at least thirty (30) days in advance of such termination. **We** will calculate and return the unearned premium, if any, using a standard short rate table. The **Policyholder** will send **Us** any additional amounts owed, if any, between the **Policy's** paid to date and the official date of termination.

**TERMINATION BY US:** **We** may terminate this **Policy** by giving the **Policyholder** at least thirty (30) days' notice of **Our** intent to terminate. Such notice will state the exact date the **Policy** will terminate. **We** will mail a notice of such termination to the **Policyholder's** last address shown in **Our** records.

**We** may also, at any time, end this **Policy** for non-payment of premium on any premium due date if the payment is not received prior to the end of the Grace Period. **We** will mail a notice of such termination to the **Policyholder's** last address shown in **Our** records.

Termination will be without prejudice to any claim which commenced prior to the effective date of termination.

#### SECTION VIII - HOW TO FILE A CLAIM

- A. **NOTICE:** The **Insured** or the beneficiary, or someone on their behalf, must give **Us** written notice of the **Covered Loss** within ninety (90) days of such **Covered Loss**, or as soon thereafter as reasonably possible. The notice must name the **Insured**, and the Policy Number. To request a claim form, the **Insured** or the beneficiary, or someone on their behalf may contact **Us** at 1-866-841-4771. The notice must be sent to the address shown on the Schedule, or any of **Our** agents. Notice to **Our** agents is considered notice to **Us**.

- B. **CLAIM FORMS:** We will send the claimant Proof of Covered Loss forms within fifteen (15) days after We receive notice. If the claimant does not receive the Proof of Covered Loss form in fifteen (15) days after submitting notice, he or she can send Us a detailed written report of the claim and the extent of the **Covered Loss**. We will accept this report as a Proof of Covered Loss if sent within the time fixed below for filing a Proof of Covered Loss.
- C. **PROOF OF COVERED LOSS:** Written Proof of Covered Loss, acceptable to Us, must be sent within ninety (90) days of the **Covered Loss**. Failure to furnish Proof of Covered Loss acceptable to Us within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the Proof of Covered Loss, and the proof was provided as soon as reasonably possible.

#### SECTION IX - PAYMENT OF CLAIMS

- A. **TIME OF PAYMENT:** We will pay claims for all **Covered Losses**, other than **Covered Losses** for which this **Policy** provides any periodic payment, immediately upon receipt of written proof of loss that is acceptable to Us. Unless an optional periodic payment is stated or chosen, any **Covered Loss** to be paid in periodic payments will be paid at the end of each four-week period. The unpaid balance, which remains when **Our** liability ends, will then be paid when We receive the Proof of Covered Loss that is acceptable to Us.
- B. **WHO WE WILL PAY:**
  - 1. **LOSS OF LIFE OF AN INSURED:** **Covered Losses** resulting from the **Insured's** death are paid to the named beneficiary at the time of death. If there is no beneficiary named or the named beneficiary predeceases or dies at the same time as the **Insured**, We will pay the benefit to the beneficiary named by the **Insured** for the **Insured's** Life Insurance policy. If there is no beneficiary named by the **Insured** for the **Insured's** Life Insurance policy, or the named beneficiary predeceases or dies at the same time as the **Insured**, We will pay the benefit to the **Insured's** survivors in the following order:
    - a. the **Insured's** Spouse;
    - b. the **Insured's** child(ren);
    - c. the **Insured's** parents;
    - d. the **Insured's** brothers and sisters;
    - e. the **Insured's** estate.
  - 2. **ALL OTHER CLAIMS:** Benefits are to be paid to the **Insured**. He or she may direct in writing that all, or part of the Accident Medical Expense Benefit with Sublimits if applicable, will be paid directly to the party who furnished the service. The direction may be changed by the **Insured** at any time up to the filing of the Proof of Covered Loss.
  - 3. Any payment We make will fully discharge Us to the extent of the payment.

#### SECTION X - GENERAL POLICY CONDITIONS

- A. **BENEFICIARIES:** The **Insured** has the sole right to name a beneficiary. The beneficiary has no interest in the **Policy** other than to receive certain payments. Unless an irrevocable beneficiary is named, The **Insured** may change the beneficiary at any time unless he or she has assigned the interest in the **Policy**. In such case, the person to whom he or she has assigned the interest in this **Policy** may have the right to change the beneficiary. Consent to a change by a prior beneficiary is not needed. Any beneficiary designation must be in writing on a form acceptable to Us.
- B. **CHANGE OR WAIVER:** A change or waiver of any terms or conditions of this **Policy** must be issued by Us in writing and signed by one of **Our** executive officers. No agent has authority to change or waive **Policy** terms or conditions. A failure to exercise any of **Our** rights under this **Policy** will not be deemed as a waiver of such rights in the same or future situations.
- C. **CLERICAL ERROR:** A clerical error or omission will not increase or continue an **Insured's** coverage, which otherwise would not be in force. If an **Insured** applies for insurance for which he or she is not eligible, We will only be liable for any premiums paid to Us.
- D. **CONFORMITY WITH STATUTE:** Terms of this **Policy** that conflict with the laws of the state where it is delivered are amended to conform to such laws.
- E. **ENTIRE CONTRACT:** This **Policy**, the **Policyholder** application, **Insured** enrollment materials, Benefit Riders, and any other attachments represent the entire insurance contract between the **Policyholder** and Us.
- F. **INSURED CERTIFICATES:** Where required by state law, We will make available certificates containing a summary of terms that affect benefits.

- G. **SUIT AGAINST US:** No action on this **Policy** may be brought until sixty (60) days after written Proof of Covered Loss has been sent to **Us**. Any action must commence within three (3) years of the date the written Proof of Covered Loss was required to be submitted. If the law of the state where the **Insured** lives makes such limit void, then the action must begin within the shortest time period permitted by law.
- H. **PHYSICAL EXAMINATION AND AUTOPSY:** **We** have the right to examine an **Insured** when and as often as **We** may reasonably request while the claim is pending. Such examination will be at **Our** expense. **We** can have an autopsy performed unless forbidden by law.
- I. **POLICYHOLDER RECORDS:** The **Policyholder** will keep a record of the coverage, premium and other pertinent administrative information for each **Insured**, which, if acceptable to **Us** will be deemed to be a part of the **Policy**. **We** may examine these records at reasonable times while the **Policy** is in force and for six years after the termination of the **Policy**. The **Policyholder** will report to **Us** within a reasonable time all changes in information regarding an **Insured**. The **Policyholder** will indemnify **Us** for any benefits or other payments that are caused in whole or in part by the **Policyholder's** negligence or error in performing the record keeping function.
- J. **CHOICE OF SERVICE PROVIDER:** The **Insured** has the sole right to choose his or her duly licensed **Physician** and hospital.
- K. **ARBITRATION:** If the **Insured Person** and the **Company** do not agree to a claim denial under the **Policy**, then either party may make a written demand for arbitration. When this demand is made, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will: 1. Pay the expenses it incurs; and 2. Bear the expenses of the third arbitrator equally. Unless both parties agree otherwise, arbitration will take place in the county or parish in which the address shown in the **Schedule** is located. Local rules of law as to procedure and evidence will apply. Any decision agreed to by the arbitrators may be appealed to a court of competent jurisdiction.
- L. **TIME LIMIT ON CERTAIN DEFENSES:** In the absence of fraud, statements made by the **Policyholder** or an **Insured** are deemed representations and not warranties. No such statement will cause **Us** to deny or reduce the benefits due under this **Policy** or be used as a defense of a claim, unless it is contained in a signed written application. After two years from the date coverage starts no such statement will cause this **Policy** to be contested.
- M. **COMMUTATION OF LOSSES:** This **Policy** may be commuted through mutual agreement by the **Policyholder** and Zurich American Insurance Company. As of the commutation date both parties agree to release each other from any and all obligations to each other in connection with this **Policy** provided that the amount mutually agreed by both parties is paid at the time of commutation.
- N. **MISSTATEMENT OF AGE:** If the age of the **Insured** has been misstated, **We** will adjust the benefits under this **Policy** to those that would be applicable at the correct age.

## SECTION XI - BENEFITS

### ACCIDENTAL DEATH BENEFIT

If an **Insured** suffers a loss of life as a result of a **Covered Injury**, **We** will pay the applicable amount shown in the **Schedule**. The death must occur within 365 days of the **Covered Injury**.

### ACCIDENTAL DISMEMBERMENT BENEFIT

If a **Covered Injury** to an **Insured** results in any of the following **Covered Losses**, **We** will pay the percentage shown below. The **Covered Loss** must occur within 365 days of the **Covered Accident**.

The benefit amount is based on the maximum amount shown in the **Schedule** for the person suffering the **Covered Loss**.

Covered Loss of	Percentage of Maximum Amount
Both Hands or Both Feet	100%
One Hand and One Foot	100%
One Hand or One Foot plus the loss of Sight of One Eye	100%
Sight of Both Eyes	100%
Speech and Hearing	100%
Speech or Hearing	50%
One Hand; One Foot; or Sight of One Eye	50%

Thumb and Index Finger of the same Hand	25%
Hearing in One Ear	25%

For purposes of this Benefit, DEFINITIONS is amended to include the following:

**Covered Loss** means:

1. For a foot or hand, actual severance through or above an ankle or wrist joint;
2. For thumb and index finger, complete severance through or above the metacarpophalangeal joint of both digits;
3. Total and permanent loss of sight;
4. Total and permanent loss of speech; or
5. Total and permanent loss of hearing.

**Covered Loss of Use** means total paralysis of a **Limb** or **Limbs**, which has continued for 12 consecutive months and is determined by **Our** competent medical authority to be permanent, complete and irreversible.

This benefit is payable based on the following table.

COVERED LOSS OF USE OF	PERCENTAGE OF MAXIMUM AMOUNT
Four <b>Limbs</b>	100%
Three <b>Limbs</b>	75%
Two <b>Limbs</b>	66.67%
One <b>Limb</b>	50%

**Covered Loss of Use** must continue for 12 consecutive months and be determined by **Our** competent medical authority.

**EXPOSURE AND DISAPPEARANCE BENEFIT**

If an **Insured** is exposed to weather because of an **Accident** and this results in a **Covered Loss**, **We** will pay the applicable amount shown in the Schedule subject to all **Policy** terms.

If the conveyance in which an **Insured** is riding disappears, is wrecked, or sinks, and the **Insured** is not found within 365 days of the event, **We** will presume that the person lost his or her life as a result of injury. If travel in such conveyance was covered under the terms of this **Policy**, **We** will pay the applicable amount shown in the Schedule, subject to all **Policy** terms. **We** have the right to recover the benefit if **We** find that the **Insured** survived the event.

# Accident Medical Expense Benefit with Sublimits

Zurich American Insurance Company  
1299 Zurich Way  
Schaumburg, Illinois 60196

**THIS RIDER CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This rider modifies insurance provided under the Blanket Accident Insurance Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the Policy:

## SCHEDULE

Benefit	Maximum Benefit	Deductible per Insured per Covered Accident	Co-Insurance: Our share of Usual and Customary Expenses per Insured per Covered Accident
Accident Medical:	Class I: \$10,000,000 per Insured per Covered Accident	Class I: \$25,000 (deductible must be met within the first two (2) years of the Covered Injury)	Class I: 100%
	Class II: \$25,000 per Insured per Covered Accident	Class II: \$0	Class II: 100%
	Class III: \$10,000,000 per Insured per Covered Accident	Class III: \$25,000 (deductible must be met within the first one (1) year of the Covered Injury)	Class III: 100%

We will pay Our share of the Usual and Customary Expenses for Medically Necessary Covered Medical Service(s) incurred by the Insured resulting from a Covered Accident while participating in a Covered Activity, up to the Maximum Benefit shown on the Schedule. Coverage is provided in excess of the Deductible and subject to the co-insurance shown in the above Schedule provided that:

- the first treatment or service occurs within one hundred and eighty (180) days of the Covered Injury; and
- the medical expenses are incurred within:
  - Class I: five hundred twenty (520) weeks (ten (10) years) of the Covered Injury.
  - Class II: fifty-two (52) weeks of the Covered Injury.
  - Class III: fifty-two (52) weeks of the Covered Injury.

For this benefit only, the following definitions apply:

**Covered Medical Service(s)** means any of the following services:

- Hospital** room and board expenses: the daily room rate when an Insured is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the expenses payable under this benefit, the date of admission will be counted but not the date of discharge.
- Ancillary or miscellaneous inpatient Hospital expenses: services and supplies including operating room, anesthesia and medicines (excluding take home drugs) when Hospital Confined.
- Medical Emergency care (room and supplies) expenses incurred within twenty-four (24) hours of an Accident and including the emergency room or attending Physician's charges, X-rays, laboratory procedures, use of the emergency room and supplies.

4. Outpatient surgical room and supply expenses for use of the surgical facility (including ambulatory surgical facilities).
5. Diagnostic X-rays, laboratory procedures and tests.
6. **Physician** non-surgical treatment/examination expenses (excluding medicines) including the **Physician's** initial visit, each necessary follow-up visit and consultation visits when referred by the attending physician.
7. **Physician's** surgical expenses: If a **Covered Injury** requires singular or multiple surgical procedures during the same operative session through the same or different incision, **We** will pay only one benefit, the largest of the procedures performed.
8. Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a **Physician's** surgical procedure whether on an inpatient or outpatient basis. The **Physician's** surgical procedure(s) must be the result of a **Covered Injury**.
9. Assistant **Physician** expenses.
10. The services of a Registered Nurse (the nurse cannot be a member of the **Insured's** immediate family).
11. Physiotherapy expenses on an inpatient or outpatient basis. Expenses include treatment and office visits connected with such treatment when prescribed by a **Physician**, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy and/or occupational therapy.
12. Radiological procedures including: cardiac imaging and nuclear medicine and molecular imaging related to a **Covered Injury** and prescribed by a **Physician**.
13. Diagnostic imaging expenses including Magnetic Resonance Imaging (MRI) and Computed Axial Tomography (CAT) Scan related to a **Covered Injury** and prescribed by a **Physician**.
14. Ambulance expenses for transportation from the emergency site to the **Hospital**.
15. Rehabilitative limb braces, wheelchairs and other medical equipment or appliances prescribed by a **Physician** and related to the **Covered Injury**. It must be durable medical equipment that:
  - a. is primarily and customarily used to serve a medical purpose;
  - b. can withstand repeated use; and
  - c. generally is not useful to a person in the absence of injury.

No benefits will be paid for rental charges in excess of the purchase price.  
We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs.
16. Eyeglasses, contact lenses or hearing aids damaged or destroyed as a result of a **Covered Injury** and prescribed by a **Physician**.
17. Prescription drug expenses for **Covered Injuries**, prescribed by a **Physician** and administered on an outpatient basis.
18. Expenses for blood, blood transfusions and oxygen (including delivery of tanks and equipment and its administration).
19. Dental treatment for teeth, gums or structures directly supporting the teeth performed as a result of a **Covered Injury**.
20. Treatment resulting from complications of pregnancy due to a **Covered Injury**.
21. Expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment.

**Custodial Services** means medical and non-medical care, including, but not limited to, services which are:

1. related to watching or protecting the **Insured** if as a result of a **Covered Injury** they are deemed by a **Physician** to require daily preventative care for a period of one (1) to ninety (90) days;
2. related to performing, or assisting the **Insured** in performing any activities of daily living such as: walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating, preparing foods, or taking medications that can be either self-administered or require medical assistance;
3. performed by trained or skilled medical personnel; and
4. which, in the absence of inpatient hospital care, would otherwise be required.

**Deductible** means a dollar amount of the **Usual and Customary Expenses** which must be incurred as an out-of-pocket expense, by an **Insured** for each **Covered Injury**, before benefits are payable under this Policy. The **Deductible** amount is shown on the Schedule.

**Emergency** means a condition caused by a **Covered Injury** which:

1. presents a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the **Insured's** condition or place his or her life in jeopardy; and
2. the severe or acute symptom occurs suddenly and unexpectedly.

**Hospital** means an institution which:

1. operates pursuant to applicable local laws and regulations governing such facilities;
2. primarily and continuously provides medical care and treatment to sick and injured persons on an inpatient basis;
3. operates facilities for medical and surgical diagnosis and treatment by or under the supervision of **Physicians**; and
4. provides 24-hour nursing service by or under the supervision of Registered Nurses (R.N.) or graduated nurses.

**Hospital** does not mean any institution or part thereof which is used primarily as:

1. a nursing home, convalescent home, or skilled nursing facility;
2. a place of rest, custodial care, or for the aged;
3. a clinic; or
4. a place for the treatment of mental illness, alcoholism or substance abuse.

However, a place for the treatment of mental illness, alcoholism or substance abuse will be regarded as a **Hospital** if it is:

1. part of the institution that meets the requirements in subparagraphs 1 - 4 above; and
2. listed in the American Hospital Association Guide as a general **Hospital**.

**Hospital Confined** means admission to a **Hospital** as an inpatient for at least 24 consecutive hours by a **Physician**. A **Hospital** stay that does not result in charges to the **Insured** is not a hospital confinement under this rider unless there is no charge because the **Hospital** is a United States government facility.

**In Force Policy** means any multiple group, group-type, family or individual health care policy covering the **Insured** and in effect at the time of the **Covered Injury**, or subsequently thereafter, other than the **Policy** to which this rider is attached.

**Medically Necessary** means that the medical service or treatment:

1. is for the diagnosis, treatment or care of the **Covered Injury** for which it is prescribed or performed;
2. meets standards of medical practice; and
3. is ordered by a **Physician**.

**Pre-existing Condition** means a condition for which an **Insured** received any diagnosis, medical advice or treatment or had taken any prescription medicines during the twelve (12) months immediately preceding the **Insured's** coverage under this Rider.

**Principal Residence** means the legal domicile of the **Insured**. If the **Insured** has dual citizenship, his or her country of citizenship is the country of the passport he or she used to enter the location in which he or she is traveling.

**Usual and Customary Expense(s)** means an amount(s) that: (1) does not exceed the usual cost for similar treatment, services or supplies in the locality in which it is incurred; or for a **Hospital** room and board charge other than for stay in an intensive care unit, does not exceed the **Hospital's** most common charge for semi-private room and board or the fee set by the workers' compensation insurance fee schedule, if applicable; and (2) does not include charges that would not have been made if no insurance existed and (3) does not exceed the cost of a generic drug, if available. **We** will only pay up to 75% of a non-generic drug if a generic drug is available.

#### **EXCLUSIONS:**

In addition to the General Exclusions stated in the **Policy**, **We** will not cover expenses under this additional benefit for:

1. Violating or attempting to violate the law; including taking part in any illegal occupation.
2. Cosmetic, plastic or restorative surgery unless **Medically Necessary** for the treatment of the **Covered Injury**.
3. Any medical expenses related to pregnancy unless **Medically Necessary** for the treatment of the **Covered Injury**.

4. Any expenses for a **Pre-existing Condition** until the earlier of the following:
  - a. The end of a twelve (12) consecutive month period, beginning on or after the Effective Date of coverage during which the **Covered Person** has received no medical advice or treatment in connection with the **Pre-existing Condition**; or
  - b. The **Covered Person** has been continuously covered for two (2) years after the Effective Date of coverage.
5. **Covered Injury** for which the **Insured** is entitled to benefits under Workers Compensation Benefits, Employer Liability Law, or any statutorily mandated coverage.
6. Personal comfort or convenience items, such as but not limited to **Hospital** telephone charges, television rental, guest meals, or internet charges.
7. Treatment by any immediate family member or member of the **Insured's** household.
8. Expenses incurred for dental care, treatment, repair or replacement of sound natural teeth unless **Medically Necessary** for the treatment of the **Covered Injury**.
9. Expenses incurred for eye examinations, contact lenses or the fitting, repair or replacement of these items unless **Medically Necessary** for the treatment of the **Covered Injury**.
10. A hernia of any kind unless the result of a **Covered Injury**.
11. Routine physical examinations and related medical services, elective treatment or surgery or experimental or investigative treatments or procedures.
12. Expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders.
13. Expenses which the **Insured** is not legally obligated to pay.
14. Expenses for **Custodial Services** or services provided by a private duty nurse unless such expenses are incurred as a result of a **Covered Injury**, as prescribed by a **Physician**.
15. Expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment caused by misuse or loss by the **Insured**.
16. Treatment involving conditions caused by repetitive motion injuries or cumulative trauma and not as a result of a **Covered Injury**.
17. Treatment for osteochondritis due to overuse and occurring during periods of rapid growth, including but not limited to Osgood-Schlatter Disease.

#### EXCESS INTEGRATED

The benefit amount for this benefit is payable in excess of any **In Force Policy** and its applicable deductible. In the event and only in the event of the reduction or exhaustion of the limit of insurance of the **In Force Policy** solely as the result of actual payment of benefits covered thereunder, this **Policy** shall pay excess of the reduced limit of insurance of the **In Force Policy** and its applicable deductible. This **Policy** shall only pay pursuant to the terms and conditions of this **Policy** and no other policy.

We will pay **Our** share of the **Usual and Customary** amount, reduced by the payment of any other insurance plan. This **Policy** will recognize payment by any other insurance plan as reducing or satisfying the deductible amount of this **Policy**. In no event will **We** pay more than the maximum amount stated in this rider.

If no **In Force Policy** exists, this **Policy** will pay benefits on a primary basis subject to the deductible and coinsurance amounts stated on the Schedule.

#### SUBROGATION

We have the right to recover from any third party all payments which **We** have made to the **Insured** or on behalf of the **Insured's Spouse, child, heirs, guardians or executors**, from any Third Party. If the **Insured** recovers from any third party, **We** will be reimbursed first from such recovery to the extent of **Our** payments to or on behalf of the **Insured** subject to recovery limitations in Section 140.005 of the Texas Civil Practice and Remedies Code. The **Insured** agrees to assist **Us** in preserving its rights against any third party, including but not limited to, signing subrogation forms supplied by **Us**.

Except for the above, this rider does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Effective Date: Date 00, 20XX

Attached to and forming a part of **Policy** No. ABC-1234567



ZURICH®

# Catastrophe Cash Benefit

Zurich American Insurance Company  
1299 Zurich Way  
Schaumburg, Illinois 60196

**THIS RIDER CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## CLASS I ONLY:

This rider modifies insurance provided under the Blanket Accident Insurance Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the Policy:

If an **Insured** suffers a **Covered Injury** resulting in a **Covered Loss** within 365 days of a **Covered Accident** that results in **Paralysis, Coma or Brain Death**, We will pay a benefit as described below, provided that the **Paralysis, Coma or Brain Death**:

1. satisfies the **Benefit Waiting Period**;
2. must be determined by a **Physician** to be permanent and irreversible at the end of that **Benefit Waiting Period**; and
3. must result in **Disability**.

This benefit is payable based on the following table.

CAUSE OF DISABILITY	PERCENTAGE OF MAXIMUM AMOUNT(S)
Coma	100%
Paralysis of Two or More Limbs (Upper and/or Lower)	100%
Brain Death	100%
Paralysis of One Limb (Upper or Lower)	50%
Paralysis of One or More Other Parts of the Body	See below

NOTE: If the **Insured's Paralysis** is a part of the body other than a **Limb**, the percentage of the Maximum Amount used to determine the benefit payable will be adjusted in proportion to the comparable extent of **Paralysis** of the listed parts of the **Insured's** body.

If an **Insured** suffers more than one **Disability** as a result of the same **Accident**, only the largest **PERCENTAGE OF MAXIMUM AMOUNT(S)**, will be used to determine the benefit payable.

The benefit payable is:

INITIAL LUMP SUM THEN MONTHLY:

The initial lump sum amount contained in the Schedule based on the **PERCENTAGE OF MAXIMUM AMOUNT(S)**, payable after the **Benefit Waiting Period**, followed by a monthly benefit stated in the Schedule, starting one month after the end of the **Benefit Waiting Period**. The monthly benefit is payable monthly as long as an **Insured** remains continuously **Disabled** due to the **Paralysis, Coma or Brain Death**, but ceases on the earlie(r/st) of:

1. the date the **Insured** dies;
2. the date the **Insured** is no longer **Disabled** due to the **Paralysis, Coma or Brain Death**; or
3. the date monthly benefits have been paid for the maximum number of months shown in the Schedule for all **Disabilities** cause by the same **Accident**.

If the **Insured** returns to any occupation for which he or she is qualified by reason of education, experience or training on a full or part-time basis, or engages in any of the usual activities of a person of like age and sex in comparable health, he or she may return to **Disability** status if:

1. the **Insured** has not been engaging in such activities for longer than thirty (30) days; and
2. the attending **Physician** certifies a return to **Disability** status due to the same **Paralysis, Coma or Brain Death** which caused the original **Disability**.

We reserve the right, at the end of the **Benefit Waiting Period** (and as often as it may reasonably require thereafter) to determine, on the basis of all the facts and circumstances, that the **Insured** is **Disabled** due to the **Paralysis, Coma or Brain Death**, including, but not limited to, requiring an independent medical examination at **Our** expense.

For the purposes of this benefit only, the following DEFINITIONS apply:

**Benefit Waiting Period** means six (6) consecutive months at the start of a period of **Disability** for which **We** will not pay benefits.

**Brain Death** means irreversible unconsciousness with total loss of brain function and complete absence of electrical activity of the brain even though the heart is still beating.

**Coma** means a profound state of unconsciousness from which the **Insured** cannot be aroused to consciousness, even by powerful stimulation, as determined by a **Physician**.

**Disabled/Disability** means that due to a **Covered Injury**, the **Insured** is unable while under the regular care of a **Physician** to perform the material and substantial duties of the occupation for which he or she is qualified by reason of education, experience or training. However, with respect to an **Insured** for whom an occupational definition of **Disabled/Disability** is not appropriate, **Disabled/Disability** means that the **Insured** is unable, while under the regular care of a **Physician**, to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the **Insured** immediately prior to the **Accident**. Periods of **Disability** separated by less than thirty (30) consecutive days will be considered one period of **Disability** resulting from the same **Covered Injury**, unless due to separate and unrelated causes.

**Paralysis** means the complete loss of function in a part of the body as a result of neurological damage, as determined by a **Physician**.

This Catastrophe Cash benefit is subject to the limitations in Section V General Limitations of the **Policy**.

Except for the above, this rider does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Effective Date: Date 00, 20XX Attached to and forming a part of **Policy** No. ABC-1234567

# Heart Failure Benefit



Zurich American Insurance Company  
1299 Zurich Way  
Schaumburg, Illinois 60196

**THIS RIDER CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## CLASS I ONLY:

This rider modifies insurance provided under the Blanket Accident Insurance Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the Policy:

If an **Insured** suffers a **Covered Injury** resulting in a **Covered Loss** as a result of a **Covered Accident**, which is a result of a **Heart Failure**, We will pay an additional amount shown in the Schedule. The **Heart Failure** must occur within twenty-six (26) weeks of the **Covered Accident**.

For the purposes of this benefit only, the following DEFINITIONS apply:

**Heart Failure** means death because the heart ceases to beat due to failure of the heart to maintain adequate circulation of blood provoked by participation in a **Covered Activity**.

Except for the above, this rider does not vary, alter, waive, or extend any of the terms of the Policy to which it is attached.

Effective Date: Date 00, 20XX

Attached to and forming a part of Policy No. ABC-1234567

SAMPLE



ZURICH

# Bereavement and Trauma Counseling Benefit

Zurich American Insurance Company  
1299 Zurich Way  
Schaumburg, Illinois 60196

**THIS RIDER CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.**

## CLASS II AND III ONLY:

This rider modifies insurance provided under the Blanket Accident Insurance Policy/Certificate.

It is hereby understood and agreed that the following changes are made and incorporated into the Policy/Certificate:

### SCHEDULE

Benefit	Classes	Maximum Covered Amount
Bereavement and Trauma Counseling Benefit Amount	Class II & III	\$400 per session Session Limit 10 sessions

## BEREAVEMENT AND TRAUMA COUNSELING BENEFIT

If an **Insured** suffers a **Covered Injury** resulting in a **Covered Loss** for which the Accidental Death, Accidental Dismemberment, Catastrophe Cash, or Accident Medical Expense Benefit is payable, **We** will pay the Bereavement and Trauma Counseling Benefit listed in the rider Schedule up to the Maximum Covered Amount if an **Insured** receives **Bereavement and Trauma Counseling**.

**We** will reimburse the charges for such counseling, provided:

1. **Bereavement and Trauma Counseling** begins within 180 days of the **Covered Injury**; and
2. **Bereavement and Trauma Counseling** must be completed within two 2 years from the date of the **Covered Loss**.

**We** will pay the Bereavement and Trauma Counseling Benefit Amount for each **Bereavement and Trauma Counseling** session he or she attends, up to the Session Limit listed in the rider Schedule.

## ADDITIONAL PROOF OF LOSS

In addition to the Proof of Covered Loss requirements in the **Policy**, evidence of expenses incurred for services provided for **Bereavement and Trauma Counseling** is required in order to receive benefits under this rider.

For this rider only, the following definitions apply:

**Bereavement and Trauma Counseling** means treatment or counseling for the grief reaction resulting from an **Insured's Covered Injury**. Counseling must be provided by a licensed therapist, counselor, or psychiatrist who is registered or certified to provide psychological treatment or counseling.

This rider is subject to the limitations in Section V General Limitations of the **Policy/Certificate**.

Except for the above, this rider does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Effective Date: Date 00, 20XX

Attached to and forming a part of Policy No. ABC-1234567

**IMPORTANT INFORMATION ABOUT COVERAGE UNDER  
THE TEXAS LIFE, ACCIDENT, HEALTH AND HOSPITAL SERVICE INSURANCE  
GUARANTY ASSOCIATION**

Texas law establishes a system, administered by the Texas Life, Accident, Health and Hospital Service Insurance Guaranty Association (the "Association"), to protect policyholders if their life or health insurance company fails to or cannot meet its contractual obligations. Only the policyholders of insurance companies which are members of the Association are eligible for this protection. However, even if a company is a member of the Association, protection is limited and policyholders must meet certain guidelines to qualify. (The law is found in the *Texas Insurance Code*, Article 21.28-D.)

**BECAUSE OF STATUTORY LIMITATIONS ON POLICYHOLDER PROTECTION, IT IS POSSIBLE THAT THE ASSOCIATION MAY NOT COVER YOUR POLICY OR MAY NOT COVER YOUR POLICY IN FULL.**

**Eligibility for Protection by the Association**

When an insurance company which is a member of the Association is designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- residents of Texas at the time that their insurance company is impaired;
- residents of other states, ONLY if the following conditions are met:
  - 1) the policyholder has a policy with a company based in Texas;
  - 2) the policyholder's state of residence has a similar guaranty association; and
  - 3) the policyholder is *not eligible* for coverage by the guaranty association of the policyholder's state of residence.

**Limits of Protection by the Association**

**Accident, Accident and Health, or Health Insurance:**

- For each individual covered under one or more policies: up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance, \$300,000 for disability or long term care insurance, or \$200,000 for other types of health insurance.

**Life Insurance:**

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000, under one or more policies on any one life; or
- Death benefits up to a total of \$300,000 under one or more policies on any one life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

**Individual Annuities:**

- Present value of benefits up to a total of \$250,000 under one or more policies on any one life.

**Group Annuities:**

- Present value of allocated benefits up to a total of \$250,000 on any one life; or
- Present value of unallocated benefits up to a total of \$5,000,000 for one contract holder regardless of the number of contracts.

**Aggregate Limit:**

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 unallocated group annuity limit.

**Government Plans:**

- Present value annuity benefits, in aggregate, up to a total of \$250,000 including net cash surrender and net cash withdrawal values for individuals in a plan established under sections 401, 403(b), and 457 of the Internal Revenue code.

These limits are applied for each insolvent insurance company.

**THE INSURANCE COMPANY AND ITS AGENTS ARE PROHIBITED BY LAW FROM USING THE EXISTENCE OF THE ASSOCIATION FOR THE PURPOSES OF SALES, SOLICITATION, OR INDUCEMENT TO PURCHASE ANY FORM OF INSURANCE.**

**When you are selecting an insurance company, you should not rely on coverage by the Association. For additional questions on Association protection or general information about an insurance company, please use the following contact information.**

Texas Life, Accident, and Health  
Insurance Guaranty Association  
515 Congress Avenue, Suite 1875  
Austin, TX 78701  
(800) 982-6362 or [www.txlifega.org](http://www.txlifega.org)

Texas Department of Insurance  
P.O. Box 149104  
Austin, TX 78714-9104  
(800) 252-3439 or [www.tdi.texas.gov](http://www.tdi.texas.gov)

SAMPLE

# SANCTIONS EXCLUSION ENDORSEMENT



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

The following exclusion is added to the policy to which it is attached and supersedes any existing sanctions language in the policy, whether included in an Exclusion Section or otherwise:

## SANCTIONS EXCLUSION

Notwithstanding any other terms under this policy, we shall not provide coverage nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under this policy to the extent that such coverage, payment, service, benefit, or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

The term policy may be comprised of common policy terms and conditions, the declarations, notices, schedule, coverage parts, insuring agreement, application, enrollment form, and endorsements or riders, if any, for each coverage provided. Policy may also be referred to as contract or agreement.

We may be referred to as insurer, underwriter, we, us, and our, or as otherwise defined in the policy, and shall mean the company providing the coverage.

Insured may be referred to as policyholder, named insured, covered person, additional insured or claimant, or as otherwise defined in the policy, and shall mean the party, person or entity having defined rights under the policy.

These definitions may be found in various parts of the policy and any applicable riders or endorsements.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED**



# Privacy Notice

We Take Important Steps to Protect the Nonpublic Personal Information We Collect About You

Dear Customer:

rev. January 2020

We care about your privacy. That is why we believe in your right to know what nonpublic personal information ("NPI") we collect about you and what we do with that information. This Privacy Notice describes the NPI we collect about you and how we share and protect that information.

Overview	UNDERSTANDING HOW WE USE YOUR PERSONAL INFORMATION
<p>Why are you receiving this Notice?</p>	<p>Financial institutions, which include the Company, choose how they share your NPI. Federal and state law gives consumers the right to limit some but not all sharing of that information. Federal law also requires us to tell you how we collect, share and safeguard your NPI. You are receiving this Privacy Notice because our records show either that you are a customer who is obtaining or has obtained insurance coverage or non-insurance products or services.</p>
<p>What types of information do we collect?</p>	<p>The types of NPI we collect depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li>• Information about you we receive on applications or other forms, such as your name, address, telephone number, date of birth, your social security number, driver's license number, employment information, information about your income, assets and net worth, and medical information;</li> <li>• Information about your transactions with the Company and its affiliates;</li> <li>• Information about your insurance coverage, premiums, claims history, and payment history;</li> <li>• Data from insurance support organizations, government agencies, insurance information sharing bureaus;</li> <li>• Property information and similar data about you or your property, such as property appraisal reports; and</li> <li>• Information we receive from a consumer reporting agency or insurance information sharing bureau, such as a credit or fraud report.</li> </ul> <p>When your relationship with us ends, we may continue to share information about you as described in this Privacy Notice.</p>
<p>What do we do with the NPI we collect?</p>	<p>We share your NPI in the course of supporting your insurance coverage or non-insurance products or services, as authorized by law, or with your consent. This includes sharing, as permitted by law, your NPI with affiliated parties and nonaffiliated third parties, as applicable, in the course of supporting your insurance coverage or non-insurance products.</p> <p>These affiliates and nonaffiliated third parties include:</p> <ul style="list-style-type: none"> <li>• Financial service providers, such as banks and other insurance companies;</li> <li>• Non-financial companies, such as medical providers and nonaffiliated service providers that perform marketing services on our behalf; and</li> <li>• Others, such as consumer reporting agencies and insurance information sharing bureaus.</li> </ul> <p>In the section below, we list the reasons we can share your NPI, whether we actually share your NPI, and whether you can opt out of this sharing (or if you are a resident of Vermont, whether you have the right to opt in to allowing this sharing).</p>

Reasons we can share your personal information	Does Company Share?	Can you opt out of this sharing, or limit this sharing or is your authorization required for this sharing?
For our everyday business purposes – such as to process your transactions, administer insurance coverage, products or services, maintain your account, prevent fraud and report to credit bureaus	Yes	No
For our marketing purposes - to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	Not Applicable
For our affiliates' everyday business purposes – transaction and experience information	Yes	No
For our affiliates' everyday business purposes – information about your creditworthiness	No	Not Applicable
For our affiliates to market to you	Yes	No
For non-affiliates to market their products to you	No	Not Applicable

Collecting and Safeguarding Information	
How often do you notify me about your privacy practices?	We must notify you about our sharing practices when you receive your policy, open an account or purchase a service, and each year while you are a customer, or when significant or legal changes require a revision. Please review the privacy policy posted on our website, <a href="http://ZurichNA.com">ZurichNA.com</a> . It contains additional information about our practices.
Why do you collect my NPI?	We collect NPI when you apply for insurance or file an insurance claim to help us provide you with our insurance products and services, and determine your insurability or other eligibility. We may also ask you and others for information to help us verify your identity in order to prevent money laundering and terrorism. Information in a report prepared by an insurance support organization may be retained by that organization and provided to others.
What NPI do we share?	We may provide to affiliates and/or nonaffiliated third parties the same NPI listed above in the section entitled, "What types of information do we collect?"
How do you safeguard my NPI?	Employees who have access to your NPI are required to maintain and protect the confidentiality of that information. Access to your personal information may be needed to conduct business on your behalf or to service your insurance coverage. In addition, we maintain physical, electronic and procedural measures to protect your personal information in compliance with applicable laws and regulatory standards.

**FOR RESIDENTS OF ARIZONA, CALIFORNIA, CONNECTICUT, GEORGIA, ILLINOIS, MAINE, MASSACHUSETTS, MINNESOTA, MONTANA, NEW JERSEY, NEVADA, NORTH CAROLINA, OHIO, OREGON, OR VIRGINIA:**

**You have the following individual rights under state law:**

Except for certain documents related to claims and lawsuits, you have the right to access the recorded personal information that we have collected about you which we reasonably can locate and retrieve. To access your recorded personal information, you must submit a request using our online form on our website, ZurichNA.com, or calling our toll-free number at 1-800-382-2150. You may also reasonably describe the information you seek in writing and send your written request to the Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at [privacy.office@zurichna.com](mailto:privacy.office@zurichna.com). If you would like a copy of your recorded personal information that we reasonably can locate and retrieve, we may charge you a reasonable fee to cover the costs incurred in providing you a copy of the recorded information if it is permitted by law. If you request medical records, we may elect to supply that information to you through your designated medical professional for security purposes. We may also direct you to a consumer reporting agency to obtain certain consumer report information.

Generally, most of the recorded nonpublic personal information we collect about you and have in our possession is from policy applications or enrollment forms you submit to obtain our products and services, and is reflected in your statements and other documentation you receive from us. If you believe that the personal information we have about you in our records is incomplete or inaccurate, please let us know at once through any of the above methods, and we will investigate and correct any errors we find.

You also have the right to request the correction, amendment, or deletion of recorded personal information about you that we have in our possession. You may make your request using any of the above methods.

Residents of California and Nevada have additional rights over their non-public personal information if it is not governed by the Gramm-Leach-Bliley Act. For more information about these rights, please consult our online privacy policy posted on our website, ZurichNA.com.

**FOR RESIDENTS OF MASSACHUSETTS ONLY WHO ARE ZNA P&C CUSTOMERS:** You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate or terminate your coverage.

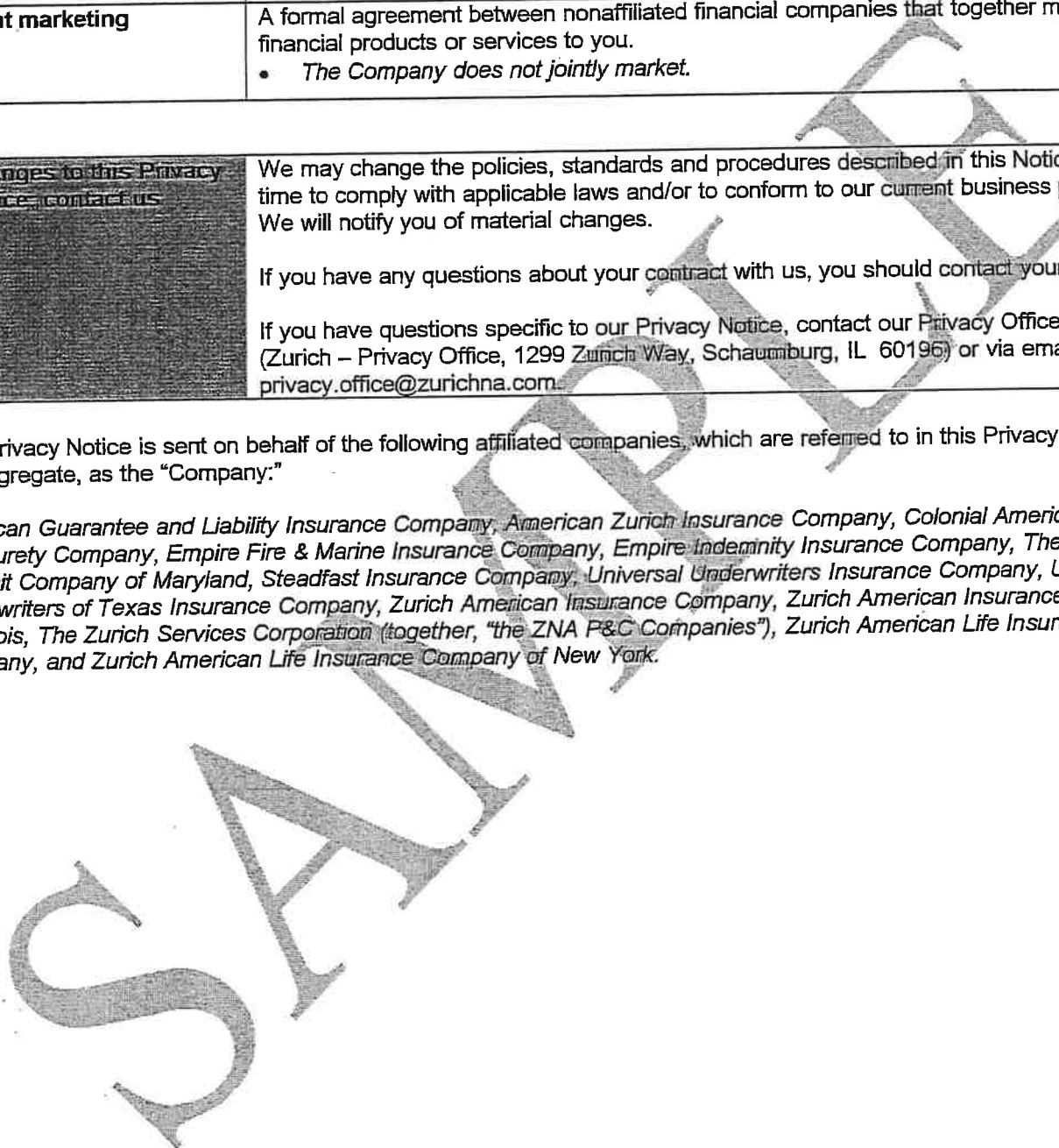
Key words and phrases	TERMS YOU SHOULD KNOW
<p><b>Definitions</b></p> <p><b>Everyday business purposes</b></p>	<p>The actions necessary for financial companies like the Company to conduct business and manage customer accounts, such as:</p> <ul style="list-style-type: none"> <li>• Processing transactions, mailing and auditing services;</li> <li>• Administering insurance coverage, product, services or claims;</li> <li>• Providing information to credit bureaus;</li> <li>• Protecting against fraud;</li> <li>• Responding to court/governmental orders or subpoenas and legal investigations; and</li> <li>• Responding to insurance regulatory authorities.</li> </ul>
<p><b>Affiliates</b></p>	<p>Financial or nonfinancial companies related by common ownership or control.</p> <ul style="list-style-type: none"> <li>• <i>Company affiliates include insurance and non-insurance companies under common ownership with the Company and that provide insurance and non-insurance products or services.</i></li> </ul>

<b>Nonaffiliated Third Parties</b>	Financial or nonfinancial companies not related by common ownership or control. We may share your information with companies that we hire to perform marketing and business services for us, such as data processing, computer software maintenance and development, and transaction processing. When we share information with others to perform these services, they are required to take appropriate steps to protect this information and use it only for purposes of performing the services. <ul style="list-style-type: none"> <li>• <i>The Company does not share information with nonaffiliates to market their products to you.</i></li> </ul>
<b>Joint marketing</b>	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> <li>• <i>The Company does not jointly market.</i></li> </ul>

<b>Changes to this Privacy Notice</b>	We may change the policies, standards and procedures described in this Notice at any time to comply with applicable laws and/or to conform to our current business practices. We will notify you of material changes. <p>If you have any questions about your contract with us, you should contact your agent.</p> <p>If you have questions specific to our Privacy Notice, contact our Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at <a href="mailto:privacy.office@zurichna.com">privacy.office@zurichna.com</a>.</p>
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This Privacy Notice is sent on behalf of the following affiliated companies, which are referred to in this Privacy Notice, in the aggregate, as the “Company.”

*American Guarantee and Liability Insurance Company, American Zurich Insurance Company, Colonial American Casualty and Surety Company, Empire Fire & Marine Insurance Company, Empire Indemnity Insurance Company, The Fidelity and Deposit Company of Maryland, Steadfast Insurance Company, Universal Underwriters Insurance Company, Universal Underwriters of Texas Insurance Company, Zurich American Insurance Company, Zurich American Insurance Company of Illinois, The Zurich Services Corporation (together, “the ZNA P&C Companies”), Zurich American Life Insurance Company, and Zurich American Life Insurance Company of New York.*





**MARATHON INDEPENDENT SCHOOL DISTRICT  
AUTHORIZED REPRESENTATIVES**

The Board of Trustees of the Marathon Independent School District hereby appoints the individuals listed below to serve as authorized representatives of the district’s financial accounts held as follows:

- 1) West Texas National Bank: 1) Now Checking Account No. 73060177; and 2) Scholarship Fund Account No. 7110456.
  
- 2) Transpecos Bank: 1) Marathon ISD Operating Account No. Certificates of Deposit No. 1225 and No. 1312

Authorized Representative and Check Signers:

Marina Aguilar, Trustee	Steven Aguilar, Trustee
Judy Briones, Trustee	Cheyenne Marta, Trustee
Craig Carter, Trustee	Hayes West, Trustee
Andrew Lee Lewis, Trustee	

Authorized Representatives Administration and Online Banking Services  
Victoria Sanchez, Business Manager

**BE IT FURTHER RESOLVED.....**that West Texas National Bank is authorized to remove any and or all representatives not listed; and to prepare and execute said documents, noting that two signatures are required for all checks issued by the district.

Approved on this the 24th day of May 2023.

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Board Secretary

## **LETTER OF COMMITMENT TO TASB ENERGY COOPERATIVE FIXED-RATE TRANSPORTATION FUEL POOL**

**Re: Commitment to Participate in TASB Energy Cooperative Fixed-Rate Transportation Fuel Pool**

**Commitment Period:** Date of execution of this Letter of Commitment through June 30, 2023

**Fixed-Rate Period:** July 1, 2023 through August 31, 2024

The independent school district (ISD) or other political subdivision listed below (“Entity”) executes this Letter of Commitment and the attached Annex 1 and Ratable Schedule (collectively “Commitment Agreement”) to the TASB Energy Cooperative (“Cooperative”). Entity hereby commits to purchase gasoline and/or diesel fuel (collectively “Fuel”) through the Cooperative’s Fixed-Rate Transportation Fuel Program, specifically the fuel pool organized for the Fixed-Rate Period set forth above (“Pool”), from the Selected Vendor (as described and provided for herein) in the volume and under the terms set forth in this Commitment Agreement.

Entity acknowledges that the Cooperative, through a competitive procurement process, approved multiple vendors who may be requested to bid on specific fixed-rate fuel pools established by the Cooperative. The vendors requested to bid on this pool will be Colonial Industries, Inc. and Mansfield Oil Company. Working with and through its administrator, the Texas Association of School Boards, Inc. (TASB), the Cooperative will request executable pricing for the Pool and will award the Selected Vendor of the Pool if the Cooperative or its designee determines that the vendor’s submitted pricing provides the best value for Entity and other Pool participants. (In this Agreement, the awarded vendor for the Pool is referred to as “Selected Vendor.”)

If the Cooperative establishes the Pool, Entity hereby commits to purchase its Fuel from the Selected Vendor, in accordance with this Commitment Agreement, provided that the Fuel price does not exceed the per gallon price set forth in Annex 1, which amount is at or below the per gallon cap established by the Cooperative.

**This Commitment Agreement shall be binding upon Entity until the earlier of the end of Commitment Period set forth above, or the date the purchase agreement for the TASB Energy Cooperative fixed-rate transportation fuel program (“Purchase Agreement”) is executed between Entity and the Selected Vendor.** If, by the end of the Commitment Period, the Cooperative, directly or through TASB, does not choose a Selected Vendor, i.e., does not award the Pool to any vendor as the best value vendor for Entity and other Pool participants, then Entity is not required to purchase Fuel through the Pool and the Cooperative is not required to solicit additional bids to provide Fuel to Entity.

Entity understands and agrees to be bound by the following terms:

1. Entity represents and affirms that it is a member of the Cooperative and has previously executed, and has not otherwise terminated, its Interlocal Participation Agreement.

v.02.01.2022 (Spring 2023 Pool)

2. Entity represents and affirms that Entity (i) wishes to participate in the Pool, (ii) has reviewed the standard Purchase Agreement, a copy of which is attached hereto as Exhibit A, and (iii) shall execute the Purchase Agreement with the Selected Vendor under the terms selected and set forth in Annex 1 and the Ratable Schedule attached thereto.
3. In consideration for the services provided by the Cooperative and the Cooperative's administrator, TASB, in establishing and administering the fuel program and the Pool, Entity agrees that the Cooperative and TASB shall be jointly entitled to receive, and the Selected Vendor shall pay, a service fee based on the total number of gallons of Fuel purchased by Entity under the Purchase Agreement and calculated as five cents (\$0.05) per gallon for the first 500,000 gallons delivered to Entity under the Purchase Agreement; two cents (\$0.02) per gallon for gallons 500,001 through 1,000,000 delivered to Entity under the Purchase Agreement; and one-half cent (\$0.005) per gallon for gallons 1,000,000 and above delivered to Entity under the Purchase Agreement..
4. Subject to Section 5 (regarding force majeure), Entity shall be in default of this Commitment Agreement if Entity fails to execute the Purchase Agreement approved by the Cooperative, provided that the per gallon cap set forth in Annex 1 has not been exceeded.
5. If, by reason of act of God, flood, storm, explosion, fire, labor trouble, strike, insurrection, riot, acts of the public enemy, pandemic or epidemic, or federal, state or local law, order, rule, or regulation affecting all similarly situated companies or entities, the Cooperative, Entity, or Selected Vendor is prevented from complying with any obligation, covenant, or condition in this Commitment Agreement without negligence and upon exercise of due diligence, the claiming party shall be relieved of the obligation to comply with such obligation or covenant and may terminate this Commitment Agreement without liability. Termination in accordance with this paragraph for a force majeure event shall not be deemed an event of default under this Commitment Agreement.
6. In the event of a default by Entity, either the Selected Vendor or the Cooperative (including the Cooperative's third-party designee) may provide Entity with notice of such default. If Entity has not cured such default within five (5) calendar days after receipt of such notice, then a breach will have occurred and the Cooperative and/or Selected Vendor may terminate this Commitment Agreement and obtain recourse as provided herein.
7. If the Selected Vendor terminates this Commitment Agreement because of Entity's default, the Selected Vendor may determine whether it has incurred direct damages, including, but not limited to, purchasing gasoline and diesel fuel in the wholesale market to supply Entity and any lost revenue, and shall calculate the direct, actual damages incurred, provided, however, that in no event shall such damages include or shall Entity be responsible for consequential, speculative, incidental, exemplary, punitive, special, or indirect damages (including lost profits). Further, the Selected Vendor shall have the duty to mitigate

damages and to use commercially reasonable efforts to minimize any damages it may incur as a result of Entity's default. Entity shall pay the damages within 45 days of receipt of a written damages calculation, accompanied by detailed supporting documentation, from the Selected Vendor. Neither the Cooperative nor TASB shall be liable or have any obligation to the Selected Vendor arising from or related to Entity's default under this Commitment Agreement.

8. TASB, on behalf of the Cooperative, has negotiated the terms of the attached standard Purchase Agreement with the Selected Vendor. However, neither TASB nor the Cooperative is providing specific expert or legal advice to Entity, and no agency, fiduciary, or attorney-client relationship exists between or among TASB, the Cooperative and Entity.
9. The person executing this Commitment Agreement on behalf of Entity represents that he or she has the authority to enter into this Commitment Agreement on behalf of Entity, that all necessary and prerequisite administrative procedures, policies, and laws have been complied with and that the governing body of Entity is bound by such execution of this Commitment Agreement.
10. This Commitment Agreement, together with the Interlocal Participation Agreement executed by Entity with the Cooperative, and any amendments thereto, represents the complete understanding of the parties. To the extent that there is a conflict between these agreements and any prior agreements or any oral or written communications, this Commitment Agreement shall control and take precedence over all prior agreements.

*[Signature Follows on Next Page]*

Entity, intending to be legally bound, does, acting through its authorized representative, affix its signature as evidence of its agreement.

ENTITY NAME:

\_\_\_\_\_

Printed Name

Title

By Entity's Authorized Representative:

Signature

Date

NOTICES AND INFORMATION

Entity Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

ANNEX 1:

**Binding Commitment to the TASB Energy Cooperative and its Selected Vendor  
Fixed-Rate Transportation Fuel Pool**

Entity agrees to purchase a total of \_\_\_\_\_ gallons of regular unleaded gasoline and \_\_\_\_\_ gallons of ultra-low sulfur diesel during the Fixed-Rate Period of **July 1, 2023** through **August 31, 2024**, provided that the fixed price per gallon (excluding regulated delivery charges and applicable taxes) **does not exceed \$2.85 per gallon for regular unleaded gasoline and does not exceed \$3.10 per gallon for ultra-low sulfur diesel fuel.** Entity further agrees to use commercially reasonable efforts to lift each product at each delivery point in accordance with the attached Ratable Schedule and terms of the Purchase Agreement.

This Binding Commitment shall be in effect until **June 30, 2023**. For purposes of establishing the Pool, each Fuel type will be considered a separate commitment. Market conditions may result in the Pool for each Fuel type being established on different dates. If unfavorable market conditions prevent the Cooperative from achieving the per gallon cap price for any particular Fuel, a Pool may still be established for the remaining Fuel(s), if any, for which the cap price was achieved. Entity agrees that, if the cap price is achieved and a Pool established before the end of the Commitment Period, it will execute the designated Purchase Agreement on or before the start of the Fixed-Rate Period. If the Commitment Period ends within five business days of the start of the Fixed-Rate Period, Entity shall execute the Purchase Agreement within 10 business days of the end of the Commitment Period and prior to scheduling Entity's first Fuel delivery. The undersigned signatory represents and warrants that he/she has all necessary authorization and approvals to execute this Binding Commitment.

Entity: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

### RATABLE SCHEDULE

Delivery Month	Unleaded Gasoline (Gallons)	Ultra Low Sulfur Diesel (Gallons)
<b>July 2023</b>		
<b>August 2023</b>		
<b>September 2023</b>		
<b>October 2023</b>		
<b>November 2023</b>		
<b>December 2023</b>		
<b>January 2024</b>		
<b>February 2024</b>		
<b>March 2024</b>		
<b>April 2024</b>		
<b>May 2024</b>		
<b>June 2024</b>		
<b>July 2024</b>		
<b>August 2024</b>		
Click or tap to enter a date.		

*[Signature Follows on Next Page]*

Name of ISD or Political Subdivision: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name of Signatory: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Tank Address: \_\_\_\_\_

\_\_\_\_\_

Delivery Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

PLEASE COMPLETE AND RETURN THE ENTIRE DOCUMENT TO THE  
COOPERATIVE'S ADMINISTRATOR BY SENDING VIA EMAIL TO:  
adrian.porras@tasb.org

**EXHIBIT A**  
**PURCHASE AGREEMENT FORM**

v.02.01.2022 (Spring 2023 Pool)



**TRANSPORTATION FUEL PURCHASE AGREEMENT**

**FOR TASB ENERGY COOPERATIVE MEMBER PURCHASERS  
FIXED-RATE TRANSPORTATION FUEL PROGRAM**

**PLEASE RETURN ACCEPTANCE BY FAX TO SELLER AT:**

**SELLER'S NAME:  
SELLER'S ADDRESS:  
SELLER'S TELEPHONE:  
SELLER'S FAX:  
SELLER'S EMAIL:**

**COOPERATIVE MEMBER PURCHASER'S NAME:  
PURCHASER'S ADDRESS:  
PURCHASER'S TELEPHONE:  
PURCHASER'S FAX:  
PURCHASER'S EMAIL:**

Subject to the terms and conditions contained in this Transportation Fuel Purchase Agreement ("Agreement"), Purchaser agrees to purchase, and Seller agrees to sell, the following product(s) at the price and in the quantities as set forth in this Agreement. Seller and Purchaser may be referred to individually as a "Party" and collectively as "Parties" herein.

**I. PRODUCTS AND PRICING**

1. **PRODUCT(S):** \_\_\_\_\_
2. **PRICE PER GALLON:** \_\_\_\_\_ ("Contract Price")
3. **VOLUME(S):** \_\_\_\_\_ ("Contract Volume")
4. **DELIVERY PERIOD:** \_\_\_\_\_ through \_\_\_\_\_ ("Delivery Period")
5. **DELIVERY ADDRESS** [Insert full delivery address]: \_\_\_\_\_
6. **CONTRACT TERM:** This Agreement begins on the date it has been executed by both Parties and, unless terminated earlier as provided for herein, ends on the 90<sup>th</sup> day after the date of the last delivery.

**7. OTHER PRODUCT AND PRICING INFORMATION:**

**RACK:**  Yes  No    **DELIVERED:**  Yes  No    **F.O.B.:** Insert F.O.B address

**GALLONS:**  Net  Gross    **DELIVERY FEES:**  Included  Excluded

**TAXES:** Excluded    **SUPERFUND:** N/A    **ENVIRONMENTAL FEES:** Excluded

Prices exclude all taxes and fees. Subject to Article II, Section 16, Purchaser is responsible for all applicable taxes and fees and Purchaser will be billed for all taxes and fees as a separate line item. Seller will not be responsible for any taxes or fees associated with any changes or modification in Purchaser's tax status or tax rates. Purchaser acknowledges that taxes and fees are subject to change from time to time without notice and, subject to Article II,

Section 16, Purchaser shall be responsible for all taxes and fees including, without limitation, superfund fees, whether existing at the time of execution of this Agreement or subsequently imposed.

**8. FREIGHT IF BILLED SEPARATELY:**

Purchaser will be billed at Seller's freight cost without markup. Freight rates are based on full transport loads of 7500 gallons for diesel fuel and 8500 gallons for gasoline. Prices per gallon will be adjusted as appropriate in cases where transport loads are less than the minimum gallon loads identified in this paragraph. In these cases, Purchaser will be billed the adjusted freight rate per gallon times the number of gross gallons received.

Seller shall use commercially reasonable efforts to minimize delivery costs. If freight rates have increased by 25 percent or more since Purchaser's most recent delivery, Seller shall notify Purchaser in advance and receive written confirmation from Purchaser to proceed prior to scheduling delivery and incurring costs. Purchaser shall not be responsible for freight rates in excess of 125 percent of the rate for Purchaser's most recent scheduled delivery unless Purchaser authorizes Seller to proceed with delivery in accordance with this Section.

**9. PURCHASER'S CREDIT TERMS:** All payments shall be made in United States dollars.

**ARTICLE II: ADDITIONAL TERMS AND CONDITIONS OF SALE**

**1. RATABLE USAGE.**

- a. During the Delivery Period of this Agreement, Purchaser shall use commercially reasonable efforts to lift each Product at each delivery point in accordance with the Ratable Schedule ("Schedule") which is attached to this Agreement as Exhibit A and made a part of this Agreement for all purposes. Should Purchaser fail to lift the total number of gallons indicated for a particular month, Purchaser may make up the shortage at any time, without penalty, prior to the end of the Delivery Period. Subject to force majeure or early termination as provided in this Agreement, Purchaser shall purchase the Contract Volume and lift such total number of gallons by the end of the Delivery Period.
- b. If Purchaser purchases more gallons during the Delivery Period than the Contract Volume, the additional gallons will be priced at a rate negotiated prior to delivery.

**2A. SCHEDULED DELIVERIES.** Purchaser shall notify Seller of the date on which a delivery is to be made and the number of gallons to be delivered (each a "Scheduled Delivery"). Seller shall immediately notify Purchaser if Seller is or will be unable to deliver the Product in accordance with Schedule or to make a Scheduled Delivery. Each Scheduled Delivery shall be credited against the Contract Volume.

- a. **Scheduled Deliveries Not Taken by Purchaser:** In the event Purchaser fails to take a Scheduled Delivery of any portion of the Product during the Delivery Period, through no fault of Seller, and does not take delivery within five (5) days of the scheduled date, the Parties shall reconcile for the undelivered quantities as follows:
  - (i) If the then current market price is less than the Contract Price, Purchaser shall pay Seller the positive amount resulting from the Contract Price minus the then current market price for the Product (i.e. the loss to Seller per gallon) multiplied by the number of gallons of Product scheduled but not delivered.
  - (ii) If the then current market price is greater than the Contract Price, Seller shall pay to Purchaser the positive amount resulting from the then current market price for the Product minus the Contract Price (i.e. the gain to Seller per gallon) multiplied by the number of gallons of Product scheduled but not delivered.
- b. **Scheduled Deliveries Not Completed by Seller.** If Seller fails to make a Scheduled Delivery of any portion of the Product to Purchaser during the Delivery Period, through no fault of Purchaser, and does not make delivery within five (5) days of the scheduled date, Seller agrees to pay Purchaser the positive amount, if any,

resulting from the then current market price for the Product minus the Contract Price (i.e. the gain, if any, to Seller per gallon) multiplied by the undelivered quantity of Product.

**2B. ACCOUNT RECONCILIATION.**

- a. **Notice of Remaining Contract Volume Prior to End of Delivery Period.** 90 days prior to the end of the Delivery Period, Seller shall provide Purchaser with an account reconciliation showing the number of gallons remaining under the Contract Volume that Purchaser has not lifted or Seller has not delivered.
- b. **Account Reconciliation at End of Delivery Period.** No later than 60 days after the date of the last delivery under this Agreement, Seller shall provide Purchaser with an account reconciliation showing the number of gallons under the Contract Volume that Purchaser has not lifted or Seller has not delivered, if any, that have not been accounted for as set forth in Article II, Section 2A.
- c. If, at the end of the Delivery Period, Purchaser has not lifted the full Contract Volume and performance was not otherwise excused by a provision of this Agreement or other written agreement of the parties, Seller shall bill or pay Purchaser for any unused or undelivered gallons of the Contract Volume as follows:
  - i. If the Contract Price exceeds the market price on the fifth day following the end of the Delivery Period, Seller shall invoice Purchaser for the positive difference between the Contract Price and such market price (i.e. the loss to Seller per gallon) multiplied by the number of Contract Volume gallons required, but not scheduled, by Purchaser during the Delivery Period. Invoices under this Section shall be paid in accordance with Article II, Section 3.
  - ii. If the market price per gallon on the fifth day following the end of the Delivery Period exceeds the Contract Price, Seller shall, within 30 days, pay Purchaser the positive difference between such market price and the Contract Price (i.e. the gain to Seller per gallon) multiplied by the number of gallons required, but not scheduled, by Purchaser during the Delivery Period.
- d. **Documentation.** Upon request, Seller shall provide Purchaser documentation supporting the calculation of any amounts to be credited or paid under Article II, Section 2A or Section 2B.

**3. PAYMENT TERMS.** All invoices are payable 45 days from date of delivery of the Product. Payment may be made by check, warrant or electronically using a method agreed to by the Parties. All undisputed amounts not paid by the 46<sup>th</sup> day after the date of delivery of the Product shall bear interest at the rate provided for in Section 2251.025 of the Texas Government Code, or successor statute. If Purchaser disputes an invoice, it shall notify Seller of the dispute not later than the 21<sup>st</sup> day after receipt of the invoice and provide Seller with an explanation of the dispute. Upon resolution of the dispute, any amount subsequently found to be owed to Seller shall be paid by Purchaser in accordance with Texas Government Code Chapter 2251.

**4. DEFAULT AND REMEDIES.**

- a. **Event of Default and Termination.** For purposes of this Agreement, a default by a Party includes (i) the making of any materially false or inaccurate representation in this Agreement which the Party does not cure after at least ten business days written notice; (ii) the failure to materially observe or comply with any provision or covenant in this Agreement which the Party does not cure after at least ten business days written notice; or (iii) a repeated failure (defined as at least two times) to make or accept a Scheduled Delivery of the Product unless otherwise agreed to by the Parties in writing or unless otherwise excused by a provision of this Agreement. In the event of a Party’s default, the non-defaulting Party may terminate this Agreement by providing at least ten days written notice of its intent to terminate and may seek all legal and equitable remedies permitted by law. The non-defaulting Party may also seek actual, reasonable attorneys’ fees, costs and expenses incurred in connection with the other Party’s default.
- b. **Suspension for Nonpayment.** In addition, in the event any undisputed invoice is not paid when due, Seller, at its option, may suspend or condition further delivery of the Product, provided that Seller gives Purchaser

written notice advising that Seller has not received payment and intends to suspend or condition further delivery as a result of such nonpayment, and Purchaser fails to pay the amount due on or before the 10<sup>th</sup> day after such notice is given.

- c. **Mitigation of Damages and Setoff.** Each Party shall have the obligation to take commercially reasonable action to mitigate its damages. Upon the occurrence of any default, the non-defaulting Party may set off against the indebtedness any amounts owing by the non-defaulting Party to the defaulting Party, whether or not those amounts are immediately payable.
- d. Upon an event of default by Purchaser, Seller shall have the right to require Purchaser to make available any unpaid Product, the right to take possession of such Product, and the right to sell and dispose of such Product.
- e. The Parties agree that neither the TASB Energy Cooperative nor its administrator, the Texas Association of School Boards, Inc., shall in any way be liable to either Party for a Party's default, performance or nonperformance under this Agreement.

5. **SELECTION OF PRODUCTS.** Determination of the suitability of any Product for the contemplated use is the sole responsibility of Purchaser and no liability shall be imposed upon Seller in connection therewith.

6. **RISK OF LOSS AND TITLE.** Risk of loss and title to products shall remain with Seller until Purchaser receives physical possession of the Product.

7. **WARRANTIES.** Seller warrants that the Product delivered to Purchaser will conform to the description on the first page of this Agreement (and related specifications).

8. **ENERGY COOPERATIVE ADMINISTRATIVE FEE INCLUDED:** The Contract Price includes the administrative fee provided for under the TASB Energy Cooperative ("Cooperative") contract award to Seller, which fee is based on the total number of gallons of Fuel purchased by Purchaser under this Purchase Agreement and calculated as five cents (\$0.05) per gallon for the first 500,000 gallons delivered to Purchaser under this Agreement; two cents (\$0.02) per gallon for gallons 500,001 through 1,000,000 delivered to Purchaser under this Agreement; and one-half cent (\$0.005) per gallon for gallons 1,000,000 and above delivered to Purchaser under this Agreement. The administrative fee shall be paid by Seller to the Cooperative in accordance with the terms set forth in that certain contract between the Cooperative and Seller in effect at the time of this Agreement. In no event shall the administrative fee be included in the calculation or collection of any liquidated damages amount charged to Purchaser under Article II, Section 2A or 2B. In the event the contract between the Cooperative and Seller requires Seller to cease collection of all or part of the administrative fee, Seller shall in turn cease collection of such administrative fee from Purchaser and reduce the Contract Price by the amount of the administrative fee no longer being collected.

9. **LIMITATION OF LIABILITY. UNLESS AN EXPRESS REMEDY IS PROVIDED IN THIS AGREEMENT, THE LIABILITY OF EACH PARTY TO THE OTHER PARTY IS LIMITED TO DIRECT ACTUAL DAMAGES.** Further, to the extent permitted by law, neither Party shall be liable to the other Party for damages, whether arising from performance of obligations under this Agreement, tort (including negligence), or otherwise for loss of anticipated profits, loss by reasons of plant shutdown, non-operation or increased expense of operation, service interruption, claims of customers, cost of money, loss of use of capital or revenue, or for any special, incidental, or consequential loss or damage.

10. **DEFECTS.** Purchaser shall, within 30 days after delivery of the Product, notify Seller of any alleged defect in the Product, or the failure of the Product to conform to any specifications. If, following such Notice, Seller and Purchaser agree that there exists such a defect or failure to conform due to the fault of Seller, the Parties shall attempt to negotiate a resolution. If unable to come to a resolution, (i) the defective Product shall be returned, at Seller's expense, to Seller, properly safeguarded against normal transit hazards as Seller may require, for replacement by Seller, or (ii) Purchaser and Seller shall negotiate an agreed amount to be deducted from the Contract Price, the payment of which shall operate as a full release of Seller. Purchaser's failure to notify Seller of any such claimed defect or failure to conform within the thirty-day period shall constitute Purchaser's complete

waiver of any such claim with respect to defects or nonconformance, and Purchaser's release and covenant not to sue Seller with respect to such claim.

11. **AUTHORITY.** No agent, employee, or representative of Seller or Purchaser has any authority to bind either Party to any affirmation, representation, or warranty concerning the Product or this Agreement unless an affirmation, representation, or warranty made by an agent, employee, or representative is specifically included in writing in these terms and conditions or as an amendment thereto.

12. **NOTICE.** Any notice, designation, consent, delivery, approval, offer, acceptance, statement, request, or other communication required or allowed under this Agreement ("Notice" or in the verb form "Notify") shall be in writing. Any action required under this Agreement that is a term within the definition of "Notice" also shall be in writing. All notices required in this Agreement shall be deemed effective if made in writing and delivered to the recipient's address listed on the first page of this Agreement by any of the following means: (i) hand delivery, (ii) registered or certified mail, postage prepaid, with return receipt requested, (iii) first class or express mail, postage prepaid, or (iv) overnight courier service. Notice made in accordance with this paragraph shall be deemed delivered upon receipt if delivered by hand, on the third business day after mailing if mailed by first class, registered, or certified mail, or on the next business day after mailing or deposit with an overnight courier service if delivered by express mail or overnight courier. Refusal by a party to accept a Notice shall not affect the giving of the Notice.

13. **INTERPRETATION, MODIFICATION AND ADDITIONAL TERMS.** Seller and Purchaser, as a final expression of their agreement and also as a complete and exclusive statement of the terms of their agreement, intend the terms and conditions contained in this Agreement. Acceptance or acquiescence in a course of performance rendered shall not be relevant to determine the meaning of these terms and conditions, even though the accepting or acquiescing Party has knowledge of the nature of the performance and opportunity for objection. These terms and conditions can be modified or rescinded only by a writing signed by duly authorized agents of both Seller and Purchaser. Notwithstanding any provisions therein to the contrary, any terms and conditions in a Party's purchase order, acknowledgement form, confirmation, or other document issued by a Party which conflict with these terms and conditions or increase either Party's obligations hereunder, are rejected and shall not be binding upon the Parties unless specifically identified and accepted in writing by a duly authorized agent of both Parties.

14. **DELEGATIONS AND ASSIGNMENT.** No delegation of any obligation owed by a Party, or of the performance of any obligation by a Party, shall be made without the written consent of the other Party. A Party may not assign its rights and obligations under this Agreement without the other Party's written consent, which shall not be unreasonably withheld. Any delegation or assignment without the other Party's written consent is void.

15. **WAIVER.** No claim or right arising out of a breach of this Agreement can be discharged in whole or in part by a waiver or renunciation of the claim or right unless the waiver or renunciation is supported by consideration and is in writing signed by the aggrieved Party.

16. **TAXES.** Purchaser represents that it is a local governmental entity that is exempt from sales, excise, and usage taxes. Purchaser shall pay all federal, state, or local taxes or charges relating to the sale, delivery, or use of the Product from which it is not exempt. Purchaser shall be responsible for all taxes whether existing at the time of execution of this Agreement or subsequently imposed.

17. **APPLICABLE LAW AND VENUE.** This Agreement and the relationship between the Parties shall be governed in all respects, whether as to validity, construction, capacity, performance, or otherwise, by the laws of the state of Texas. The Parties stipulate and agree that exclusive jurisdiction and venue for any cause of action arising between the Parties shall be in the state or Federal courts having subject matter jurisdiction and located in the county in which Purchaser's main administration facility is located.

18. **RESPONSIBILITY TO WARN AND REPORT.** At and after title passes to Purchaser, Purchaser assumes all responsibility for warning Purchaser's personnel and any third parties on the premises of all hazards to persons and property. Purchaser also assumes the responsibility to warn and protect Purchaser's employees and others exposed to the hazards posed by Purchaser's storage and use of the Product. It is the responsibility of both Parties to comply

with all relevant reporting obligations under the Emergency Planning and Community Right to Know Act of 1986, 42 U.S.C. §§ 11001 *et seq.* (EPCRA, also known as Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA Title III)) resulting from the presence of the chemicals supplied under this Agreement.

19. **FORCE MAJEURE.** If, by reason of act of God, flood, storm, explosion, fire, labor trouble, strike, insurrection, riot, acts of the public enemy, pandemic or epidemic, or federal, state or local law, order, rule, or regulation affecting all similarly situated companies or entities, either Party (“Claiming Party”), without negligence and upon exercise of due diligence, is prevented from complying with any obligation, covenant, or condition in this Agreement, including but not limited to ability to accept delivery of Products, then, while so prevented, the condition shall be suspended or the obligation or covenant shall be extended, the Claiming Party shall be relieved of the obligation to comply with such obligation or covenant, and the Claiming Party shall not be liable for damages, including charges pursuant to Article II, Sections 2A or 2B, for failure to so comply.

20. **MISCELLANEOUS.**

a. **Binding Agreement.** Subject to Article II, Section 14, this Agreement shall bind and inure to the benefit of the parties and their respective legal representatives, heirs, successors, and assigns.

b. **Invalid Provision/Severability.** The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions of it. This Agreement shall be construed in all respects as if such invalid or unenforceable provision was omitted.

c. **Amendments.** No amendments, modifications, alterations, or additions to this Agreement shall be binding unless made in writing and signed by the Parties.

d. **Attorneys’ Fees.** In the event of any litigation regarding the construction, enforcement, or validity of this Agreement, in addition to any other relief, the prevailing Party shall be entitled to recover its reasonable costs incurred, including attorneys’ fees.

e. **Rule of Construction.** The judicial rule of construction requiring or allowing a document to be construed to the detriment or against the interests of the document’s maker or drafter shall not apply to this Agreement.

f. **Headings.** The section headings in this Agreement are included solely for convenience and shall in no event affect or be used in connection with the interpretation of this Agreement.

g. **Counterparts.** This Agreement may be executed in several counterparts, each of which shall be deemed an original, but together the counterparts shall constitute one and the same document.

h. **Entire Agreement.** This Agreement constitutes the entire agreement of the Parties, all prior negotiations and agreements, whether written or oral, having been merged into this Agreement.

i. **Time of Essence.** Time is of the essence in this Agreement. The Parties shall have the right to treat all time deadlines contained in this Agreement as material and to terminate this Agreement or exercise such other remedies as may be provided in this Agreement in the event such time deadlines are not met.

j. **Computation of Time.** In computing a time period prescribed in this Agreement, the day of the act or event shall not be counted. Unless the Agreement specifies business days, all subsequent days, including intervening weekend days and holidays, shall be counted in the period. The last day of the period so computed is to be included unless it is a weekend day or a legal holiday under federal law, in which case the period is to be extended to the next day that is not a weekend day or legal holiday. When the Agreement specifies business days, the computation of a time period shall exclude all weekends and holidays under federal law or the state law of the state in which Purchaser’s main administrative office is located. Further, for obligations of Purchaser, days on which Purchaser’s main administrative office is closed shall not be counted as a business day.

k. **Authority to Sign.** Each person signing this Agreement in a representative capacity on behalf of a Party warrants and represents to each other Party that (i) the person signing has the actual authority and power to so sign, and to bind his principal to the provisions of this Agreement, and (ii) all entity action necessary for the making of this Agreement has been duly taken. Either Party represents and warrants to the other Party that it has complied with all rules, regulations and laws relating to its authority to execute and perform the obligations under this Agreement.

l. **Signatures.** The Parties agree that they may transmit this Agreement for execution by electronic transmission. The Parties intend that electronic signatures on this Agreement shall be deemed an original and be binding on them.

m. **Non-Appropriation.** Seller acknowledges that Purchaser is a governmental entity and that Purchaser’s ability to perform its obligations under this Agreement is dependent upon the appropriation of public funds. The Parties agree that if the Delivery Period extends beyond Purchaser’s then current fiscal year into another fiscal year(s) and (i) Purchaser does not have an authorized multi-year funding source or (ii) otherwise has no legally available funds for the purchase of the Product, then this Agreement will terminate. Purchaser shall not be obligated to make contract payments beyond the amounts appropriated. However, if any funds are appropriated for Product costs, such funds shall be applied first to the cost of Product to be provided pursuant to this Agreement and any such funds shall not be used to pay for Product from any other vendor. Purchaser agrees to notify Seller in writing of such non-appropriation at the earliest practicable time subsequent to the failure to appropriate. As of the termination date under this Section, Seller shall have no further duty to supply Product to Purchaser.

n. **Support.** Seller shall maintain a telephone contact for customer service support for Purchaser. Purchaser may call the number listed on the last page of this Agreement for customer support, and Seller shall notify Purchaser of any new customer support telephone number.

o. **Survival.** Expiration of this Agreement or termination by either party shall not affect the rights and obligations of the Parties that accrued prior to expiration or the effective date of the termination. Payment obligations and any other provisions, which by their terms or their nature are intended to survive, shall survive the expiration or termination of this Agreement.

**WHEREFORE**, the Parties have caused this Agreement to be duly executed, and each of the undersigned below represent that they have been duly authorized to execute this Agreement by all necessary action and further affirm the representations and warranties as stated in Article II, Section 19.k of this Agreement as applicable to the Party.

\_\_\_\_\_  
**Purchaser**

\_\_\_\_\_  
**Seller**

\_\_\_\_\_  
**By (Name/Title – please print)**

\_\_\_\_\_  
**Account Executive’s Signature**

\_\_\_\_\_  
**Authorized Signature**  
**(Signer authorized to bind Purchaser to this Agreement)**

\_\_\_\_\_  
**Approved by Corporate Officer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**Customer Support Phone #:** \_\_\_\_\_

**2021-2022 Fiscal Year**

MARATHON ISD  
District Fleet - Fuel Usage Report

1) Unleaded Above Ground Tank

1) Diesel Above Ground Tank

Both tanks are filled up by West Texas Gas as listed below:

Date	Ticket	Product	Gallons	Unit Price	Total	Plus Fee	Total
3/28/2022	4453	Unleaded	500.00	\$ 3.80900	\$ 1,904.50	\$ 0.50	1905.00
		Unleaded	0.00	\$ -	\$ -	\$ -	0.00
8/3/2022	3846	Unleaded	500.00	\$ 3.79900	\$ 1,899.50	\$ 0.50	1900.00
			0.00	\$ -	\$ -	\$ -	0.00
			0.00	\$ -	\$ -	\$ -	0.00
			0.00	\$ -	\$ -	\$ -	0.00
			0.00	\$ -	\$ -	\$ -	0.00
			<b>1000.00</b>				
Date	Ticket	Product	Gallons	Unit Price	Total	Plus Fee	Total
		Diesel	0.00	\$ -	\$ -	\$ -	0.00
		Diesel	0.00	\$ -	\$ -	\$ -	0.00
		Diesel	0.00	\$ -	\$ -	\$ -	0.00
			<b>0.00</b>				

**2022-2023 Fiscal Year**

MARATHON ISD  
District Fleet - Fuel Usage Report

1) Unleaded Above Ground Tank

1) Diesel Above Ground Tank

Both tanks are filled up by West Texas Gas as listed below:

Date	Ticket	Product	Gallons	Unit Price	Total	Plus Fee	Total
10/24/2022	3557	Unleaded	500.00	\$ 3.49900	\$ 1,749.50	\$ 0.50	1750.00
2/15/2023	4725	Unleaded	450.00	\$ 2.96900	\$ 1,336.05	\$ 0.45	1336.50
4/6/2023	5059	Unleaded	460.00	\$ 2.90900	\$ 1,338.14	\$ 0.46	1338.60
			0.00	\$ -	\$ -	\$ -	0.00
			0.00	\$ -	\$ -	\$ -	0.00
			0.00	\$ -	\$ -	\$ -	0.00
			0.00	\$ -	\$ -	\$ -	0.00
			<b>1410.00</b>				
Date	Ticket	Product	Gallons	Unit Price	Total	Plus Fee	Total
2/15/2023	3300	Diesel	500.00	\$ 4.14900	\$ 2,074.50	\$ 0.50	2075.00
		Diesel	0.00	\$ -	\$ -	\$ -	0.00
		Diesel	0.00	\$ -	\$ -	\$ -	0.00
			<b>500.00</b>				

**2023-2025 Depository Contract for Funds of Marathon Independent School District  
(School District Depository - Texas Education Code, Chapter 45, Subchapter G)**

Each school district's depository contract must be renewed every two years. The next cycle is 2023-2025.  
Marathon ISD's current depository contract expires on August 31, 2023.

Below are the district's options in selecting a bank depository:

- 1) The district must choose to select a depository either by bid or by request for proposals.
- 2) A school district may extend its depository contract for three (3) additional two-year terms if:
  - \* the district did not file an extension in the three previous bienniums and
  - \* the district and the depository bank agree to extend the current depository contract with or without changes to the contract if both the district and bank mutually agree to the existing and/or new terms.

**5 Year Biennium Report**

<b>2013-2015</b> Process: Request for Proposals	Awarded to: West Texas National Bank
<b>2015-2017</b> Process: 1st Extension	Awarded to: West Texas National Bank
<b>2017-2019</b> Process: Request for Proposals	Awarded to: West Texas National Bank
<b>2019-2021</b> Process: 1st Extension	Awarded to: West Texas National Bank
<b>2021-2023</b> Process: 2nd Extension	Awarded to: West Texas National Bank

**Current Financial Accounts**

**Balance 4/30/2023**

Certificate of Deposit #1225	\$65,745	Transpecos Bank
Certificate of Deposit #1312	\$9,373	Transpecos Bank
Checking: Maintenance		
<b>Bank Depository Contract</b>	\$319,152	West Texas National Bank
Checking: Scholarship Fund	\$40,046	West Texas National Bank
Investments: TASB Investments Pool	\$2,181,949	Lone Star Investments/First Public

# Marathon ISD

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Property Values – Impact on School Funding  
Board and Public Presentation  
May 24, 2023

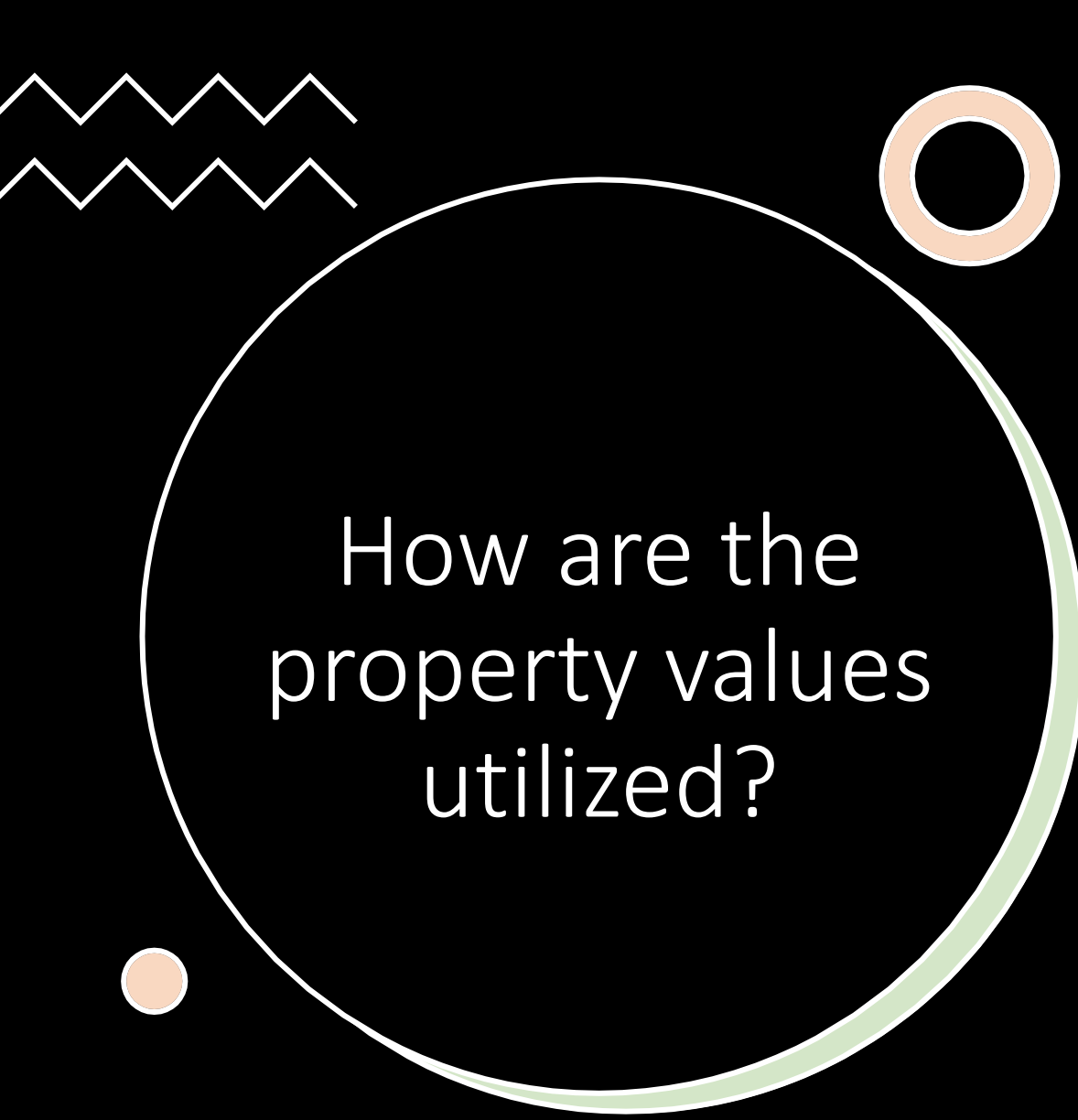
# School District Property Values and Tax Rates

“A district's property tax rate consists of a maintenance and operations (M&O) tax rate and, if applicable, an interest and sinking (I&S) tax rate. The M&O tax rate provides funds for maintenance and operations. The I&S tax rate provides funds for payments on the debt that finances a district's facilities. The calculation of state funding for school districts is tied to tax effort; thus, tax rates provide an essential component in the state's school finance formulas.”

<https://tea.texas.gov/finance-and-grants/state-funding/additional-finance-resources/school-district-property-values-and-tax-rates>  
Texas Education Agency

# Appraisal District, Property Tax Division & Texas Education Agency Timelines

- April 30 – Chief Appraiser certifies preliminary property values to school districts.
  - July 25 – Chief Appraiser certifies property values to tax assessor collector. (Budget)
  - August 1 – Tax Assessor/Collector determines district property values and submits appraisal roll to the Board. (Budget)
  - Note: property values are updated throughout the year, due to protests, errors, omissions, and new exemptions.
- July 18 – August 1 – District are required to submit data to TEA regarding property values and local exemption amounts for the preceding and current tax years. (Budget)
  - August 1 – Appraisal district submits appraisal roll to the Property Tax Division
  - August 31 – Districts submit to TEA the projected total tax revenue collected for the fiscal year. (Actual – Near Final State Revenue calculations)



How are the  
property values  
utilized?

## District Property Tax Revenue

- 1) Texas Education Agency will use the property values to determine the district's Maximum Compressed Tax Rate (MCR).
- 2) Tax Assessor/Collector applies values to adopted tax rate to generate tax roll and issue property tax statements to taxpayers.

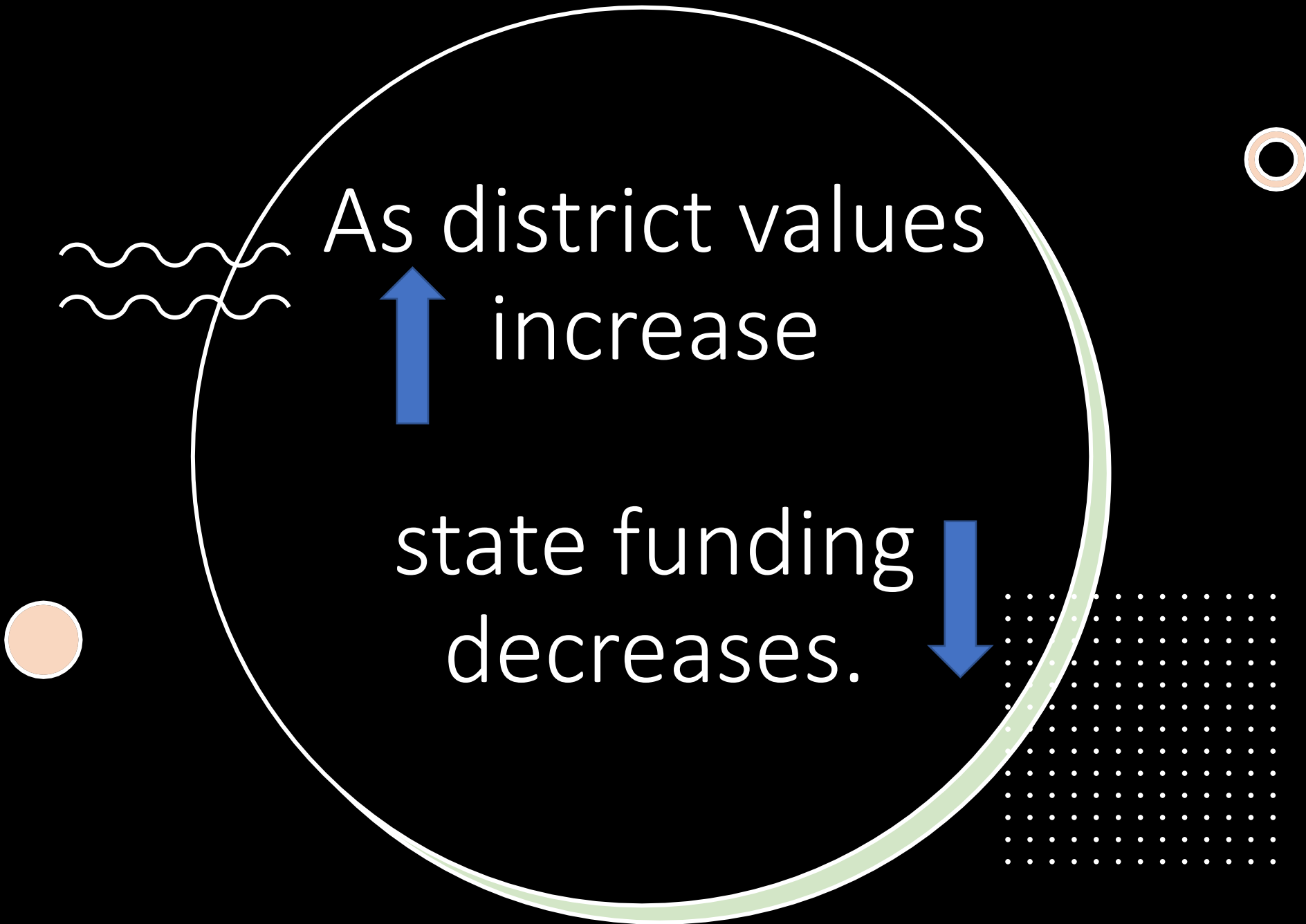




# How are property values utilized?

State Funding – “Calculation of state funding is tied to tax effort”.

- 1) Tier Two Funding – guarantees a specific level of funding per student in WADA for each penny of tax effort above a maximum Tier One tax rate (MCR). The additional funding is considered “enrichment”. – TEA Office of School Finance: Foundation School Program
- 2) Tax Collections Estimated/Budget & Actual/Final Funding – This amount is a factor in the total funding entitlement for a district.
- 3) Values are used to determine the district’s property wealth per student.
- 4) Values are also used to determine additional eligible sources of funding, IFA, EDA, Hold Harmless
- 5) Prior to HB3/2019 property values used each year differed from the State Comptroller’s values and current year certified values. This resulted in the Funding lag concept since the values used to calculate state funding differed since the State Comptroller’s values were one year behind. HB3 corrected this so that State Comptroller’s Values and local certified values are all within the same fiscal year. Based on submission timelines, and supplementals to the certified values, there is still a slight difference but not as significant as to prior years.



# Excess Local Revenue: Chapter 41/49

“Chapter 41, Education Code, was repealed. House Bill 3 amended the Education Code to transfer certain sections from Chapter 41 to Chapter 49, and revised formulas used to determine excess local revenue under the FSP by adding Subchapter F, Chapter 48, Education Code, Section 48.257, Local Revenue in Excess of Entitlement. This section of the Texas Education Code (TEC) makes provisions for certain school districts to share their local tax revenue with other school districts. These provisions are sometimes referred to as “share the wealth” or “Robin Hood” plan because recaptured funds are redistributed by the school finance system to assist with the financing of public education for all school districts.”

<https://tea.texas.gov/finance-and-grants/state-funding/excess-local-revenue> Texas Education Agency

“In 2019, the 86th Legislature passed House Bill 3, amending the calculation of recapture as prescribed by Section 48.257 to be based on local revenue in excess of entitlement instead of equalized wealth levels and transferred the provisions for districts with excess local revenue from TEC, Chapter 41 to Chapter 49. Recapture is calculated by subtracting a district's Tier One entitlement from its available school fund (ASF) distribution and local fund assignment and then subtracting a credit for appraisal costs.

What is local revenue in excess of entitlement? A district with local revenue in excess of entitlement is subject to the provisions of TEC, Chapter 49. The determination that a school district is subject to these provisions is based on the provisions in TEC, §48.257. If a school district's Tier One revenue level exceeds the district's entitlement under Section 48.266(a)(1) less the district's distribution from the state available school fund, the district is required to Texas Education Agency 18 Options and Procedures for Districts with Local Revenue In Excess of Entitlement 2021–2022 School Year reduce its revenue level in accordance with TEC, Chapter 49 to a level not to exceed the district's entitlement under Section 48.266(a)(1) less the district's distribution from the state available school fund. On or before approximately July 15 of each year, the TEA officially notifies school districts that will be subject to these provisions in the following school year.”

“The final determination regarding the payment **of excess local revenue (recapture) is based on the district's final enrollment, entitlement and local share** under Chapter 48, final state certified property values for tax year 2022, adopted maintenance and operations (M&O) tax rate for tax year 2022, and M&O taxes collections for school year 2022-2023. In calculating funding under the FSP, if a district's adopted M&O tax rate exceeds the districts maximum allowable tax rate, state aid will be reduced or recapture adjusted, in an amount equal to the amount of revenue generated by a school district's tax effort that is in excess of the district's max allowable tax rate.”

<https://texreg.sos.state.tx.us/fids/202002998-2.pdf> Texas Education Agency Options and Procedures for Districts with Local Revenue in Excess of Entitlement 2020–2021 School Year

# Property Values, Tax Rate and Enrollment

MARATHON ISD CERTIFIED VALUES										
PRIOR YEAR/CURRENT YEAR COMPARISON REPORT										
		Certified Values 07/25/2018	Certified Values 06/21/2019	Certified 7/24/2019	Certified 7/27/20 ReCert. 8/5/2020	Certified 7/21/21 ReCert. 8/6/2021	Certified 7/21/22	Preliminary 5/24/2023		
	2017	2018	2018	2019	2020	2021	2022	2023	Increase/(Decrease)	
Total Appraised Value	\$ 99,965,888.00	\$ 105,769,079.00	\$ 104,871,434.00	\$ 104,874,438.00	\$ 108,646,351.00	\$ 123,090,119.00	\$ 138,394,260	\$150,739,713	\$ 12,345,453	8.92%
Total Assessed Value	\$ 98,870,215.00	\$ 103,922,893.00	\$ 103,025,248.00	\$ 103,582,079.00	\$ 107,910,609.00	\$ 119,616,022.00	\$ 133,502,704	\$144,609,836	\$ 11,107,132	8.32%
Net Taxable Value	\$ 91,688,586.00	\$ 96,658,236.00	\$ 95,630,591.00	\$ 96,457,868.00	\$ 100,672,397.00	\$ 111,950,805.00	\$ 123,766,360	\$134,434,904	\$ 10,668,544	8.62%
Freeze Adjusted Taxable	\$ 87,876,370.00	\$ 92,196,094.00	\$ 91,119,769.00	\$ 91,837,375.00	\$ 95,891,058.00	\$ 107,042,552.00	\$ 119,357,239	\$129,431,110	\$ 10,073,871	8.44%
Number of Accounts	1544	1543	1547	1528	1536	1541	1550	1566	6	0.38%
Number of Accounts That Have A Tax Ceiling	81	80	81	78	76	74	75	75	0	0
Actual Tax - Accounts that Have a Tax Ceiling	\$ 24,981.38	\$ 26,170.12	\$ 32,445.78	\$ 32,383.17	\$ 33,546.95	\$ 30,492.95	\$ 30,629.85	\$ 32,375.58	\$ 1,745.73	117 9.90%
MARATHON ISD - ADOPTED PROPERTY TAX RATES					STUDENT DATA					
Year	M&O Rate	I&S Rate	Combined Tax Rate						Fall Enrollment	WADA
2016-2017	\$1.17	\$0.00	\$1.17					2016-2017	70	241.596
2017-2018	\$1.17	\$0.00	\$1.17					2017-2018	63	240.816
2018-2019	\$1.17	\$0.00	1.17					2018-2019	55	236.814
2019-2020	\$1.06835	\$0.00	\$1.06835	Maximum Rate per HB3				2019-2020	57	229.163
2020-2021	\$1.0516	\$0.00	\$1.0516					2020-2021	60	231.482
2021-2022	\$0.9790	\$0.00	\$0.9790					2021-2022	57	227.956
<b>2022-2023</b>	\$0.94290	\$0.00	<b>\$0.94290</b>					<b>2022-2023</b>	<b>59</b>	<b>228.347</b>
<b>2023-2024</b>	TBD	\$ -	TBD					<b>Projected</b> <b>2023-2024</b>	<b>60</b>	<b>TBD</b>
	Waiting on information									

### PROPOSED REVISIONS

**Limit on Participation**

Audience participation at a Board meeting is limited to the portion of the meeting designated to receive public comment in accordance with this policy. At all other times during a Board meeting, the audience shall not enter into discussion or debate on matters being considered by the Board, unless requested by the presiding officer.

**Public Comment**

Regular Meetings

At regular Board meetings, the Board shall permit public comment, regardless of whether the topic is an item on the agenda posted with notice of the meeting.

Special Meetings

At all other Board meetings, public comment shall be limited to items on the agenda posted with notice of the meeting.

Procedures

**Individuals who wish to participate during the portion of the meeting designated for public comment shall sign up with the presiding officer or designee before the meeting begins as specified in the Board's procedures on public comment and shall indicate the agenda item or topic on which they wish to address the Board.**

Public comment shall occur at the beginning of the meeting.

Except as permitted by this policy and the Board's procedures on public comment, an individual's comments to the Board shall not exceed ~~three minutes~~ **two minutes** per meeting.

Meeting Management

When necessary for effective meeting management or to accommodate large numbers of individuals wishing to address the Board, the presiding officer may make adjustments to public comment procedures, including adjusting when public comment will occur during the meeting, reordering agenda items, deferring public comment on nonagenda items, continuing agenda items to a later meeting, providing expanded opportunity for public comment, or establishing an overall time limit for public comment and adjusting the time allotted to each speaker. However, no individual shall be given less than one minute to make comments.

Board's Response

Specific factual information or recitation of existing policy may be furnished in response to inquiries, but the Board shall not deliberate or decide regarding any subject that is not included on the agenda posted with notice of the meeting.

**Complaints and Concerns**

The presiding officer or designee shall determine whether an individual addressing the Board has attempted to solve a matter administratively through resolution channels established by policy. If not, the individual shall be referred to the appropriate policy to seek resolution:

- Employee complaints: DGBA
- Student or parent complaints: FNG
- Public complaints: GF

**Disruption**

The Board shall not tolerate disruption of the meeting by members of the audience. If, after at least one warning from the presiding officer, any individual continues to disrupt the meeting by his or her words or actions, the presiding officer may request assistance from law enforcement officials to have the individual removed from the meeting.