

# **Exhibit “A”**



**WINNIE STOWELL HOSPITAL DISTRICT  
PUBLIC COMMENT-SIGN IN SHEET**

**POLICIES AND PROCEDURES  
FOR PUBLIC COMMENT AT BOARD OF DIRECTORS  
MEETINGS**

July 22 2015 PM

Any Individual shall be allowed to speak but is subject to the rules set forth in above Policies and Procedures for Public Comment:

- a. The Board reserves the right to limit the number of speakers to insure the completion of the posted agenda in a timely manner
- b. Individuals desiring to speak shall sign-up in advance of the meeting
- c. The sign-up sheet shall be available 15 minutes before the beginning of each posted meeting
- d. Speakers shall be heard on a first-come first served basis, based on the sign-up sheet, time permitting
- e. The opportunity to speak shall be limited to no more than **three (3) minutes**, unless extended by the Board
- f. The Board is not required to speak and/or respond and/or answer any speaker, as allowed under law.

| NAME | ADDRESS |
|------|---------|
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# **Exhibit “B”**

# WINNIE STOWELL HOSPITAL DISTRICT

## Monthly Financial Reporting Sheet

Reporting Date: Wednesday, July 22, 2015

| From              | Sales Tax   | Property Tax | County | Other  | Net         |
|-------------------|-------------|--------------|--------|--------|-------------|
|                   | \$40,817.62 | \$0.00       | \$0.00 | \$0.00 | \$40,817.62 |
| Texas Comptroller |             | \$0.00       | \$0.00 | \$0.00 | \$0.00      |
| <b>Total:</b>     | \$40,817.62 | \$0.00       | \$0.00 | \$0.00 | \$40,817.62 |

| Expenses                         | For                         | Amount     | Ck # |
|----------------------------------|-----------------------------|------------|------|
| <b>Benckenstein &amp; Oxford</b> |                             |            |      |
| Hubert Oxford                    | 1/2 Retainer                | 500.00     |      |
| Josh Heinz                       | 1/2 Retainer                | 500.00     |      |
| Mary Ellen Robertson             | Inv 150705                  | 803.06     |      |
| Chambers Cty Ind Care            | Apr 1-May 31, 2015          | 4,142.79   |      |
| Husch Blackwell                  | Inv 2240080                 | 1,041.00   |      |
| American Express                 | June Charges                | 112.12     |      |
| IHS                              | Aug Service                 | 1,059.00   |      |
| Time Warner                      | Internet July Service       | 170.15     | 1810 |
| Entergy                          | Building June Service       | 162.69     | 1805 |
| TBCD                             | Building June Service       | 40.80      | 1809 |
| Dars Thomas                      | Building yard maintenance   | 410.00     |      |
| Quill                            | office supplies Inv 5688799 | 187.64     |      |
|                                  | Deputy Services             |            |      |
| Philadelphia Ins Co              | D&O Ins Inv # 04023056620   | \$2,816.00 | 1808 |
| CNA Surety                       | C MMW Policy 71565112       | \$300.00   | 1806 |
| CNA Surety                       | C RH Policy 71565111        | \$150.00   | 1807 |
| CNA Surety                       | C HP Policy 71585621        | \$450.00   |      |
| CNA Surety                       | C MM Policy 71579024        | \$450.00   |      |
| CNA Surety                       | C GV Policy 71579020        | \$100.00   |      |
| CNA Surety                       | C G Policy 71579011         | \$250.00   |      |
| CNA Surety                       | C SB Policy 71579053        | \$850.00   |      |
| CNA Surety                       | G TW Policy 71579057        | \$500.00   |      |
| CNA Surety                       | G OLM Policy 71579050       | \$300.00   |      |
| CNA Surety                       | G OM Policy 71579046        | \$200.00   |      |
| CNA Surety                       | G MH Policy 71579037        | \$300.00   |      |
| CNA Surety                       | G H Policy 71579032         | \$300.00   |      |
| CNA Surety                       | G CB Policy 71579006        | \$600.00   |      |

| Funds Summary        | Totals             |
|----------------------|--------------------|
| Prosperity Operating | \$525,708.55       |
| Interbank            | \$100.00           |
| Prosperity CD 0447   | \$103,725.52       |
| TexStar              |                    |
| <b>Net Expenses</b>  | <b>\$20,201.33</b> |
| <b>Net Income</b>    | <b>\$40,817.62</b> |
| Ending Balance       | \$546,324.84       |

| Loan Summary     | Totals       |
|------------------|--------------|
| Starting Balance | \$380,000.00 |
| Payment          | \$0.00       |
| Ending Balance   | \$380,000.00 |

**WSHD ACH PMTS**

|         |             |            |
|---------|-------------|------------|
| Sherrie | Payroll     | \$1,463.24 |
| IRS     | IRS Payment | \$2,042.84 |

**Total:** \$20,201.33

**BENCKENSTEIN & OXFORD, L.L.P.**

ATTORNEYS AT LAW  
BBVA COMPASS BANK BUILDING  
3535 CALDER AVENUE, SUITE 300  
BEAUMONT, TEXAS 77706  
TELEPHONE: (409) 833-9182  
FAX: (409) 833-8819

Hubert Oxford, IV

hoxfordiv@benoxford.com

July 22, 2015

Mr. Elroy Henry, President  
Winnie Stowell Hospital District  
825 State Hwy 124  
Winnie Texas 77665

Re: Winnie Stowell Hospital District; Invoice for June, 2015 Meeting; Our File No. 87250.

Dear President Henry,

Please allow this letter to serve as a *partial* invoice for work performed in June 2015. I would request that we be allowed to submit the remainder of the invoice for Benckenstein & Oxford at the next regularly scheduled meeting or a Special Meeting that may need to take place before August 19, 2015.

In the meantime, would you please pay the retainer of \$1,000.00 retainer and we will give the District credit for the \$1,000.00 payment in the upcoming invoice with time entries for January 2015. If so, please draft a check in the amount of \$500.00 checks payable to Josh Heinz and a second check for \$500.00 to Hubert Oxford, IV.

If you have any questions concerning the invoice or the previously prepared minutes, please do not hesitate to contact me.

With best wishes, I am

Sincerely,

**BENCKENSTEIN & OXFORD, L.L.P.**

By: \_\_\_\_\_

  
Hubert Oxford, IV

MARY ELLEN ROBERTSON  
CERTIFIED PUBLIC ACCOUNTANT  
985 IH-10 NORTH, SUITE 101  
BEAUMONT, TEXAS 77706

(409) 892-8901

Invoice # 150705  
July 9, 2015

Winnie-Stowell Hospital District  
P. O. Box 1997  
Winnie, TX 77665-1997

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Accounting services rendered as follows:

|  |                      |
|--|----------------------|
| General Ledger Write-Up for June, 2015                           | 625.00               |
| 1 month @ \$625.00 per month                                     |                      |
| Deluxe check order - Prosperity Bank checking -checks #1805-2054 | 178.06               |
| <b>Amount Due</b>  | <b><u>803.06</u></b> |

Please remit to: P. O. Box 5151  
Beaumont, TX 77726

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# THANK YOU FOR YOUR ORDER!

PRINT

To ensure that your order is satisfactory, please review the information below and let us know of any corrections. You will also receive this confirmation by email. As we process your order, you will receive further updates by e-mail.

Your order confirmation number is 69071349. If you have any corrections call us toll-free at 1-800-855-1913.

## SHIPPING DETAILS

**Shipping Address**  
Susan McFaddin  
985 INTERSTATE 10 N,  
BEAUMONT, TX 77706-4815  
USA (409) 892-8901

**Shipping Method**  
Standard

## PAYMENT SUMMARY

**Billing Address**  
Mary Robertson  
1530 Belvedere,  
Beaumont, TX 77706  
USA (409) 550-4660

**Amount:**  
\$178.06

ORDER DETAILS: ORDER # 69071349

| PRODUCT NAME   | PRICE    | QUANTITY | DISCOUNT | TOTAL           |
|--|----------|----------|----------|-----------------|
| Deluxe High Security Laser Mid Check<br>Item#: SSLM102             | \$149.99 | 250      |          | \$149.99        |
| EZ Shield:<br>Identity Restoration® and<br>Check Fraud Protection® | \$14.50  |          |          | \$14.50         |
| <b>Product Total:</b>  |          |          |          | <b>\$164.49</b> |
| <b>Sub Total:</b>  |          |          |          | <b>\$164.49</b> |
| Free shipping & handling on<br>Check orders                        |          |          |          | <b>\$17.11</b>  |

*Rec'd 6-18-15*  
*[Signature]*

Tax: \$13.57

**Cart Total: \$178.06**  
**Total Savings: \$17.11**

## My Account

Your ultimate business timesaver? One-click control over your supplies and business solutions from Deluxe. Use us to manage key details and free up your valuable time!  
Account Profile  
Address  
Logo  
Imprint Information  
Payment Information  
Order History / Reorder

*Chyso*  
*Amex*  
*MER*

**GET 50**  
eCHECKS FOR \$30  
DELUXEeChecks.com  
**DELUXE**  
eChecks

**SPECIAL**  
**THANK YOU:**  
FREE Email Marketing!  
**Get started —**  
**It's FREE! >>**

**BE THE FIRST TO KNOW**  
Don't let your dream job become work. Follow our conversations for ways to enjoy your passion and ways to make your business run smoothly.

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Connect for rewarding business information!

**GOOGLE+**  
Join our circles to make your passion come to life!

**TWITTER**  
Follow us for business tips!

**LINKED IN**  
Join our community of followers passionate about small business!



Chambers County Indigent Health Care  
P. O. Box 489  
Anahuac, TX 77514  
409/267-8306

June 17, 2015

Winnie Stowell Hospital District  
P. O. Box 1997  
Winnie, TX 77665

**STATEMENT**


Winnie Stowell Hospital District bills presented and paid by Chambers County for the period of April 1, 2015 – May 31, 2015. Attached are the summary charges.

\$ 3,946.27\*  
+ 197.28+5% Administrative Fee  
\$ 4,142.79

PLEASE REMIT TO: **Chambers County Treasurer**  
**P. O. Box 489**  
**Anahuac, Texas 77514**

If you have any questions, please let me know.

Sincerely,



Jessica Laskoskie

\*Amount may not include all charges incurred during this time period.

# HUSCH BLACKWELL

111 Congress Avenue, Suite 1400, Austin, Texas, 78701, (512) 472-5456, Federal ID No. 26-1688286

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Hubert Oxford, IV Benckenstein & Oxford, L.L.P.  
3535 Calder Ave., Suite 300  
Beaumont, TX 77706

PAYMENT DUE UPON RECEIPT

Date: June 10, 2015  
Invoice No. 2240080

## INVOICE SUMMARY

For Professional Services Rendered and Costs Advanced Through May 31, 2015  
(See attached pages for detail)

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Our Reference No. 6061577-0000001

Hospital Organization/Compliance Matters

|   |           |                 |
|---|-----------|-----------------|
| Total Professional Services .....           | \$        | 1,041.00        |
| Total Disbursements and Other Charges ..... | \$        | 0.00            |
| <b>Total Amount this Invoice .....</b>      | <b>\$</b> | <b>1,041.00</b> |

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*CONFIDENTIAL INFORMATION PROTECTED BY ATTORNEY-CLIENT PRIVILEGE*

**Winnie-Stowell Hospital District  
General Operating Fund Budget Amendment #3  
for the year ended 12/31/14**

|   | <b>2014 Amended<br/>Budget #3</b> |
|---|-----------------------------------|
| Budgetary fund balance, January 1       | \$ 946,933                        |
| Resources (inflows):                    |                                   |
| Sales Tax Revenue                       | 695,000                           |
| Interest Income                         | 925                               |
| Miscellaneous                           | 10,705                            |
| Nursing Home - UPL Program              | 14,552,391                        |
| Amounts available for appropriation     | 16,205,954                        |
| Charges to appropriations (outflows):   |                                   |
| Administrative Wages                    | 15,000                            |
| Administrative Payroll Tax Expense      | 500                               |
| Administrative Expenses                 | 1,500                             |
| Assistance Program                      | 40,000                            |
| 1115 Waiver Program                     | 247,888                           |
| Audit/Accounting                        | 30,000                            |
| Bonds                                   | 325                               |
| County Indigent                         | 36,000                            |
| Project Cost-Nursing Home-UPL Program   | 6,011,591                         |
| Nursing Home Program Management Fee     | 6,103,583                         |
| Nursing Home Program - Bonds            | 5,000                             |
| Nursing Home Program - Interest Expense | 43,430                            |
| Insurance                               | 3,700                             |
| Legal Fees                              | 475,000                           |
| Notices & Fees                          | 5,500                             |
| Travel                                  | 4,000                             |
| Election Cost                           | -                                 |
| Consultant Fees                         | 50,000                            |
| Provider Retention                      | 12,000                            |
| Bankruptcy Fees                         | 163,592                           |
| Office Supplies/Postage                 | 2,000                             |
| Telephone & Internet                    | 1,000                             |
| Purchase of Equipment                   | 5,000                             |
| Contingency                             | 100,000                           |
| Total Expenses                          | 13,356,608                        |
| Budgetary Fund balance at end of Year   | \$ 2,849,346                      |

As approved by the board 12/17/14

**WINNIE-STOWELL HOSPITAL DISTRICT**  
**Statement of Net Position**  
**As of June 30, 2015**

**CURRENT ASSETS**

|                                       |                   |
|---------------------------------------|-------------------|
| Cash and Cash Equivalents             | \$ 679,189        |
| Short-term Investments                | 103,726           |
| Nursing Home - UPL Program Receivable | <u>13,858,721</u> |
| <b>TOTAL CURRENT ASSETS</b>           | <b>14,641,636</b> |

**CAPITAL ASSETS**

|   |               |
|---|---------------|
| Capital Assets, Net of Accumulated Depreciation | <u>30,358</u> |
|---|---------------|

**TOTAL ASSETS** \$ 14,671,994

**LIABILITIES AND NET POSITION**

**CURRENT LIABILITIES**

|                                  |                  |
|----------------------------------|------------------|
| Accounts Payable                 | \$ 2,103,567     |
| Payroll Taxes Payable            | 2,233            |
| <b>TOTAL CURRENT LIABILITIES</b> | <u>2,105,800</u> |

**NET POSITION:**

|  |                   |
|--|-------------------|
| Invested in Capital Assets Net of Related Debt | 59,503            |
| Unrestricted                                   | <u>12,506,691</u> |

**TOTAL NET POSITION** 12,566,194

**TOTAL LIABILITIES AND NET POSITION** \$ 14,671,994

*For management purposes only.*

**WINNIE-STOWELL HOSPITAL DISTRICT**  
**Statement of Revenues, Expenditures and Changes in Net Position**  
**Modified Cash Basis**  
**For the 6 Months Ended June 30, 2015**

|  | General Operating<br>Fund | Nursing Home<br>Program | Total                |
|--|---------------------------|-------------------------|----------------------|
| <b>REVENUE:</b>  |                           |                         |                      |
| Sales Tax Revenue                                      | \$ 285,100                | \$ -                    | \$ 285,100           |
| Investment Income                                      | 1,851                     | -                       | 1,851                |
| Other Revenue  | 13,182                    | -                       | 13,182               |
| Loan Proceeds - Building & Land (2107 Hwy 124)         | 320,000                   | -                       | 320,000              |
| Loan Proceeds - UPL Program                            | -                         | 15,410,000              | 15,410,000           |
| Nursing Home - UPL Program                             | -                         | 8,889,637               | 8,889,637            |
| <b>TOTAL REVENUE</b>                                   | <b>620,133</b>            | <b>24,299,637</b>       | <b>24,919,770</b>    |
| <b>EXPENSES:</b>                                       |                           |                         |                      |
| Administrative Salary                                  | 10,400                    | -                       | 10,400               |
| Administrative Services(Contract Basis & Security)     | 9,192                     | -                       | 9,192                |
| Administrative Expenses                                | 1,980                     | -                       | 1,980                |
| Bank Service Charges                                   | 20                        | -                       | 20                   |
| Bonds  | 150                       | -                       | 150                  |
| District/County Promotion                              | 1,500                     | -                       | 1,500                |
| Continuing Education, Travel & Seminar                 | 7,740                     | -                       | 7,740                |
| County Indigent/1115 Wavier/Uncompensated Care Program | 83,752                    | -                       | 83,752               |
| Salary - Indigent Care Administrator                   | 14,152                    | -                       | 14,152               |
| Depreciation Expense                                   | 3,516                     | -                       | 3,516                |
| Meals  | 392                       | -                       | 392                  |
| Insurance  | 5,632                     | -                       | 5,632                |
| Insurance - Property                                   | 3,695                     | -                       | 3,695                |
| Interest - Building                                    | 3,600                     | -                       | 3,600                |
| Notices & Fees   | 291                       | -                       | 291                  |
| Travel - Indigent Care                                 | 1,548                     | -                       | 1,548                |
| Professional Fees - Acctg.                             | 9,595                     | -                       | 9,595                |
| Professional Fees - Legal                              | 70,484                    | -                       | 70,484               |
| Principal Payments on Building                         | 6,409                     | -                       | 6,409                |
| Principal Payments on UPL Program Loans                | -                         | 7,120,000               | 7,120,000            |
| Project Cost - Nursing Home - UPL Program              | -                         | 1,704,486               | 1,704,486            |
| Nursing Home Program - Legal Fees                      | -                         | 79,574                  | 79,574               |
| Nursing Home Program - Mgmt. Fees                      | -                         | 2,887,308               | 2,887,308            |
| Nursing Home Program - Interest Expense                | -                         | 605,342                 | 605,342              |
| Software Cost - Indigent Care                          | 2,118                     | -                       | 2,118                |
| Office Supplies/Postage                                | 3,990                     | -                       | 3,990                |
| Office Supplies/Postage - Indigent Care                | 512                       | -                       | 512                  |
| Taxes - Payroll  | 1,422                     | -                       | 1,422                |
| Taxes - Payroll - Indigent Care                        | 1,134                     | -                       | 1,134                |
| Telephone/Internet                                     | 1,196                     | -                       | 1,196                |
| Web-Site   | 635                       | -                       | 635                  |
| Hwy 124 - Property Expenses                            | 3,639                     | -                       | 3,639                |
| Purchase of Land and Building                          | 411,150                   | -                       | 411,150              |
| Payment to Hospital for Equip.,Furn. & Improv.         | -                         | 2,000,000               | 2,000,000            |
| <b>TOTAL EXPENSES</b>                                  | <b>659,844</b>            | <b>14,396,710</b>       | <b>15,056,554</b>    |
| <b>INCREASE (DECREASE) IN NET POSITION</b>             | <b>(39,711)</b>           | <b>9,902,927</b>        | <b>9,863,216</b>     |
| <b>NET POSITION, BEGINNING OF PERIOD</b>               | <b>2,702,978</b>          | <b>-</b>                | <b>2,702,978</b>     |
| <b>NET POSITION, END OF PERIOD</b>                     | <b>\$ 2,663,267</b>       | <b>\$ 9,902,927</b>     | <b>\$ 12,566,194</b> |

*For management purposes only.*

## Winnie-Stowell Hospital District

SUPPLEMENTARY INFORMATION

**WINNIE-STOWELL HOSPITAL DISTRICT**  
**Supplementary Information - Comparison Actual to Budget**  
**Modified Cash Basis**

|  | 6 Months Ended<br>6/30/2015<br>Actual | Annual<br>Budget    | Over (Under)<br>Budget | % of Budget<br>Used |
|--|---------------------------------------|---------------------|------------------------|---------------------|
| <b>Revenue</b>   |                                       |                     |                        |                     |
| Sales Tax Revenue                                      | \$ 285,100                            | \$ 695,000          | (409,900)              | 0.00%               |
| Investment Income                                      | 1,851                                 | 925                 | 926                    | 0.00%               |
| Other Revenue  | 13,182                                | -                   | 13,182                 | 0.00%               |
| Loan Proceeds - Building & Land (2107 Hwy 124)         | 320,000                               | 320,000             | -                      | 0.00%               |
| Loan Proceeds - UPL Program                            | 15,410,000                            | 19,640,000          | (4,230,000)            | 78.46%              |
| Nursing Home - UPL Program                             | 8,889,637                             | 35,675,000          | (26,785,363)           | 24.92%              |
| <b>Total Revenue</b>                                   | <u>24,919,770</u>                     | <u>56,330,925</u>   | <u>(31,411,155)</u>    | <u>44.24%</u>       |
| <b>Expenses</b>  |                                       |                     |                        |                     |
| Administrative Salary                                  | 10,400                                | 26,720              | (16,320)               | 38.92%              |
| Administrative Services(Contract Basis & Security)     | 9,192                                 | 6,280               | 2,912                  | 146.37%             |
| Administrative Expenses                                | 1,980                                 | 1,500               | 480                    | 132.00%             |
| Bank Service Charges                                   | 20                                    | -                   | 20                     | 0.00%               |
| Bonds  | 150                                   | 350                 | (200)                  | 42.86%              |
| District/County Promotion                              | 1,500                                 | -                   | 1,500                  | 0.00%               |
| Continuing Education, Travel & Seminar                 | 7,740                                 | -                   | 7,740                  | 0.00%               |
| Continuing Education - Medical Personnel               | -                                     | 12,000              | (12,000)               | 0.00%               |
| County Indigent/1115 Waiver/Uncompensated Care Program | 83,752                                | 280,000             | (196,248)              | 29.91%              |
| Salary - Indigent Care Administrator                   | 14,152                                | 52,800              | (38,648)               | 26.80%              |
| Meals  | 392                                   | -                   | 392                    | 0.00%               |
| Insurance  | 5,632                                 | 3,750               | 1,882                  | 150.19%             |
| Insurance - Property                                   | 3,695                                 | 10,000              | (6,305)                | 36.95%              |
| Interest - Building                                    | 3,600                                 | 10,584              | (6,984)                | 34.01%              |
| Notices & Fees   | 291                                   | 2,500               | (2,209)                | 11.64%              |
| Travel   | -                                     | 3,200               | (3,200)                | 0.00%               |
| Travel - Indigent Care                                 | 1,548                                 | -                   | 1,548                  | 0.00%               |
| Professional Fees - Acctg.                             | 9,595                                 | 30,000              | (20,405)               | 31.98%              |
| Professional Fees - Legal                              | 70,484                                | 125,000             | (54,516)               | 56.39%              |
| Principal Payments on Building                         | 6,409                                 | 19,442              | (13,033)               | 32.96%              |
| Software Cost - Indigent Care                          | 2,118                                 | -                   | 2,118                  | 0.00%               |
| Office Supplies/Postage                                | 3,990                                 | 4,000               | (10)                   | 99.75%              |
| Office Supplies/Postage - Indigent Care                | 512                                   | -                   | 512                    | 0.00%               |
| Taxes - Payroll  | 1,422                                 | 1,500               | (78)                   | 94.80%              |
| Taxes - Payroll - Indigent Care                        | 1,134                                 | 3,840               | (2,706)                | 29.53%              |
| Telephone/Internet                                     | 1,196                                 | 2,000               | (804)                  | 59.80%              |
| Web-Site   | 635                                   | 1,500               | (865)                  | 42.33%              |
| Hwy 124 - Property Expenses                            | 3,639                                 | -                   | 3,639                  | 0.00%               |
| Purchase of Land and Building                          | 411,150                               | 400,000             | 11,150                 | 102.79%             |
| Contingency  | -                                     | 100,000             | (100,000)              | 0.00%               |
| Principal Payments on UPL Program Loans                | 7,120,000                             | 19,640,000          | (12,520,000)           | 36.25%              |
| Project Cost - Nursing Home - UPL Program              | 1,704,486                             | 3,381,150           | (1,676,664)            | 50.41%              |
| Nursing Home Program - Legal Fees                      | 79,574                                | -                   | 79,574                 | 0.00%               |
| Nursing Home Program - Mgmt. Fees                      | 2,887,308                             | 19,875,000          | (16,987,692)           | 14.53%              |
| Nursing Home Program - Bonds                           | -                                     | 3,500               | (3,500)                | 0.00%               |
| Nursing Home Program - Interest Expense                | 605,342                               | 1,621,456           | (1,016,114)            | 37.33%              |
| Payment to Hospital for Equip.,Furn. & Improv.         | 2,000,000                             | 3,750,000           | (1,750,000)            | 53.33%              |
| <b>Total Expenses</b>                                  | <u>15,053,038</u>                     | <u>49,368,072</u>   | <u>(34,315,034)</u>    | <u>30.49%</u>       |
| <b>Revenue Over(Under) Expenses</b>                    | <u>\$ 9,866,732</u>                   | <u>\$ 6,962,853</u> |                        |                     |

*For management purposes only.*

**WINNIE-STOWELL HOSPITAL DISTRICT**  
**Supplementary Information - Cash and Cash Equivalents**  
**As of June 30, 2015**

| <b>Cash and Cash Equivalents</b>       |           |                       |
|--|-----------|-----------------------|
| Prosperity Bank - Checking             | \$        | 525,610               |
| Petty Cash                             |           | 150                   |
| TexStar                                |           | 152,436               |
| Wells Fargo - WSHD Transfer Account    |           | 892                   |
| Graham InterBank                       |           | <u>100</u>            |
| <b>Total Cash and Cash Equivalents</b> | <b>\$</b> | <b><u>679,188</u></b> |

*For management purposes only.*



# HUSCH BLACKWELL

111 Congress Avenue, Suite 1400, Austin, Texas, 78701, (512) 472-5456, Federal ID No. 26-1688286

Hubert Oxford, IV Benckenstein & Oxford, L.L.P.  
3535 Calder Ave., Suite 300  
Beaumont, TX 77706

PAYMENT DUE UPON RECEIPT

Date: June 10, 2015  
Invoice No. 2240080

For Professional Services Rendered and Costs Advanced Through May 31, 2015

Our Reference No. 6061577-0000001

Hospital Organization/Compliance Matters

| Date                 | Professional Services   | Hours       | Amount             |
|----------------------|---|-------------|--------------------|
| 05/21/15             | Telephone conference with K. McDonald re impending story on UPL progress; re-review our opinion letter and telephone conference with H. Oxford regarding Dallas Morning News article.<br>M. Chouteau          | 0.70        | \$336.00           |
| 05/21/15             | Review opinion letter for hospital district to determine appropriate actions in light of recent inquiries from Dallas news and CMS.<br>D. Coates  | 1.70        | \$561.00           |
| 05/22/15             | Telephone conference with Hubert Oxford regarding maintaining privilege over last opinion letter; telephone conference with H. Oxford regarding reporter's phone call requesting last opinion.<br>M. Chouteau | 0.30        | \$144.00           |
| Total Hours and Fees |   | <u>2.70</u> | <u>\$ 1,041.00</u> |

| Timekeeper                  | Title     | Rate   | Hours | Fees               |
|-----------------------------|-----------|--------|-------|--------------------|
| M. Chouteau                 | PARTNER   | 480.00 | 1.00  | \$480.00           |
| D. Coates                   | ASSOCIATE | 330.00 | 1.70  | \$561.00           |
| Total Professional Services |           |        |       | <u>\$ 1,041.00</u> |
| Current Invoice Due         |           |        |       | <u>\$ 1,041.00</u> |
| Other Outstanding Invoices  |           |        |       | \$ 264.00          |

**CONFIDENTIAL INFORMATION  
PROTECTED BY ATTORNEY-CLIENT PRIVILEGE**

Winnie-Stowell Hospital District  
June 10, 2015  
Page 3

Our Reference No. 6061577-0000001  
Invoice No. 2240080

Total Balance Due \$ 1,305.00

**CONFIDENTIAL INFORMATION  
PROTECTED BY ATTORNEY-CLIENT PRIVILEGE**

# HUSCH BLACKWELL

111 Congress Avenue, Suite 1400, Austin, Texas, 78701, (512) 472-5456, Federal ID No. 26-1688286

Our Reference No. 6061577-0000001

PAYMENT DUE UPON RECEIPT

Hospital Organization/Compliance Matters

Date: June 10, 2015  
Invoice No. 2240080

For Professional Services Rendered and Costs Advanced Through May 31, 2015

|                                       |           |                 |
|---------------------------------------|-----------|-----------------|
| Total Professional Services           | \$        | 1,041.00        |
| Total Disbursements and Other Charges | \$        | 0.00            |
| <b>Total Current Invoice</b>          | <b>\$</b> | <b>1,041.00</b> |

### **Other Invoices Outstanding:**

Our records indicate that the following invoices are outstanding. For your convenience, a list of these outstanding invoices is below. If payment has been remitted, please disregard. If not, we would appreciate your payment as soon as possible. Should you need a copy of the invoice(s) faxed or e-mailed, please call (512) 479-1158, or email

[ARInfo@HuschBlackwell.com](mailto:ARInfo@HuschBlackwell.com).

| <u>Date</u>                | <u>Invoice</u> | <u>Balance</u>    |
|----------------------------|----------------|-------------------|
| 04/06/15                   | 2220889        | \$264.00          |
| Total                      |                | \$264.00          |
| Current Invoice            |                | \$1,041.00        |
| Other Invoices Outstanding |                | \$264.00          |
| <b>Total Balance Due</b>   |                | <b>\$1,305.00</b> |

THIS INVOICE IS PAYABLE UPON RECEIPT. PLEASE RETURN THIS PAGE WITH YOUR REMITTANCE.

(Please reference your client and/or invoice number when submitting payment. Thank you!)

For wire transfer instructions, please email:  
[ARInfo@huschblackwell.com](mailto:ARInfo@huschblackwell.com)

Mail Payments to:  
Husch Blackwell LLP  
P.O. Box 802765  
KANSAS CITY, MO 64180



**Blue for Business®**  
 WINNIE STOWELL HOSPI  
 JOHN E HENRY SR  
 Closing Date 07/10/15 Next Closing Date 08/11/15

**OPEN**<sup>SM</sup>

p. 1/7

Account Ending 0-51003

**New Balance** **\$112.12**  
**Minimum Payment Due** **\$35.00**  
**Payment Due Date** **08/05/15†**

†**Late Payment Warning:** If we do not receive your Minimum Payment Due by the Payment Due Date listed above, you may have to pay a late fee of up to \$38.00 and your Purchase APR may be increased to the Penalty APR of 27.24%.

**Membership Rewards® Points**

Available and Pending as of 05/31/15

**16,516**

For up to date point balance and full program details, visit [membershprewards.com](http://membershprewards.com)

**Account Summary**

|                  |             |
|------------------|-------------|
| Previous Balance | \$5,213.60  |
| Payments/Credits | -\$5,213.60 |
| New Charges      | +\$112.12   |
| Fees             | +\$0.00     |
| Interest Charged | +\$0.00     |

**New Balance** **\$112.12**  
**Minimum Payment Due** **\$35.00**

|                    |             |
|--------------------|-------------|
| Credit Limit       | \$15,500.00 |
| Available Credit   | \$15,387.88 |
| Cash Advance Limit | \$3,100.00  |
| Available Cash     | \$3,100.00  |

Days in Billing Period: 30

**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

|   |  |   |
|---|--|---|
| If you make no additional charges and each month you pay... | You will pay off the balance shown on this statement in about... | And you will pay an estimated total of... |
| Only the Minimum Payment Due                                | 4 months   | \$112                                     |

If you would like information about credit counseling services, call 1-888-733-4139.

→ See page 2 for important information about your account.

**MAKE YOUR BUSINESS PURCHASES MORE REWARDING**



Inventory. Office supplies. A new color printer.  
 Put business purchases on your Card and you can earn rewards you can put back into your business. Check your spending ability now.

Visit [americanexpress.com/spendingability](http://americanexpress.com/spendingability) to log in.

**Customer Care**

**Pay by Computer**  
[open.com/pbc](http://open.com/pbc)

**Customer Care** **Pay by Phone**  
 1-877-258-3254 1-800-472-9297

→ See page 2 for additional information.

↓ Please fold on the perforation below, detach and return with your payment ↓



**Payment Coupon**  
 Do not staple or use paper clips



**Pay by Computer**  
[open.com/pbc](http://open.com/pbc)



**Pay by Phone**  
 1-800-472-9297

**Account Ending 0-51003**

Enter account number on all documents.  
 Make check payable to American Express.

JOHN E HENRY SR  
 WINNIE STOWELL HOSPI  
 PO BOX 1997  
 WINNIE TX 77665-1997

Payment Due Date  
**08/05/15**

New Balance  
**\$112.12**

Minimum Payment Due  
**\$35.00**



Check here if your address or phone number has changed.  
 Note changes on reverse side.

AMERICAN EXPRESS  
 P.O. BOX 650448  
 DALLAS TX 75265-0448

\$ \_\_\_\_\_  
**Amount Enclosed**



0000349992195946734 000011212000003500 07 H

**Payments:** Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. If we accept payment in a foreign currency, we will convert it into US dollars at a conversion rate that is acceptable to us, unless a particular rate is required by law. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

**Permission for Electronic Withdrawal:** (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your financial account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.


**How We Calculate Your Balance:** We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number listed below for more information about this balance computation method and how resulting interest charges are determined. *The method we use to calculate the ADB and interest results in daily compounding of interest.*


**Paying Interest:** Your due date is at least 25 days after the Closing Date of each billing period. We will not charge you interest on your purchases if you pay the New Balance by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

**Foreign Currency Charges:** If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will charge a fee of 2.70% of the converted US dollar amount. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

**Credit Balance:** A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is \$1.00 or more.

**Credit Reporting:** We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

|   |  |                |                              |
|---|--|----------------|------------------------------|
|  | <b>Customer Care &amp; Billing Inquiries</b> | 1-877-258-3254 | <b>Hearing Impaired</b>      |
|   | <b>International Collect</b>                 | 1-623-492-7719 | <b>TTY:</b> 1-800-221-9950   |
|   | <b>Large Print and Braille Statements</b>    | 1-877-258-3254 | <b>FAX:</b> 1-800-695-9090   |
|   | <b>Lost or Stolen Card</b>                   | 1-800-521-6121 | <b>In NY:</b> 1-800-522-1897 |
|   | <b>Cash Advance at ATMs Inquiries</b>        | 1-800-CASH-NOW |                              |

|   |  |
|---|--|
|  | <b>Website:</b> <a href="http://americanexpress.com">americanexpress.com</a> |
|   | <b>Mobile Site:</b> <a href="http://amexmobile.com">amexmobile.com</a>       |
| <b>Customer Care &amp; Billing Inquiries</b>  | <b>Payments</b>  |
| P.O. BOX 981535   | P.O. BOX 650448  |
| EL PASO, TX   | DALLAS TX  |
| 79998-1535  | 75265-0448   |

**Change of Address**

If correct on front, do not use.

- To change your address online, visit [www.americanexpress.com/updatecontactinfo](http://www.americanexpress.com/updatecontactinfo)
- For Name, Company Name, and Foreign Address or Phone changes, please call Customer Care.
- Please print clearly in blue or black ink only in the boxes provided.

Street Address

City, State

Zip Code

Area Code and Home Phone

Area Code and Work Phone

Email

**Pay Your Bill with AutoPay**

- Avoid late fees
- Save time

Deduct your payment from your bank account automatically each month

Visit [americanexpress.com/autopay](http://americanexpress.com/autopay) today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit [www.americanexpress.com/privacy](http://www.americanexpress.com/privacy).



**Blue for Business®**  
 WINNIE STOWELL HOSPI  
 JOHN E HENRY SR  
 Closing Date 07/10/15

**OPEN**<sub>SM</sub>

p. 3/7

Account Ending 0-51003

**Payments and Credits**

**Summary**

|                                   | <b>Total</b>       |
|-----------------------------------|--------------------|
| <b>Payments</b>                   | -\$5,213.60        |
| <b>Credits</b>                    | \$0.00             |
| <b>Total Payments and Credits</b> | <b>-\$5,213.60</b> |

**Detail** \*Indicates posting date


| <b>Payments</b>  | <b>Amount</b> |
|--|---------------|
| 06/21/15* JOHN E HENRY SR PAYMENT RECEIVED - THANK YOU | -\$5,213.60   |


**New Charges**

**Summary**

|                          | <b>Total</b>    |
|--------------------------|-----------------|
| JOHN E HENRY SR 0-51003  | \$43.27         |
| SHERRIE NORRIS 0-51011   | \$68.85         |
| <b>Total New Charges</b> | <b>\$112.12</b> |

**Detail**

|   |                            |                     |  | <b>Amount</b> |
|---|----------------------------|---------------------|--|---------------|
|  | <b>JOHN E HENRY SR</b>     | Card Ending 0-51003 |  |               |
| 06/17/15  | BREWED AWAKENING Winnie TX |                     |  | \$43.27       |
|   | squareup.com/receipts      |                     |  |               |

|   |                                   |                     |  | <b>Amount</b> |
|---|-----------------------------------|---------------------|--|---------------|
|  | <b>SHERRIENORRIS</b>              | Card Ending 0-51011 |  |               |
| 06/12/15  | CHAMBERS COUNTY CLERANAHUAC TX    |                     |  | \$4.00        |
|   | GOVT SERVICES                     |                     |  |               |
| 06/12/15  | NET DATA SULPHUR SPRINGS TX       |                     |  | \$1.00        |
|   | COMP SFTWARE                      |                     |  |               |
| 06/19/15  | CHAMBERS COUNTY CLERANAHUAC TX    |                     |  | \$4.00        |
|   | GOVT SERVICES                     |                     |  |               |
| 06/19/15  | NET DATA SULPHUR SPRINGS TX       |                     |  | \$1.00        |
|   | COMP SFTWARE                      |                     |  |               |
| 07/04/15  | GOOGLE*SVCSAPPSW5HD-Mountain View |                     |  | \$20.00       |
|   | ADVERTISING SERVICE               |                     |  |               |
| 07/08/15  | WILCOX PHARMACY 6500WINNIE TX     |                     |  | \$38.85       |
|   | 4092962497                        |                     |  |               |
|   | Description Price                 |                     |  |               |
|   | DRUG STORES/PHARMAC \$38.85       |                     |  |               |

**Fees**

|                                   | <b>Amount</b> |
|-----------------------------------|---------------|
| <b>Total Fees for this Period</b> | <b>\$0.00</b> |

Continued on reverse

## Interest Charged

**Amount**

**Total Interest Charged for this Period**

**\$0.00**

### About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest." Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full and on time each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

## 2015 Fees and Interest Totals Year-to-Date

**Amount**

|                        |        |
|------------------------|--------|
| Total Fees in 2015     | \$0.00 |
| Total Interest in 2015 | \$0.00 |

## Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

|   | Annual<br>Percentage Rate | Balance Subject<br>to Interest Rate | Interest<br>Charge |
|---|---------------------------|-------------------------------------|--------------------|
| Purchases   | 11.24% (v)                | \$0.00                              | \$0.00             |
| Cash Advances                                     | 25.24% (v)                | \$0.00                              | \$0.00             |
| Introductory Purchase<br>Rate Expires 11/10/2015* | 0.00%                     | \$0.00                              | \$0.00             |
| <b>Total</b>                                      |                           |                                     | <b>\$0.00</b>      |

(v) Variable Rate

\* The APR for this balance is a promotional rate and it will expire on the date shown. Any balance at a promotional interest rate that has not been paid in full by the expiration date will begin accruing interest at the APR applicable to Purchases (current Purchases APR shown in table above). Promotional APRs may terminate earlier than the expiration date if you make a late payment or upon any event that causes a Penalty APR to apply to your account (see your Cardmember Agreement).

Remember, your introductory rate applies for all new purchases for your first 6 months of membership.



**Membership Rewards®  
Monthly Statement and Program News**

Prepared for JOHN E HENRY SR

Account Number 1M70555067

**Total Points Balance** **16,516**

**Points Earned this Period** **124**

**Account Summary** May 1, 2015 - May 31, 2015

|                                   |               |
|-----------------------------------|---------------|
| Opening Points Balance            | 16,392        |
| Points Earned this Period         | +124          |
| Points Used this Period           | 0             |
| Reinstated Points and Adjustments | 0             |
| <b>Total Points Balance</b>       | <b>16,516</b> |

**Points Earned this Period are pending until charges are paid in full and all your accounts are in good standing.**

**Questions About Your Account?**

 [membershiprewards.com](http://membershiprewards.com)

1-800-AXP-EARN(297-3276)  
International Collect: 305-816-2799

**Did You Know?**

**Use Points For Your Charges**  
Use your Card for charges like travel, dining, groceries, and more, then go online and use the points you earned toward your eligible charges.

Learn more at  
[membershiprewards.com/yourcharges](http://membershiprewards.com/yourcharges)

**Points Transaction Detail**

May 1, 2015 - May 31, 2015

| Points Earned this Period                           | Points Activity On Eligible Charges | Bonus Points Awarded | Total Points Activity Per Card |
|---|-------------------------------------|----------------------|--------------------------------|
| <b>Blue For Business</b><br>XXXX-XXXXX0-51003       | 0                                   | 0                    | 0                              |
| <b>Add'l Blue For Business</b><br>XXXX-XXXXX0-51011 | 124                                 | 0                    | 124                            |
| <b>Total</b>  | <b>124</b>                          | <b>0</b>             | <b>124</b>                     |

Membership Rewards points earned may be transferred or redeemed as long as all enrolled Card accounts are in good standing. Points transferred or redeemed cannot be reversed back into the program. **Forfeited points can be reinstated for a fee by calling the number provided below or visiting [membershiprewards.com](http://membershiprewards.com).** Terms and Conditions of the Membership Rewards Express® program apply. For more information, visit [membershiprewards.com/terms](http://membershiprewards.com/terms) or call 1-800-AXP-EARN (297-3276). From overseas, call collect 305-816-2799.



Prepared for  
**JOHN E HENRY SR**  
Membership Rewards® Account Number  
**1M70555067**



# OPEN Savings® Summary

WINNIE STOWELL HOSPI

JOHN E HENRY SR

Closing Date 07/10/15

p. 7/7

Account Ending 0-51003

| Discounts    |        |
|--------------|--------|
| This Period  | \$0.00 |
| Year to Date | \$0.00 |

| Membership Rewards® Points |   |
|----------------------------|---|
| This Period                | 0 |
| Year to Date               | 0 |

Remember, you can get benefits on eligible purchases with OPEN Savings® partners<sup>1</sup> automatically when you use your Business Card from American Express OPEN. Learn more at [opensavings.com](http://opensavings.com).

Discounts will be applied in the form of a statement credit. For full terms and conditions go to [opensavings.com](http://opensavings.com).

The Membership Rewards points balance shown above reflects only points received through the OPEN Savings benefit and may not reflect any reversals. Please refer to your Membership Rewards account balance for the most up-to-date balance information.

<sup>1</sup> See individual OPEN Savings partner terms and conditions located at [opensavings.com](http://opensavings.com)

**Get 2 additional Membership Rewards® points for each eligible dollar spent OR a 5% discount on eligible purchases with OPEN Savings® partners. Visit [opensavings.com](http://opensavings.com) for details.**



PARK HYATT®

ANDAZ

GRAND | HYATT

HYATT



Merchant participation and offers are subject to change without notice. Maximum annual caps and exclusions may apply to the benefit you can receive. See individual OPEN Savings partner terms and conditions located at [opensavings.com](http://opensavings.com).

Offers are made only to Cardmembers who meet certain qualifying criteria. By responding you will be disclosing to the merchant that you meet these criteria.

Indigent Healthcare Solutions, Ltd.  
2040 North Loop, 336 West, Suite 304  
Conroe, TX 77304

Phone # (800) 834-0560  
Fax # (936) 756-6741

WINNIE STOWELL HOSPITAL DISTRICT  
P O BOX 1997  
WINNIE, TX 77665

RECEIVED  
JUL -7 2015

Invoice # 61017

Date: 7/1/2015

Terms: Net receipt of invoice

---

|  |          |
|--|----------|
| Professional services for the month of August 2015 | 1,059.00 |
|--|----------|

---

|              |                   |
|--------------|-------------------|
| <b>Total</b> | <b>\$1,059.00</b> |
|--------------|-------------------|

PLEASE REMIT PAYMENT TO  
INDIGENT HEALTHCARE SOLUTIONS, LTD  
ATTN: KELLEY ASTOLOS  
3011 ARMORY DRIVE, SUITE 190  
NASHVILLE, TN 37204

*THANK YOU FOR YOUR BUSINESS!!!*

**IHS**



RECEIVED  
JUL - 7 2015

**Customer service**  
Call us anytime: 1-866-519-1263  
Manage your account:  
business.twc.com/myaccount  
Visit us online: business.twc.com

**Account number**  
8260 17 029 0121119  
Customer code 1931

| Due date     | Service period | Amount due      |
|--------------|----------------|-----------------|
| Jul 16, 2015 | 07/05 - 08/04  | <b>\$170.15</b> |

**Service address**  
Winnie Stowell Hospital  
Account Phone 406-201-3922  
538 Broadway  
Wshd Rm  
Winnie, TX 77665-7600

**Previous balance & payments**

|                                      |         |
|--------------------------------------|---------|
| Balance last statement               | 354.25  |
| Payments received as of Jun 26, 2015 | -354.25 |

**Current month**

|                  |        |
|------------------|--------|
| Monthly services | 149.94 |
| Surcharges       | 10.10  |
| Taxes and fees   | 10.11  |

**Total due by Jul 16, 2015** **\$170.15**



7010 AIRPORT RD EL PASO TX 79906-4943  
8260 1700 NO RP 26 06272015 NNNNNYNN 01 006332 0023

WINNIE STOWELL HOSPITAL  
PO BOX 1997  
WSHD RM  
WINNIE, TX 77665-1997



Payment due date  
Jul 16, 2015

Account number  
8260 17 029 0121119

Please write your account number on your check.

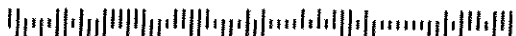
Please enclose this coupon with your payment

\*\*Please allow 7-10 days for delivery and payment processing. See reverse side for more convenient payment options.

Total amount due  
**\$170.15**

Amount enclosed

TIME WARNER CABLE  
PO BOX 60074  
CITY OF INDUSTRY CA 91716-0074



826017029012111900170159

Winnie Stowell Hospital  
 Total due by Jul 16, 2015: \$170.15  
 Account number: 8260 17 029 0121119  
 Customer code: 1931  
 Statement date: Jun 26, 2015



|  |                  |
|--|------------------|
| <b>Previous balance</b>  |                  |
| Balance last statement   | 354.25           |
| <b>Total previous balance</b>  | <b>\$354.25</b>  |
| <b>Payments</b>  |                  |
| 05/27 Payment - Thank You  | -173.63          |
| 06/24 Payment - Thank You  | -180.62          |
| <b>Total payments</b>  | <b>-\$354.25</b> |
| <b>Monthly services</b>  |                  |
| 06/26 BCP Req'd Svcs   | 0.00             |
| BCP HSD Port Off, BCP Account Level, BCP VIP 1, BCP Voip Port On, Primary TN Tracking, Do Not Print Business Class Phone   |                  |
| BCP Tracking Code, Business Class Phone  | 54.95            |
| \$29.99 BCP Uld 36mo D/t   | -10.96           |
| Broadband HSD - 10mx2m   | 119.95           |
| BCP Double 3Yr W/video   | -14.00           |
| <b>Total monthly services</b>  | <b>\$149.94</b>  |
| <b>Surcharges</b>  |                  |
| TWC PUC Recovery Fee   | 0.04             |
| State Universal Service Fund   | 0.74             |
| Federal Universal Service Fund   | 1.71             |
| Federal Subscriber Line Charge   | 6.50             |
| TWC State Cost Recovery Fee  | 1.11             |
| <b>Total surcharges</b>  | <b>\$10.10</b>   |
| <i>TWC imposes surcharges to recover costs of complying with its governmental obligations. Specifically, TWC chooses to impose the State Cost Recovery Fee to recover the cost of TWC's Texas Margins Tax liability.</i> |                  |
| <b>Taxes and fees</b>  |                  |
| State and Local Sales Tax  | 9.11             |
| TWC Regulatory Recovery Fee  | 0.44             |
| E911 Fee   | 0.50             |
| E911 Equalization Surcharge  | 0.06             |

*continued from previous column*

**Total taxes and fees** \$10.11  
**Total due by Jul 16, 2015** \$170.15

**Reach us at your convenience**

**Online**

Visit us at [business.twc.com/myaccount](http://business.twc.com/myaccount) to chat with agents online, manage your services, access support tools such as FAQs and user guides, and pay your bill when it is convenient for you.

**Over the phone**

Call us anytime at **1-866-519-1263** to speak with someone live. For the most efficient service, have the phone number associated with your account or your account number available when you call.



*continued on next column*

**Pay online**

**My Account puts you in control!**

Enjoy the convenience of anytime access to your account, save time with easy, online bill payment and efficiently manage your service all in one place. Your account number and customer code are needed to register. Visit us online at [business.twc.com/myaccount](http://business.twc.com/myaccount) to get started today!

**Pay by phone**

Make a payment free of charge using our automated payment option at **1-866-519-1263** and authorize payment directly from your bank account or credit card.

**Customer information**

Experiencing technical issues with closed captioning? Call 866-892-4249, email [closedcaption@twcable.com](mailto:closedcaption@twcable.com), or fax 877-430-1386. Address written complaints to A. Long, Legal, 13820 Sunrise Valley Dr., Herndon, VA 20171, email [twc.closedcaptioningissues@twcable.com](mailto:twc.closedcaptioningissues@twcable.com), or fax 704-697-4935. To follow up on a written submission, call 877-276-7432.

If your check is returned, you expressly authorize your bank account to be electronically debited for the amount of the check plus any applicable fees. The use of a check for payment is your acknowledgement and acceptance of this policy and its terms and conditions. Nonpayment of any portion of your TV, Internet or Phone service could result in disconnection of your TWC services.

To view the call detail for your Business Phone calls, go to [business.twc.com/myaccount](http://business.twc.com/myaccount).

For information on any upcoming programming changes please consult the Legal Notices published in Beaumont Enterprise on the 1st and 3rd Monday of each month and on [twc.com](http://twc.com).

Time Warner Cable is an Equal Opportunity Employer M/F/D/V/Drug free workplace. For career opportunities at Time Warner Cable, visit [twc.com/careers](http://twc.com/careers).



Entergy  
PO BOX 8104  
BATON ROUGE LA 70891-8104

Call 1-877-387-2499

**Customer Bill**

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Please Bring Entire Bill When Paying In Person

|                 |       |            |
|-----------------|-------|------------|
| PAY THIS AMOUNT | BY    | 07/23/2015 |
|                 |       | \$162.69 * |
| PAY THIS AMOUNT | AFTER | 07/23/2015 |
|                 |       | \$170.34   |

Due date does not apply to any previous balance already past due

| Account Number                      | QPC | Office | Cycle | Route |
|-------------------------------------|-----|--------|-------|-------|
| 4261034                             | 008 | 018    | 04    | 09    |
| Service Location                    |     | 1364   |       |       |
| 2107 HIGHWAY 124<br>WINNIE TX 77665 |     |        |       |       |

| Billing Period           | No. Days | Mail Date  |
|--------------------------|----------|------------|
| 06/03/2015 TO 07/02/2015 | 29       | 07/07/2015 |

| Bill History | KWH  | Days | Amount   |
|--------------|------|------|----------|
| Last Month   | 1079 | 32   | \$137.69 |
| This Month   | 0    | 0    |          |
| Last Year    |      |      |          |

6666 01 AV 0.388 \*\*\*\*\* 5-DIGIT 77612

|||||  
WINNIE STOWELL HOSPITAL DISTRICT  
PO BOX 1997  
WINNIE TX 77665-1997

0 5DG 006666 TU07 1 G

Si necesita tener la información de esta cuenta en español, favor de llamar al 1-877-387-2499 y pida que le pasen con un traductor.

| Type  | Meter   | Meter Reading |          | Difference | Multiplier | Usage | Rate Code | Rider Code | Amount        |
|---|---------|---------------|----------|------------|------------|-------|-----------|------------|---------------|
|   | Number  | Present       | Previous |            |            |       |           |            |               |
| KWH   | 9690616 | 8311          | 6804     | 1507       | 1          | 1507  | 220       |            |               |
| KW  | 9690616 | 4.43          |          |            | 1          | 4     |           |            |               |
| CONTRACT POWER KW                                 |         |               | 4        | 06/2015    |            |       |           |            |               |
| BILLED MINIMUM KW                                 |         |               | 5        |            |            |       |           |            |               |
| CUSTOMER CHARGE                                   |         |               |          |            |            |       |           |            | 34.95         |
| DEMAND CHARGE                                     |         |               |          |            |            |       |           |            | 32.90         |
| ENERGY CHARGE                                     |         |               |          |            |            |       |           |            | 41.36         |
| TTC RIDER   |         |               |          |            |            |       |           |            | 1.28          |
| FUEL ADJUSTMENT                                   |         |               |          |            |            |       |           |            | 42.54         |
| CHAMBERS COUNTY HEALTH SERVICES DISTRICT 1/2% TAX |         |               |          |            |            |       |           |            | .72           |
| STATE SALES TAX                                   |         |               |          |            |            |       |           |            | 8.94          |
| <b>TOTAL MONTHLY CHARGES</b>                      |         |               |          |            |            |       |           |            | <b>162.69</b> |
| THANK YOU FOR YOUR PAYMENT(S)                     |         |               |          | \$137.69   |            |       |           |            |               |

=> Real-time payment options: My Account Online at entergy.com or by phone 800-584-1241 for a small fee.  
PLEASE ADD \$1.00 FOR THE POWER TO CARE

Amount Due considered delinquent after BY date

Keep this portion for your records

Please detach and return with your check payable to Entergy



Our records show your telephone number is 409-296-1003. If your number or address has changed, check the box to the right and write the correction on the back.



Account Number QPC Office Cycle Route  
4261034 008 018 04 09  
WINNIE STOWELL HOSPITAL DISTRICT  
PO BOX 1997  
WINNIE TX 77665-1997

Due date does not apply to any previous balance already past due

|                 |       |            |
|-----------------|-------|------------|
| PAY THIS AMOUNT | BY    | 07/23/2015 |
|                 |       | \$162.69 * |
| PAY THIS AMOUNT | AFTER | 07/23/2015 |
|                 |       | \$170.34   |



ENTERGY  
PO BOX 8104  
BATON ROUGE LA 70891-8104

80180409000426103400000001626920000001703412040



**TRINITY BAY  
CONSERVATION DISTRICT**

P.O. BOX 599 • STOWELL, TEXAS 77661  
PHONE:(409)296-3602 FAX: (409)296-3748  
www.tbcd.org

AMOUNT PAID

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| ON OR BEFORE DUE DATE | DUE DATE | AFTER DUE DATE |                   |    |
|-----------------------|----------|----------------|-------------------|----|
| 40.80                 | 07/15/15 | 41.40          | 1-04-08000-03 (0) | 53 |
|                       |          |                | 2107 HWY 124      |    |

WINNIE-STOWELL HOSPITAL DISTRI  
PO BOX 1997  
WINNIE TX 77665

Trinity Bay Conservation Dist.  
P. O. BOX 599  
Stowell TX 77661-0599



IF YOUR MAILING ADDRESS HAS CHANGED PLEASE CORRECT  
PLEASE RETURN TOP PORTION WITH PAYMENT

| MAKE CHECK<br>PAYABLE TO: | SERVICE ADDRESS   |                       | ACCOUNT NUMBER                         |
|---------------------------|---|-----------------------|--|
|                           | Trinity Bay Conservation Dist.<br>P. O. BOX 599<br>Stowell TX 77661 | 2107 HWY 124          |  |
|                           | SERVICE PERIOD  | FROM TO               | BILLING DATE                           |
|                           |   | 05/28/15 06/30/15     | 06/30/15                               |
| READ DATE (W)             | METER NUM.  | *** USAGE HISTORY *** |  |
| 06/23/15                  | 08126189  | -----                 |  |
| PRES. READ                | 124.7   | WATER                 |  |
| PREV. READ                | 124.7   | GALLONS               |  |
| TOTAL GALLONS             | .0  |                       |  |
|                           |   | 05/21/15 .0           | PAST DUE .60                           |
|                           |   | 04/28/15 3.1          | WATER 30.00                            |
|                           |   | 04/16/15 .0           | SEWER 10.00                            |
|                           |   | 02/18/15 .0           | TWC FEE .20                            |
|                           |   | 01/21/15 .0           |  |
|                           |   | 12/17/14 .0           |  |
|                           |   | 11/19/14 .0           | THIS MONTH 40.20                       |
|                           |   | 10/21/14 .0           |  |
|                           |   | 09/23/14 .0           |  |
|                           |   | 08/20/14 .0           | TOTAL NOW DUE 40.80                    |
|                           |   | 07/17/14 .0           |  |
|                           |   | 06/18/14 .0           |  |
|                           |   |                       | PENALTY AMOUNT .60                     |
|                           |   |                       | PAY THIS AMOUNT AFTER 07/15/2015 41.40 |

595

MESSAGES

OFFICE HOURS ARE MON.-THURS.  
7:00AM TO 5:30PM. TO  
CONTACT US OR FOR  
AFTER HOURS EMERGENCIES  
CALL 409-296-3602,  
THEN PRESS 1.

TO RESTORE CUT OFF SERVICES: PAY BY 4:00PM,  
ONLY CASH, MONEY ORDER OR CREDIT CARD  
(ONLINE ONLY) WILL BE ACCEPTED. CHECKS MUST  
CLEAR BANK BEFORE SERVICE IS TURNED BACK ON.

THIS STATEMENT INCLUDES A PAST DUE BALANCE.  
PAYMENT IS DUE IMMEDIATELY UPON RECEIPT TO  
AVOID DISCONNECTION OF SERVICE. A \$25.00  
SERVICE CHARGE WILL BE ASSESSED. AN  
ADDITIONAL DEPOSIT MAY BE REQUIRED.

Davis Thomas St.  
P.O. Box 1051  
Winnie TX 77665

6/22/15 a Full cutting \$175.00

6/29/15 cut The Front only 60.00

7/7/15 a Full cutting 175.00

\$410.00





Best experience in office products

0:  
Order Date : 07/07/2015  
Ship Date : 07/07/2015  
InvoiceDate : 07/07/2015  
TIN : 36-2952904

P.O. Box 37600 Philadelphia, PA 19101-0600  
Customer Service: 1-800-789-8965

Sold To:  
Winniestowell Hospital Distri  
  
Po Box 1997  
Winnie TX 77665-1997

Ship To:  
Winnie Stowell Hospital Distri  
Sherrie Norris  
538 Broadway  
Winnie TX 77665

Customer PO : norrissherrie      Order# : 81811574      Invoice# : 5688799      Account# : C7769473

| Item Number  | Description                    | Color | Qty shipped | Price/UM       | Extended |
|--------------|--------------------------------|-------|-------------|----------------|----------|
| 901-TN336BK  | Brother tn336Bk hy toner blk   |       | 1           | \$74.99/each   | \$74.99  |
| 901-7-20100  | Quill mini binder clips        | Black | 3           | \$1.39/box     | \$4.17   |
| 901-71043450 | Quill letter 2Ply tab fldrs-50 | Mnila | 1           | \$15.99/box    | \$15.99  |
| 901-720222CT | Quill brand copy paper letter  | White | 1           | \$47.99/carton | \$47.99  |
| 901-80273    | Folgers reg aromaseal canister |       | 1           | \$9.99/each    | \$9.99   |
| 901-7-20500  | Qb stl bndr clps,Med 1-1/4X5/8 |       | 3           | \$3.19/box     | \$9.57   |
| 901-982543   | Coffee peopl donut shop vue pk |       | 1           | \$12.34/box    | \$12.34  |
| 999-35089S   | Free bath tissue roll sample!  |       | 1           | \$0.00/each    | \$0.00   |

Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Quill.com.



**Earn up to \$20 per month in QuillCash™**  
Go to [Quill.com/Inkrecycle](http://Quill.com/Inkrecycle)

|   |          |
|---|----------|
| Mdse Total:   | \$175.04 |
| Tax:  | \$12.60  |
| Freight:  | Free     |
| Amount Due: <span style="float: right;">\$187.64</span> |          |
| Due Date: <span style="float: right;">08/06/2015</span> |          |

Go paperless! Get email alerts when you have new invoices.  
To get started, just go to [quill.com](http://quill.com), click on the "My Account" link,  
then the account alert link.  
To help apply your payment properly, remember to include your account #  
on your check and remit your payment to the address shown below.

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Account Number: C7769473  
Winniestowell Hospital Dis



Invoice Number: 5688799  
Invoice Date: 07/07/2015  
Amount Due: \$187.64  
Payable in U.S. Dollars

Payable to:  
  
Quill Corporation  
P.O.Box 37600  
Philadelphia, PA 19101-0600

0011000000056887990007769473710000000187641



**PHILADELPHIA**  
INSURANCE COMPANIES

A Member of the Tokio Marine Group

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**PHLY.COM**

service@phly.com 877-438-7459  
Lines open Monday to Friday: 8:30am - 8:00pm EST

# July Invoice

WINNIE-STOWELL HOSPITAL DISTRICT  
Account number 80026218

Invoice number: 04023056620 Date: 07/01/2015

**\$2,816.00**  
Due 07/21/2015

Breakdown on page 2

Please pay \$2,816.00

Visit **PHLY.com/myphly** to pay your invoice online by Electronic Funds Transfer (EFT).

Or detach the coupon on the last page and return with check made payable to: Philadelphia Insurance Companies  
PO Box 70251  
Philadelphia, PA 19176-0251

Or call 877-438-7459 to make a single credit card or EFT payment.

### Managing your policy

For coverage questions, policy changes or claims please contact your agent at:

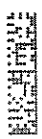
J.S. EDWARDS & SHERLOCK INSUR AGCY  
(409) 832-7736

To pay your invoice online or update your details access your account at **PHLY.com/myphly**

### Your payment history

**Payment date** **Check number**

Your full payment history is available online through your MyPHLY account.



**Your account summary**

| Product | Policy | Term / Bill Plan | Premium charged (\$) | Premium applied (\$) | Previous balance (\$) | Installment amount (\$) | Taxes / surcharge (\$) | Fees (\$) | Payment / credits | Balance due (\$) |
|---------|--------|------------------|----------------------|----------------------|-----------------------|-------------------------|------------------------|-----------|-------------------|------------------|
|---------|--------|------------------|----------------------|----------------------|-----------------------|-------------------------|------------------------|-----------|-------------------|------------------|

80026218 Winnsboro-Stowall Hospital District

|  |             |                            |           |           |      |                    |      |      |      |          |
|--|-------------|----------------------------|-----------|-----------|------|--------------------|------|------|------|----------|
| D&O Flexi Plus   | PHSD1041286 | 05/07/2015 - 16<br>25% & 3 | 11,264.00 | -5,632.00 | 0.00 | 2,816.00<br>2 of 3 | 0.00 | 0.00 | 0.00 | 2,816.00 |
|  |             |                            | 11,264.00 | -5,632.00 | 0.00 | 2,816.00           | 0.00 | 0.00 | 0.00 | 2,816.00 |
| Payments will be allocated towards these charges first |             |                            |           |           |      |                    |      |      |      |          |
| <b>Total Balance: 2,816.00</b>                         |             |                            |           |           |      |                    |      |      |      |          |

**Your balance breakdown**

Applications, policy forms, risk management services, and claims management services are available at [www.phly.com](http://www.phly.com)  
 \* Denotes change in term premium

**Billing terms**

**Policy** The program

**Term** The policy length

**Product** Identifies PHLV niche product group

**Bill plan** Full or interval payment plan applied to the policy, see section opposite for details

**Premium charged** Policy premium at inception plus any additional premium or return premium endorsements

**Premium applied** Payments or adjustments made to date

**Previous balance** Amount due at the end of prior month

**Installment amount** Divided portion of premium invoiced this month based on the Bill Plan

**Taxes/surcharges and fees** State imposed taxes or surcharges based on specific coverage and/or premium

**Payment / credits** Payments or adjustments made during prior month

**Balance due** Total amount currently due

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**Available bill plans**

**Fixed Annual**  
One bill is produced for the annual premium as of the effective date of the policy.

**Installment plans**  
For the following plans, a \$500 installment minimum is required. Any endorsement activity will be billed or credited over any remaining installments. These plans do not reflect options available for Rental and Leasing policies.

- \* 25% & 9**  
25% of the annual premium is billed the first month, 1/9th of the remaining annual will be billed in consecutive monthly intervals.
- \* 25% & 5**  
25% of the annual premium is billed the 1st month, The remaining installments of 1/5th will be billed in consecutive monthly intervals.
- \* 25% & 3**  
25% of the annual premium is billed the 1st month, 1/3rd of the remaining annual will be billed in consecutive monthly intervals.
- \* 50% & 2**  
50% of the annual premium is billed the 1st month, 1/2 of the remaining annual will be billed in consecutive monthly intervals.

**PHILADELPHIA INSURANCE COMPANIES**

A Member of the Tokio Marine Group  
PO BOX 70251 PHILADELPHIA PA 19176-0251

AB 01 035312 72508 B 148 A



WINNIE-STOWELL HOSPITAL DISTRICT  
PO BOX 1997  
WINNIE TX 77665-1997

|                 |             |
|-----------------|-------------|
| Invoice Number: | 04023056620 |
| Account Number: | 80026218 8  |
| Billing Date:   | 07/01/2015  |
| Due Date:       | 07/21/2015  |
| Amount Due:     | \$2,816.00  |

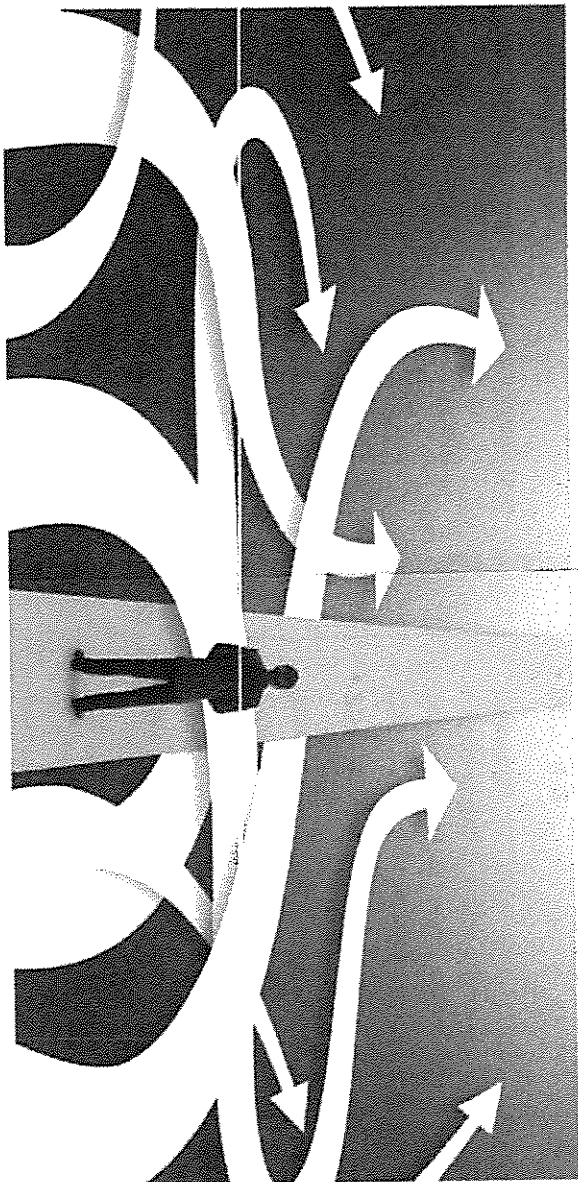
Remittance Amount: \$



PHILADELPHIA INSURANCE COMPANIES  
PO BOX 70251  
PHILADELPHIA PA 19176-0251



04023056620 000000080026218 8 20150701 20150721 00000000281600 2

## Our risk management services



Philadelphia Insurance Companies' Risk Management Services give you peace of mind with well-developed procedures, action plans and projects that protect your business and improve customer satisfaction.

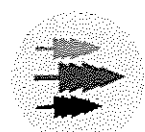
### What can we help you with?

-  **We help you control risk** through analyzing what's driving up your losses, and assessing your existing management programs to see what can be improved.
-  **We offer training to suit your needs:** whether for onsite defensive driving or online content development, our training is interactive and implementable for everyone that takes part.

We're driven to help prevent loss and help your business achieve measurable results. To find out how we can help you, visit [PHILY.com](http://PHILY.com) or call us on **800.873.4552**



## PHILY Tree Planting Initiative



PHILY is bringing hope and healing to forest and communities nationwide that have been devastated by record wildfires, storms, and other natural disasters by partnering with the Arbor Day Foundation to pledge \$80,000 for the planting of 80,000 trees.

### Help PHILY Reach Our Planting Goals

**Direct Bill Customers:** Switch to paperless billing and PHILY will plant 15 trees in forests or communities in need.

### Follow these steps to enroll:

- Login or create a MyPHILY user account at [PHILY.com/myphily](http://PHILY.com/myphily).
- Choose Create a new account.
- Once logged in, please follow the eBill instructions.

**All Customers:** You can also donate to the tree planting initiative directly, at [PHILY.com/trees](http://PHILY.com/trees). \$1 plants 1 tree.

**FINAL NOTICE OF PREMIUM DUE**

\*\*\*\*\*  
If you have recently submitted your payment, please disregard this billing invoice.



Phone: 1-888-866-2666  
Fax: 1-605-335-0357  
Email: uwservices@cnasurety.com

Company#: 0601  
Bond/Policy#: 71565112  
Billing Date: 06/12/2015  
Due Date: 07/17/2015

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JUL - 9 2015

WINNIE-STOWELL HOSPITAL DISTRICT  
207 W. MERRITT ST.  
MARSHALL, TX 75670

Premium: \$300.00

**Amount Due: \$300.00**

Company#: 0601  
Bond/Policy#: 71565112  
Effective Date: 07/17/2015      Anniversary Date: 07/17/2016  
Bond amount: \$30,000.00  
Name: WINNIE-STOWELL HOSPITAL DISTRICT      mmw  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

Please pay the amount indicated to CNA Surety immediately if payment has not yet been made. If payment is not received notice of cancellation may be issued. Prompt payment allows us to issue or continue your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (409)832-7736      **J. S. Edwards & Sherlock**  
Agency Code: 42-23390      **Insurance Agency, L. L. P.**  
   **P. O. Box 22237**  
   **Beaumont, TX 77720**

**YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM**

Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

**Amount Due: \$300.00**

**CNA Surety**  
Company#: 0601  
Bond/Policy#: 71565112      Effective Date: 07/17/2015  
Name: WINNIE-STOWELL HOSPITAL DISTRICT  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS  
Written By: WESTERN SURETY COMPANY  
Agency Code: 42-23390      J. S. Edwards & Sherlock

Check here if changes needed and explain below.

Make Check Payable To CNA Surety

CNA Surety Direct Bill  
P.O. Box 957312  
St Louis, MO 63195-7312

0003001 04223390000007172015 00601007156511200 00000003000009

**NOTICE OF PREMIUM DUE**  
\*\*\*\*\*

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JUL - 8 2015



Phone: 1-888-866-2666  
Fax: 1-605-335-0357  
Email: [uwservices@cnaSurety.com](mailto:uwservices@cnaSurety.com)  
Company#: 0601  
Bond/Policy#: 71565111  
Billing Date: 06/08/2015  
Due Date: 07/17/2015

Premium: \$150.00

WINNIE STOWELL HOSPITAL DISTRICT  
% HUBERT OXFORD IV  
3535 CALDER, STE. 300  
BEAUMONT, TX 77706

**Amount Due: \$150.00**

Company#: 0601  
Bond/Policy#: 71565111  
Effective Date: 07/17/2015 Anniversary Date: 07/17/2015  
Bond amount: \$15,000.00  
Name: WINNIE-STOWELL HOSPITAL DISTRICT  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

RH

Written By: WESTERN SURETY COMPANYY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: 409-832-7736  
Agency Code: 42-23390

**J. S. EDWARDS & SHERLOCK  
INSURANCE AGENCY, L. L. P.  
P. O. BOX 22237  
BEAUMONT, TX 77720**

**YOU CAN PAY ONLINE BY VISITING [ONLINEPAY.CNASURETY.COM](http://ONLINEPAY.CNASURETY.COM)**

Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

**Amount Due: \$150.00**

**CNA Surety**  
Company#: 0601  
Bond/Policy#: 71565111 Effective Date: 07/17/2015  
Name: WINNIE-STOWELL HOSPITAL DISTRICT  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS  
Written By: WESTERN SURETY COMPANYY  
Agency Code: 42-23390 J. S. EDWARDS & SHERLOCK



Check here if changes needed and explain below.

Make Check Payable To CNA Surety

CNA Surety Direct Bill  
P.O. Box 957312  
St Louis, MO 63195-7312

Winnie-Stowell Hospital District  
PO Box 1997  
Winnie TX 77665

**NOTICE OF PREMIUM DUE**  
\*\*\*\*\*



Phone: 1-888-866-2666  
Fax: 1-605-335-0357  
Email: [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com)

Company#: 0601  
Bond/Policy#: 71585621  
Billing Date: 07/10/2015  
Due Date: 09/10/2015

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HIGHLAND PARK CARE CENTER  
% HUBERT OXFORD, IV  
P. O. BOX 1977  
WINNIE, TX 77665

Premium: \$450.00

**Amount Due: \$450.00**

Company#: 0601  
Bond/Policy#: 71585621  
Effective Date: 09/10/2015      Anniversary Date: 09/10/2016  
Bond amount: \$45,000.00  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA HIGHLAND PARK CARE CENTER  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (409)832-7736  
Agency Code: 42-23390

**J. S. Edwards & Sherlock  
Insurance Agency, L. L. P.  
P. O. Box 22237  
Beaumont, TX 77720**

**YOU CAN PAY ONLINE BY VISITING [ONLINEPAY.CNASURETY.COM](http://ONLINEPAY.CNASURETY.COM)**

Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

**Amount Due: \$450.00**

**CNA Surety**

Company#: 0601  
Bond/Policy#: 71585621      Effective Date: 09/10/2015  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA HIGHLAND PARK CARE CENTER  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS  
Written By: WESTERN SURETY COMPANY  
Agency Code: 42-23390      J. S. Edwards & Sherlock

Check here if changes needed and explain below.

Make Check Payable To CNA Surety

CNA Surety Direct Bill  
P.O. Box 957312  
St Louis, MO 63195-7312

0003001 04223390000009102015 00601007158562100 00000004500000



**NOTICE OF PREMIUM DUE**  
\*\*\*\*\*



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JUL - 9 2015

Phone: 1-888-866-2666  
Fax: 1-605-335-0357  
Email: [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com)  
Company#: 0601  
Bond/Policy#: 71579024  
Billing Date: 07/02/2015  
Due Date: 09/08/2015

WINNIE STOWELL HOSPITAL DISTRICT  
% HUBERT OXFORD, IV  
P. O. BOX 1977  
WINNIE, TX 77665

Premium: \$450.00

**Amount Due: \$450.00**

Company#: 0601  
Bond/Policy#: 71579024  
Effective Date: 09/08/2015      Anniversary Date: 09/08/2016  
Bond amount: \$45,000.00  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA MARSHALL MANOR NURSING AND REHABI  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (409)832-7736      **J. S. Edwards & Sherlock**  
Agency Code: 42-23390      **Insurance Agency, L. L. P.**  
   **P. O. Box 22237**  
   **Beaumont, TX 77720**

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Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

**Amount Due: \$450.00**

**CNA Surety**

Company#: 0601  
Bond/Policy#: 71579024      Effective Date: 09/08/2015  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA MARSHALL MANOR NURSING AND REHABI  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS  
Written By: WESTERN SURETY COMPANY  
Agency Code: 42-23390      J. S. Edwards & Sherlock

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Email: [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com)  
Company#: 0601  
Bond/Policy#: 71579020  
Billing Date: 07/02/2015  
Due Date: 09/08/2015

WINNIE STOWELL HOSPITAL DISTRICT  
% HUBERT OXFORD, IV  
P. O. BOX 1977  
WINNIE, TX 77665

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Premium: \$100.00

**Amount Due: \$100.00**

Company#: 0601  
Bond/Policy#: 71579020  
Effective Date: 09/08/2015      Anniversary Date: 09/08/2016  
Bond amount: \$10,000.00  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA GOLDEN VILLA HEALTHCARE, LLC  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

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Agency Code: 42-23390      **Insurance Agency, L. L. P.**  
   **P. O. Box 22237**  
   **Beaumont, TX 77720**

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**Amount Due: \$100.00**

**CNA Surety**

Company#: 0601  
Bond/Policy#: 71579020      Effective Date: 09/08/2015  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA GOLDEN VILLA HEALTHCARE, LLC  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS  
Written By: WESTERN SURETY COMPANY  
Agency Code: 42-23390      J. S. Edwards & Sherlock

Check here if changes needed and explain below.

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Fax: 1-605-335-0357  
Email: [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com)  
Company#: 0601  
Bond/Policy#: 71579011  
Billing Date: 07/02/2015  
Due Date: 09/08/2015

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WINNIE STOWELL HOSPITAL DISTRICT  
% HUBERT OXFORD, IV  
P. O. BOX 1977  
WINNIE, TX 77665

Premium: \$250.00

**Amount Due: \$250.00**

Company#: 0601  
Bond/Policy#: 71579011  
Effective Date: 09/08/2015      Anniversary Date: 09/08/2016  
Bond amount: \$25,000.00  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA GARRISON NURSING HOME AND REHABIL  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

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Phone: (409)832-7736      **J. S. Edwards & Sherlock**  
Agency Code: 42-23390      **Insurance Agency, L. L. P.**  
   **P. O. Box 22237**  
   **Beaumont, TX 77720**

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Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

**Amount Due: \$250.00**

**CNA Surety**  
Company#: 0601      Effective Date: 09/08/2015  
Bond/Policy#: 71579011  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA GARRISON NURSING HOME AND REHABIL  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS  
Written By: WESTERN SURETY COMPANY  
Agency Code: 42-23390      J. S. Edwards & Sherlock

Check here if changes needed and explain below.

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Phone: 1-888-866-2666  
Fax: 1-605-335-0357  
Email: [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com)

Company#: 0601  
Bond/Policy#: 71579057  
Billing Date: 07/02/2015  
Due Date: 09/08/2015

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Premium: \$500.00

WINNIE STOWELL HOSPITAL DISTRICT  
% HUBERT OXFORD, IV  
P. O. BOX 1977  
WINNIE, TX 77665

**Amount Due: \$500.00**

Company#: 0601  
Bond/Policy#: 71579057  
Effective Date: 09/08/2015 Anniversary Date: 09/08/2015  
Bond amount: \$50,000.00  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA THE WOODLANDS HEALTHCARE CENTER  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (409)832-7736  
Agency Code: 42-23390

**J. S. Edwards & Sherlock  
Insurance Agency, L. L. P.  
P. O. Box 22237  
Beaumont, TX 77720**

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**Amount Due: \$500.00**

**CNA Surety**

Company#: 0601  
Bond/Policy#: 71579057 Effective Date: 09/08/2015  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA THE WOODLANDS HEALTHCARE CENTER  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS  
Written By: WESTERN SURETY COMPANY  
Agency Code: 42-23390 J. S. Edwards & Sherlock

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P.O. Box 957312  
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0003001 04223390000009082015 00601007157905700 00000005000000

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Phone: 1-888-866-2666  
Fax: 1-605-335-0357  
Email: [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com)  
Company#: 0601  
Bond/Policy#: 71579050  
Billing Date: 07/02/2015  
Due Date: 09/08/2015

WINNIE STOWELL HOSPITAL DISTRICT  
% HUBERT OXFORD, IV  
P. O. BOX 1977  
WINNIE, TX 77665

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Premium: \$300.00

**Amount Due: \$300.00**

Company#: 0601  
Bond/Policy#: 71579050  
Effective Date: 09/08/2015      Anniversary Date: 09/08/2016  
Bond amount: \$30,000.00  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA OAKLAND MANOR NURSING CENTER  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (409)832-7736      **J. S. Edwards & Sherlock**  
Agency Code: 42-23390      **Insurance Agency, L. L. P.**  
   **P. O. Box 22237**  
   **Beaumont, TX 77720**

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Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

**Amount Due: \$300.00**

**CNA Surety**

Company#: 0601  
Bond/Policy#: 71579050      Effective Date: 09/08/2015  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA OAKLAND MANOR NURSING CENTER  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS  
Written By: WESTERN SURETY COMPANY  
Agency Code: 42-23390      J. S. Edwards & Sherlock

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Phone: 1-888-866-2666  
Fax: 1-605-335-0357  
Email: [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com)

Company#: 0601  
Bond/Policy#: 71579046  
Billing Date: 07/02/2015  
Due Date: 09/08/2015

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WINNIE STOWELL HOSPITAL DISTRICT  
% HUBERT OXFORD, IV  
P. O. BOX 1977  
WINNIE, TX 77665

Premium: \$200.00

**Amount Due: \$200.00**

Company#: 0601  
Bond/Policy#: 71579046  
Effective Date: 09/08/2015 Anniversary Date: 09/08/2016  
Bond amount: \$20,000.00  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA OAK MANOR NURSING CENTER  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

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Phone: (409)832-7736  
Agency Code: 42-23390  
**J. S. Edwards & Sherlock  
Insurance Agency, L. L. P.  
P. O. Box 22237  
Beaumont, TX 77720**

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Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

**Amount Due: \$200.00**

**CNA Surety**

Company#: 0601  
Bond/Policy#: 71579046 Effective Date: 09/08/2015  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA OAK MANOR NURSING CENTER  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS  
Written By: WESTERN SURETY COMPANY  
Agency Code: 42-23390 J. S. Edwards & Sherlock

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Email: [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com)  
Company#: 0601  
Bond/Policy#: 71579037  
Billing Date: 07/02/2015  
Due Date: 09/08/2015

MONUMENT HILL REHABILITATION AND NURSING CENT  
% HUBERT OXFORD, IV  
P. O. BOX 1977  
WINNIE, TX 77665

Premium: \$300.00

**Amount Due: \$300.00**

Company#: 0601  
Bond/Policy#: 71579037  
Effective Date: 09/08/2015      Anniversary Date: 09/08/2016  
Bond amount: \$30,000.00  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA MONUMENT HILL REHABILITATION AND  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

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   **Beaumont, TX 77720**

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**Amount Due: \$300.00**

**CNA Surety**  
Company#: 0601  
Bond/Policy#: 71579037      Effective Date: 09/08/2015  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA MONUMENT HILL REHABILITATION AND  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS  
Written By: WESTERN SURETY COMPANY  
Agency Code: 42-23390      J. S. Edwards & Sherlock

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Fax: 1-605-335-0357  
Email: [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com)  
Company#: 0601  
Bond/Policy#: 71579032  
Billing Date: 07/02/2015  
Due Date: 09/08/2015

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WINNIE STOWELL HOSPITAL DISTRICT  
% HUBERT OXFORD, IV  
P. O. BOX 1977  
WINNIE, TX 77665

Premium: \$300.00

**Amount Due: \$300.00**

Company#: 0601  
Bond/Policy#: 71579032  
Effective Date: 09/08/2015      Anniversary Date: 09/08/2016  
Bond amount: \$30,000.00  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA HALLETTSVILLE REHABILITATION AND  
Description: TX NURSING HOMES NURSING FACILITY RESIDENTS TEXAS DEPARTMENT OF AGING  
AND DISABILITY SERVICES  
Written By: WESTERN SURETY COMPANY

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**Amount Due: \$300.00**

**CNA Surety**  
Company#: 0601  
Bond/Policy#: 71579032      Effective Date: 09/08/2015  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA HALLETTSVILLE REHABILITATION AND  
Description: TX NURSING HOMES  
Written By: WESTERN SURETY COMPANY  
Agency Code: 42-23390      J. S. Edwards & Sherlock

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Email: [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com)  
Company#: 0601  
Bond/Policy#: 71579006  
Billing Date: 07/02/2015  
Due Date: 09/08/2015

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WINNIE STOWELL HOSPITAL DISTRICT  
% HUBERT OXFORD, IV  
P. O. BOX 1977  
WINNIE, TX 77665

Premium: \$600.00

**Amount Due: \$600.00**

Company#: 0601  
Bond/Policy#: 71579006  
Effective Date: 09/08/2015      Anniversary Date: 09/08/2016  
Bond amount: \$60,000.00  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA CLAIRMONT BEAUMONT  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

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   **Beaumont, TX 77720**

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Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

**Amount Due: \$600.00**

**CNA Surety**  
Company#: 0601  
Bond/Policy#: 71579006      Effective Date: 09/08/2015  
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA CLAIRMONT BEAUMONT  
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS  
Written By: WESTERN SURETY COMPANY  
Agency Code: 42-23390      J. S. Edwards & Sherlock

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# **Exhibit “C”**

**Winnie-Stowell Hospital District**  
**General Operating Fund Budget, Amendment 1 and Amendment #2**  
**for the year ended 12/31/15**

|  | 3/4/2015                        |                   |                      |                       | 7/22/2015                 |                   |                      |                       |
|--|---------------------------------|-------------------|----------------------|-----------------------|---------------------------|-------------------|----------------------|-----------------------|
|  | Amended Budget Approved 3/04/15 |                   |                      |                       | Amended #2 Budget 7/22/15 |                   |                      |                       |
|  |                                 |                   |                      | TOTAL                 |                           |                   |                      | TOTAL                 |
|  | * 2015 Budget                   | Hospital District | Nursing Home Program | Indigent Care Program | Amended Budget #1         | Hospital District | Nursing Home Program | Indigent Care Program |
| Budgetary fund balance, January 1  | \$ 2,874,345                    | 566,152           | 2,077,922            | 2,643,474             |                           |                   |                      |                       |
| Resources (inflows):   |                                 |                   |                      | -                     |                           |                   |                      |                       |
| Sales Tax Revenue  | 695,000                         | 695,000           |                      | 695,000               | 695,000                   |                   |                      | 695,000               |
| Interest Income  | 925                             | 925               |                      | 925                   | 2,500                     |                   |                      | 2,500                 |
| Miscellaneous (Tobacco Settlement)   | -                               | -                 |                      | -                     | 13,182                    |                   |                      | 13,182                |
| Loan Proceeds - Building   | 400,000                         | 320,000           |                      | 320,000               | 320,000                   |                   |                      | 320,000               |
| Loan Proceeds - UPL Program  |                                 |                   | 19,640,000           | 19,640,000            |                           | 19,640,000        |                      | 19,640,000            |
| Nursing Home - UPL Program (net of IGT)  | 11,233,172                      |                   | 35,675,000           | 35,675,000            |                           | 35,675,000        |                      | 35,675,000            |
| Total Revenue  | 12,329,097                      | 1,015,925         | 55,315,000           | 56,330,925            | 1,030,682                 | 55,315,000        | -                    | 56,345,682            |
| Charges to appropriations (outflows):  |                                 |                   |                      |                       |                           |                   |                      |                       |
| Administrative Salary  | 30,000                          | 30,000            |                      | 30,000                | 31,200                    |                   |                      | 31,200                |
| Administrative Services (Contract Basis & Security)                                |                                 |                   |                      |                       | 8,200                     |                   | 3,000                | 11,200                |
| Administrative Payroll Tax Expense   | 1,500                           | 1,500             |                      | 1,500                 | 2,500                     |                   |                      | 2,500                 |
| Administrative Expenses  | 1,500                           | 1,500             |                      | 1,500                 | 2,500                     |                   |                      | 2,500                 |
| Bank Service Charges   |                                 |                   |                      |                       | 150                       |                   |                      | 150                   |
| Indigent Care-Chambers Co Indigent Care and 1115 Waiver/Uncompensated Care Program | 280,000                         |                   | 280,000              | 280,000               | 280,000                   |                   |                      | 280,000               |
| Advertising and Promotion - District/County  |                                 |                   |                      |                       | 1,500                     |                   |                      | 1,500                 |
| Audit/Accounting   | 30,000                          | 30,000            |                      | 30,000                | 30,000                    |                   |                      | 30,000                |
| Bonds  | 350                             | 350               |                      | 350                   | 350                       |                   |                      | 350                   |
| Project Cost-Nursing Home-UPL Program (LTC)  | 5,000,000                       |                   | 3,381,150            | 3,381,150             |                           | 3,381,150         |                      | 3,381,150             |
| Nursing Home Program - Legal   |                                 |                   |                      |                       |                           | 100,000           |                      | 100,000               |
| Nursing Home Program Management Fee  | 4,717,932                       |                   | 19,875,000           | 19,875,000            |                           | 19,875,000        |                      | 19,875,000            |
| Nursing Home Program - Bonds   | 3,500                           |                   | 3,500                | 3,500                 |                           | 3,500             |                      | 3,500                 |
| Nursing Home Program - Interest Expense  | 208,000                         |                   | 1,621,456            | 1,621,456             |                           | 1,621,456         |                      | 1,621,456             |
| Education, Travel & Seminar Board  | 8,000                           | 2,000             |                      | 2,000                 | 8,000                     |                   |                      | 8,000                 |
| Insurance  | 3,750                           | 3,750             |                      | 3,750                 | 6,000                     |                   |                      | 6,000                 |
| Insurance - Property   | 10,000                          | 10,000            |                      | 10,000                | 6,000                     |                   |                      | 6,000                 |
| Interest - Building  | 20,000                          | 10,584            |                      | 10,584                | 10,584                    |                   |                      | 10,584                |
| Hwy 124 Property Exp (Maint, Utilities, etc.)                                      |                                 |                   |                      |                       | 8,000                     |                   |                      | 8,000                 |
| Principle Payments on Building   |                                 | 19,442            |                      | 19,442                | 19,442                    |                   |                      | 19,442                |
| Principle Payments on UPL Program Loans  |                                 |                   | 19,640,000           | 19,640,000            |                           | 19,640,000        |                      | 19,640,000            |
| Legal Fees (District Only)   | 125,000                         | 125,000           |                      | 125,000               | 100,000                   |                   |                      | 100,000               |
| Meals and Entertainment  |                                 |                   |                      |                       | 750                       |                   |                      | 750                   |
| Notices & Fees   | 2,500                           | 2,500             |                      | 2,500                 | 2,500                     |                   |                      | 2,500                 |
| Salary - Indigent Care Administrator   |                                 |                   | 48,000               | 48,000                |                           |                   | 36,500               | 36,500                |
| Payroll Taxes  |                                 |                   | 3,840                | 3,840                 |                           |                   | 2,800                | 2,800                 |
| Benefits -Employee   |                                 | 3,000             |                      | 7,800                 |                           |                   | 2,000                | 2,000                 |
| Travel - indigent Care   |                                 |                   | 1,200                | 1,200                 |                           |                   | 2,500                | 2,500                 |
| Web-Site   | 1,500                           | 1,500             |                      | 1,500                 | 1,500                     |                   |                      | 1,500                 |
| Software Costs - Indigent Care   |                                 |                   |                      |                       |                           |                   | 7,413                | 7,413                 |
| Continuing Education - Medical Personnel   | 12,000                          | 12,000            |                      | 12,000                | 12,000                    |                   |                      | 12,000                |
| Office Supplies/Postage  | 2,000                           | 2,000             | 2,000                | 4,000                 | 5,000                     |                   |                      | 5,000                 |
| Telephone & Internet   | 2,000                           | 2,000             |                      | 2,000                 | 2,000                     |                   |                      | 2,000                 |
| Purchase of Land and Building  | 400,000                         | 400,000           |                      | 400,000               | 411,150                   |                   |                      | 411,150               |
| Payment to Hospital for Equip, Furniture & Imp                                     |                                 |                   | 3,750,000            | 3,750,000             |                           | 3,750,000         |                      | 3,750,000             |
| Contingency  | 100,000                         | 100,000           |                      | 100,000               | 100,000                   |                   |                      | 200,000               |
| Total Expenses   | 10,959,532                      | 757,126           | 44,521,106           | 4,089,840             | 49,368,072                | 1,049,326         | 48,471,106           | 54,213                |
| Increase(Decrease) in Net Position   | 1,369,565                       | 258,799           | 10,793,894           | (4,089,840)           | 6,962,853                 | (18,644)          | 6,843,894            | (54,213)              |
| Budgetary Fund balance Estimated at Year End                                       | \$ 4,243,910                    | 824,951           | 12,871,216           | (4,089,840)           | 9,606,327                 |                   |                      |                       |

\* As approved by the board 12/17/14