

Exhibit “A”

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

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

Feb 17, 2016 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

Exhibit “B”

WSHD Financial Reporting Sheet

Winnie Stowell Hospital District

Reporting Date: Wednesday, February 17, 2016

Account Receivables

From	Sales Tax	Property Tax	County	Other	Net
MPAP Funds		\$0.00	\$0.00	\$2,301,169.69	\$2,301,169.69
Texas Comptroller	\$68,744.65	\$0.00	\$0.00	\$0.00	\$68,744.65
Total:	\$68,744.65	\$0.00	\$0.00	\$2,301,169.69	\$2,369,914.34

Account Receivables (Pending)

From	Sales Tax	Property Tax	County	Other	Net
MPAP July Cigna (C MMW)				\$68,033.80	\$68,033.80
MPAP July Cigna (C SB)				\$4,735.23	\$4,735.23
MPAP July Superior (C SB)				\$4,735.23	\$4,735.23
					\$77,504.26

Expenses	For	Amount	Funds Summary	Totals
Benckenstein & Oxford				
Hubert Oxford		\$500.00	Prosperity Operating	\$2,051,056.82
Josh Heinz		\$500.00	Interbank	\$3,810.93
Mary Ellen Robertson	Inv 160211	\$4,281.55	Prosperity CD	\$103,908.62
American Express		\$62.04	TexStar	\$152,556.03
Time Warner		\$149.94		\$2,311,332.40
Quill		\$303.88	Net Expenses	(\$25,366.81)
Deputy		\$100.00	Ending Balance	\$2,285,965.59
IHS	Inv 61963	\$1,059.00		
Brookshire Bros Pharmacy		\$2,079.36		
Willcox Pharmacy		\$1,186.32	Loan Summary	Totals
Entergy		\$97.80	Starting Balance	\$320,000.00
TBCD		\$46.92	Pmt 4-Due 1/31/16	(\$10,008.70)
ECISD		\$15,000.00	Ending Balance	\$294,008.95
			ECISD Partnership	Totals
			Starting Balance	\$300,000.00
			Pmt 1-Due Jan 2016	(\$15,000.00)
			Pmt 2-Due Feb 2016	(\$15,000.00)
Total Due		\$25,366.81	Ending Balance	\$285,000.00

Invoices Paid Since Last Meeting	Notes																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Vendor</th> <th style="width: 20%;">Payment Date</th> <th style="width: 20%;">Amount</th> </tr> </thead> <tbody> <tr> <td>WCH-IGT</td> <td>2/5/16 settlement date</td> <td style="text-align: right;">\$211,857.30</td> </tr> <tr> <td>LTC Inv # 1051 - Jun 2015</td> <td>2/5/16 settlement date</td> <td style="text-align: right;">\$276,381.60</td> </tr> <tr> <td>LTC Inv # 1055 - Jul 2015</td> <td>2/5/16 settlement date</td> <td style="text-align: right;">\$285,594.32</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">\$773,833.22</td> </tr> </tbody> </table>	Vendor	Payment Date	Amount	WCH-IGT	2/5/16 settlement date	\$211,857.30	LTC Inv # 1051 - Jun 2015	2/5/16 settlement date	\$276,381.60	LTC Inv # 1055 - Jul 2015	2/5/16 settlement date	\$285,594.32			\$773,833.22	<p>District should receive MPAP payment for August 2015 at the beginning of March 2016. This payment should be between \$2,678,000.00 and \$2,768,000.00. Of this the amount owed to the Managers for Elig. Period. 1, 2nd Qtr. should be approximately, \$2,309,293.46 (based on amounts received for June and July).</p> <p>Additionally, after the District receives payment for August 2015 in March 2015, the District will be asked to pay the LTC invoice for August 2015 in the amount of \$285,594.32.</p> <p>Presently, after paying all invoices and Payables due in February, the District should have approximately \$956,933.73 in funds</p>																	
Vendor	Payment Date	Amount																															
WCH-IGT	2/5/16 settlement date	\$211,857.30																															
LTC Inv # 1051 - Jun 2015	2/5/16 settlement date	\$276,381.60																															
LTC Inv # 1055 - Jul 2015	2/5/16 settlement date	\$285,594.32																															
		\$773,833.22																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Payables for Feb. and Bf Next Meeting</th> <th style="width: 50%;">Amount</th> <th style="width: 50%;">Date Due</th> </tr> </thead> <tbody> <tr> <td>Loans</td> <td></td> <td></td> </tr> <tr> <td>Interest Due</td> <td></td> <td></td> </tr> <tr> <td>Loans 6, Pmt. 7; 7, Pmt 4; 8, Pmt. 1</td> <td style="text-align: right;">\$154,665.79</td> <td>TBP 2/29/2016</td> </tr> <tr> <td>Payable to Managers</td> <td></td> <td></td> </tr> <tr> <td>Genesis (Elg 1 1st qtr)</td> <td style="text-align: right;">678,366.07</td> <td></td> </tr> <tr> <td>Managers Excess Funds</td> <td></td> <td></td> </tr> <tr> <td>Caring Healthcare</td> <td style="text-align: right;">\$296,888.34</td> <td></td> </tr> <tr> <td>Genesis</td> <td style="text-align: right;">\$193,960.11</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">\$496,000.00</td> <td></td> </tr> <tr> <td>Payable in February 2016 or before next meeting:</td> <td style="text-align: right;">\$1,329,031.86</td> <td></td> </tr> </tbody> </table>	Payables for Feb. and Bf Next Meeting	Amount	Date Due	Loans			Interest Due			Loans 6, Pmt. 7; 7, Pmt 4; 8, Pmt. 1	\$154,665.79	TBP 2/29/2016	Payable to Managers			Genesis (Elg 1 1st qtr)	678,366.07		Managers Excess Funds			Caring Healthcare	\$296,888.34		Genesis	\$193,960.11			\$496,000.00		Payable in February 2016 or before next meeting:	\$1,329,031.86	
Payables for Feb. and Bf Next Meeting	Amount	Date Due																															
Loans																																	
Interest Due																																	
Loans 6, Pmt. 7; 7, Pmt 4; 8, Pmt. 1	\$154,665.79	TBP 2/29/2016																															
Payable to Managers																																	
Genesis (Elg 1 1st qtr)	678,366.07																																
Managers Excess Funds																																	
Caring Healthcare	\$296,888.34																																
Genesis	\$193,960.11																																
	\$496,000.00																																
Payable in February 2016 or before next meeting:	\$1,329,031.86																																

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

(409) 892-8901

Invoice # 160211
February 12, 2016

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

Accounting services rendered as follows:

Per time sheets attached for the period January to February 12, 2016:

Mary Ellen: 23.00 hours @ \$125.00	2,875.00
Susan: 27.5 hours @ \$50.00	1,375.00
Documents printed: 631 @ .05 each	31.55
Amount Due	<u><u>\$4,281.55</u></u>

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

Mary Ellen Robertson, CPA
 Winnie-Stowell Hospital District
 Timekeeping for the period 1/1-2/11/16

1/4/2016	Emails with Hubert concerning budget questions and worksheet preparation as requested	1.50
1/4/2016	Billing, printout documents for public meeting Calculation and verification of note payable Graham Bank for EP1Q2 and emailed to HO & SN	2.50
1/5/2016	Emails to and from Hubert on budget questions, balancing indigent care software to general ledger noting errors and unposted items in the WSHD system. Preparation for meeting on 1/6/15.	5.50
1/6/2016	Attending budget workshop and WS Hospital District special called board meeting.	2.75
1/13/2016	Review minutes of December meeting as requested by HOIV and suggested changes	1.00
1/14/2016	Rereading and rewording of minutes for HOIV. Email to HOIV and SN explanatins of changes needed to minutes of the meeting on 12/16/15	2.00
1/17/2016	Review of draft minutes for the 12/16/15 board meeting with additional suggested changes concerning presentation of budget. Emailed to HOIV	0.75
1/20/2016	Board meeting WSHD & travel	2.00
1/21/2016	Telephone conversations with Elroy Henry and Sherrie Norris concerning discontinuance of accounting services and payroll	0.25
1/22/2016	Telephone with Sherrie concerning continuation of payroll services and finalizing year-end accounting, etc.	0.25
1/27/2016	Drafting letter of understanding to Board on finalizing accounting services for district.	1.25
1/28/2016	Download signed letter acknowledging final accounting services and our understanding	0.25
2/12/2016	Billing for the final period 1/1-2/12/16, Checking and reviewing print-outs, letter of final services and records provided to WSHD, Emailing records in file cabinet and delivery of all records.	<u>3.00</u>
	Total Hours Billed	<u><u>23.00</u></u>

Winnie-Stowell Hospital District
Hours - Susan McFaddin
2015

Date	Time	Description
01/05/16	7.50	Dec. 2015 General Ledger, IHS System worksheets w/Sherrie
01/06/16	0.50	Dec. 2015 worksheets
01/07/16	1.75	Dec. 2015 General Ledger, IHS System worksheets w/Sherrie
01/08/16	6.50	Dec. 2015 General Ledger
01/11/16	6.75	Dec. 2015 General Ledger, Year-end journal entries
01/26/16	2.00	Quarterly payroll reporting and Year -end W-2's and 1099's
02/12/16	2.50	Final ADJE's, Printing
	<u>27.50</u>	

Winnie-Stowell Hospital District
Reports printed for YE 12/31/15

Description	#Pages
Statement of Revenues, Expenditures and Changes in Net Position	3
Supplementary Information - Comparison Actual to Budget	
Supplementary Information - Cash/Cash Equivalents	
Trial Balance - Condensed	3
Bank Account Reconciliation Worksheets	16
General Ledger	285
Transaction List	280
Employee Earnings	2
Payroll Journal	13
Q1 - Quarterly Payroll reports Filed	4
Q2 - Quarterly Payroll reports Filed	4
Q3 - Quarterly Payroll reports Filed	3
Q4 - Quarterly Payroll reports Filed	6
W-2's Copy B/C- File Copy	3
1099's Copy C	4
Current Year - Employee Earnings (as of 2/12/16)	2
Current Year - Payroll Journal (as of 2/12/16)	3
Total pages printed	<u>631</u>
@.05 each	<u>\$31.55</u>



Blue for Business®
 WINNIE STOWELL HOSPI
 JOHN E HENRY SR
 Closing Date 02/09/16 Next Closing Date 03/11/16

OPENSM

Account Ending 0-51003

New Balance **\$62.04**
Minimum Payment Due **\$35.00**
Payment Due Date **03/05/16[‡]**

‡ Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 03/05/16, 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 27.49%.

Membership Rewards® Points
 Available and Pending as of 12/31/15
28,147
 For up to date point balance and full program details, visit membershprewards.com

Account Summary

Previous Balance \$383.28
 Payments/Credits -\$383.28
 New Charges +\$62.04
 Fees +\$0.00
 Interest Charged +\$0.00

New Balance **\$62.04**
Minimum Payment Due **\$35.00**

Credit Limit \$15,500.00
 Available Credit \$15,437.96
 Cash Advance Limit \$3,100.00
 Available Cash \$3,100.00
 Days in Billing Period: 29

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	2 months	\$63

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

See page 2 for important information about your account.

As a reminder, as of 01/12/2016, our records indicate that your account is enrolled in one or more optional product(s) which may generate a charge to your account. Please see **Page 4** for more details.

Customer Care

Pay by Computer
open.com/pbc

Customer Care 1-877-258-3254
Pay by Phone 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

Pay by Phone
 1-800-472-9297

Account Ending 0-51003

Enter 15 digit account # on all payments.
 Make check payable to American Express.

JOHN E HENRY SR
 WINNIE STOWELL HOSPI
 PO BOX 304
 WINNIE TX 77665-0304

Payment Due Date
03/05/16
 New Balance
\$62.04
 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 000006204000003500 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.

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

	Website: americanexpress.com
	Mobile Site: amexmobile.com
Customer Care & Billing Inquiries	Payments
P.O. BOX 981535	P.O. BOX 650448
EL PASO, TX	DALLAS TX 75265-
79998-1535	0448

Change of Address
If correct on front, do not use.

- To change your address online, visit 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 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.



Blue for Business®
 WINNIE STOWELL HOSPI
 JOHN E HENRY SR
 Closing Date 02/09/16

OPEN_{SM}

p. 3/7

Account Ending 0-51003

Payments and Credits

Summary

	Total
Payments	-\$383.28
Credits	\$0.00
Total Payments and Credits	-\$383.28

Detail *Indicates posting date

Payments	Amount
01/22/16* JOHN E HENRY SR PAYMENT RECEIVED - THANK YOU	-\$383.28

New Charges

Summary

	Total
SHERRIE NORRIS 0-51011	\$62.04
Total New Charges	\$62.04

Detail



SHERRIE NORRIS
 Card Ending 0-51011

	Amount
01/15/16 WILCOX PHARMACY 650000003350439 WINNIE TX 4092962497 Description Price WILCOX PHARMACY \$32.04	\$32.04
02/03/16 GOOGLE*SVCSAPPSWSHD-TX-COM Mountain View ADVERTISING SERVICE	\$30.00

Fees

	Amount
Total Fees for this Period	\$0.00

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.

2016 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2016	\$0.00
Total Interest in 2016	\$0.00

Interest Charge Calculation

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

	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	11.49% (v)	\$0.00	\$0.00
Cash Advances	25.49% (v)	\$0.00	\$0.00
Total			\$0.00

(v) Variable Rate

Enrollment in Automatic Flight Insurance

This is a reminder that you are currently enrolled in Automatic Flight Insurance*. This optional insurance product can provide coverage for accidental death and dismemberment when flying on a covered trip. If you choose to cancel your enrollment or require additional information regarding your enrollment, please contact us at the number listed on the back of your card.

* Underwritten by AMEX Assurance Company. Terms, conditions, and exclusions apply.



Membership Rewards® Monthly Statement and Program News

Prepared for JOHN E HENRY SR

Account Number 1M70555067

Total Points Balance **28,147**

Points Earned this Period **161**

Account Summary December 1, 2015 - December 31, 2015

Opening Points Balance	27,986
Points Earned this Period	+161
Points Used this Period	0
Reinstated Points and Adjustments	0
Total Points Balance	28,147

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

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

Points Transaction Detail

December 1, 2015 - December 31, 2015

Points Earned this Period	Points Activity On Eligible Charges	Bonus Points Awarded	Total Points Activity Per Card
Blue For Business XXXX-XXXXX0-51003	0	0	0
Add'l Blue For Business XXXX-XXXXX0-51011	161	0	161
Total	161	0	161

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.** Terms and Conditions of the Membership Rewards Express® program apply. For more information, visit 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 FOSPI
JOHN E HENRY SR
Closing Date 02/09/16

Account Ending 0-51003

Discounts		Membership Rewards® Points	
This Period	\$0.00	This Period	0
Year to Date	\$0.00	Year to Date	0

Remember, you can get benefits on eligible purchases with OPEN Savings® partners¹ automatically when you use your Business Card from American Express OPEN. Learn more at opensavings.com.

Discounts will be applied in the form of a statement credit. For full terms and conditions go to 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.

¹ See individual OPEN Savings partner terms and conditions located at 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 for details.



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.

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.



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**

RECEIVED
FEB 01 2016

Due date	Service period	Amount due
UPON RECEIPT	02/05 - 03/04	\$339.50

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

Previous balance & payments

Balance last statement	169.67
Unpaid balance	169.67

Current month

Monthly services	149.94
Surcharges	9.76
Taxes and fees	10.13

Total due UPON RECEIPT **\$339.50**



7010 AIRPORT RD EL PASO TX 79906-4943
8260 1700 NO RP 26 01272016 NNNNNYNN 01 005853 0021

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



Payment due date
UPON RECEIPT

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
\$339.50

Amount enclosed

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



826017029012111900339507



Reorder Fast

Order by Item #

Fast Free Shipping.
Order under \$45? See details

WELCOME, SHERRIE
My Account ▾

All ▾



PRODUCTS ▾

INK & TONER ▾

COFFEE | SNACKS ▾

CLEANING ▾

SERVICES ▾

MY INDUSTRY ▾

My Account

My Orders

- Order History & Tracking
- Start a Return
- Items Purchased Report
- Software Downloads
- Return History

My Invoices

- View Invoices
- Pay Invoices
- Account Balance

My Profile

- Login & Contact Information
- Manage Credit Card
- Address Book
- Account Alerts
- Product Alerts
- Enroll in QuillPlus

My QuillCash

- View QuillCash
- QuillCash History
- What is QuillCash?

My Email Offers

Ink & Toner Recycle Center

- Recycling History
- What is Recycling Center?
- Download free recycling labels

Purchasing Manager

- Getting Started

Find Products

- My Lists
- My Ink & Toner
- My Projects

Services

- Coffee Service
- Water Service

Account Balance

My Account Balance

- Payments or credits posted today will display at the start of the following business day.
- You may click on any invoice transaction number to view details.
- To change the sort order, please click on any heading.
- For inquiries pertaining to all other transaction types: Email Customer Service or call 1-800-789-1331

View by account name and number: WINNIESTOWELL HOSPITAL DISTRI 7769473 ▾

Transaction Date	Transaction Type	Transaction Number	Order Number	P.O. No.	Due Date	Past Due (Days)	Total Amount
01/28/2016	Invoice	2821207	88555558	NORRISSHERRIE	02/27/2016	0	\$18.07
01/28/2016	Invoice	2811878	88541591	NORRISSHERRIE	02/27/2016	0	\$77.99
01/28/2016	Invoice	2784739	88541592	NORRISSHERRIE	02/27/2016	0	\$99.58
01/29/2016	Invoice	2831254	88541593	NORRISSHERRIE	02/28/2016	0	\$108.24
Total Account Balance							\$303.88

My Account ▾

Promotions ▾

Featured Categories ▾

About Quill ▾

Online Tools ▾

Quill Ideas

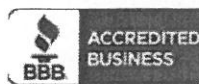
Email Signup

Request Catalog

Join Us On:



Chat



Rating: A+

Can't find what you need? Contact Us

©Quill Lincolnshire, Inc. 2016, All Rights Reserved.

This Web site is intended only for use by U.S. residents.



23423:
 Order Date : 01/27/2016
 Ship Date : 01/27/2016
 InvoiceDate : 01/28/2016
 TIN : 36-2952904

P.O. Box 37600 Philadelphia, PA 19101-0600
 Customer Service: 1-800-789-1331

0005753 01 AB 0.413 **AUTO T8 2 1622 77665-199797 -C01-P05755-I
 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

1622-01-00-0005753-001-0009158

Customer PO : norrissherrie Order# : **88541592** Invoice# : **2784739** Account# : **C7769473**

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-200860BEL	Lthr task chair, black		1	\$91.99/each	\$91.99

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

Always Expanding Assortment.

Everything it takes for your business. Go to Quill.com/new

To help apply your payment properly, remember to include your **account #** on your check and remit your payment to the address shown below. All shipping carrier fees are covered by Quill. A handling fee may apply to small orders. See Quill.com/shipping. Track shipments, pay invoices and view past orders at My Account on Quill.com.

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

Mdse Total: \$91.99
 Tax: \$7.59
 Shipping: Free

Amount Due: \$99.58
 Due Date: 02/27/2016

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: **2784739**
 Invoice Date: 01/28/2016
 Amount Due: \$99.58
 Payable in U.S. Dollars

Payable to:

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

0011000000027847390007769473710000000099586

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip.



23424:
 Order Date : 01/27/2016
 Ship Date : 01/28/2016
 InvoiceDate : 01/28/2016
 TIN : 36-2952904

P.O. Box 37600 Philadelphia, PA 19101-0600
 Customer Service: 1-800-789-1331

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

1822-01-00-0005758-0002-0008159

Customer PO : norrissherrie Order# : **88541591** Invoice# : **2811878** Account# : **C7769473**

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-86078TGT	Espresso taylor writing desk		0	\$0.00/	\$0.00
The item above will be shipped and billed separately					
817-720222CT	Quill brand copy paper letter	White	2	\$27.99/carton	\$55.98
901-55307R	The getaway oversized tote bag		1	\$0.00/set	\$0.00
901-1803510	Inkjoy 550 rt asst 8Pk		1	\$11.59/pack	\$11.59
901-7-20200	Qb stl bndr clip small 3/4X3/8		3	\$1.49/box	\$4.47
901-200860BEL	Lthr task chair, black		0	\$0.00/	\$0.00
The item above will be shipped and billed separately					
901-1803502	Paper mate inkjoy 550 black		0	\$0.00/	\$0.00
The item above will be shipped and billed separately					

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

Always Expanding Assortment.
 Everything it takes for your business. Go to Quill.com/new

Mdse Total: \$72.04
 Tax: \$5.95
 Shipping: Free

To help apply your payment properly, remember to include your **account #** on your check and remit your payment to the address shown below. All shipping carrier fees are covered by Quill. A handling fee may apply to small orders. See Quill.com/shipping. Track shipments, pay invoices and view past orders at My Account on Quill.com.

Amount Due: \$77.99
 Due Date: 02/27/2016

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: **2811878**
 Invoice Date: 01/28/2016
 Amount Due: \$77.99
 Payable in U.S. Dollars

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

0011000000028118780007769473710000000077998

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip.



23425:
 Order Date : 01/27/2016
 Ship Date : 01/29/2016
 InvoiceDate : 01/28/2016
 TIN : 36-2952904

P.O. Box 37600 Philadelphia, PA 19101-0600
 Customer Service: 1-800-789-1331

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

1622-01-00-0005753-0003-0009160

Customer PO : norrissherrie Order# : **88555558** Invoice# : **2821207** Account# : **C7769473**

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-1803502	Paper mate inkjoy 550 black		1	\$16.69/dozen	\$16.69
Item diverted from order # 88541591 dated 01/27/2016					

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

Always Expanding Assortment.
 Everything it takes for your business. Go to Quill.com/new

To help apply your payment properly, remember to include your **account #** on your check and remit your payment to the address shown below. All shipping carrier fees are covered by Quill. A handling fee may apply to small orders. See Quill.com/shipping. Track shipments, pay invoices and view past orders at My Account on Quill.com.

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

Mdse Total: \$16.69
 Tax: \$1.38
 Shipping: Free

Amount Due: \$18.07
 Due Date: 02/27/2016

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: **2821207**
 Invoice Date: 01/28/2016
 Amount Due: \$18.07
 Payable in U.S. Dollars

Payable to:

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

0011000000028212070007769473710000000018071

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip.



23426:
 Order Date : 01/27/2016
 Ship Date : 01/29/2016
 InvoiceDate : 01/29/2016
 TIN : 36-2952904

P.O. Box 37600 Philadelphia, PA 19101-0600
 Customer Service: 1-800-789-1331

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

1622-01-00-0005753-0004-0009161

Customer PO : norrissherrie Order# : **88541593** Invoice# : **2831254** Account# : **C7769473**

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-86078TGT	Espresso taylor writing desk		1	\$99.99/each	\$99.99

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

Always Expanding Assortment.

Everything it takes for your business. Go to Quill.com/new

To help apply your payment properly, remember to include your **account #** on your check and remit your payment to the address shown below. All shipping carrier fees are covered by Quill. A handling fee may apply to small orders. See Quill.com/shipping. Track shipments, pay invoices and view past orders at My Account on Quill.com.

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

Mdse Total: \$99.99
 Tax: \$8.25
 Shipping: Free

Amount Due: **\$108.24**
 Due Date: 02/28/2016

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: **2831254**
 Invoice Date: 01/29/2016
 Amount Due: \$108.24
 Payable in U.S. Dollars

Payable to:

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

0011000000028312540007769473710000000108243

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip.

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

Invoice # 61963

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

RECEIVED
FEB 01 2016

Date: 2/1/2016

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

Terms: Net receipt of invoice

Professional services for the month of March 2016

1,059.00

Total

\$1,059.00

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

©IHS
Issued 02/17/16

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 02/17/16-02/17/16
Source Group Indigent Health Care

Wilcox Pharmacy
P. O. Box 1850
Winnie, TX 77665

Vendor #: 18651

GL #	Description	Amount
WSHD	Wshd	1,054.73
	Expenditures	1,054.73
	Reimb/Adjustments	0.00
	Grand Total	1,054.73

©IHS
Issued 02/16/16

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 02/17/16-02/17/16
Source Group Indigent Health Care

Brookshire Bros. Phar. (winnie)
P.o. Box 1359
Winnie, TX 77665

Vendor #: 65460

GL #	Description	Amount
WSHD	Wshd	2,079.36
	Expenditures	2,079.36
	Reimb/Adjustments	0.00
	Grand Total	2,079.36



TRINITY BAY CONSERVATION DISTRICT

P.O. BOX 599 • STOWELL, TEXAS 77661
 PHONE:(409)296-3602 FAX: (409)296-3745
 www.tbcd.org

AMOUNT PAID



ON OR BEFORE DUE DATE	DUE DATE	AFTER DUE DATE		
46.23	02/15/16	46.92	1-04-08000-03 2107 HWY 124	53

WINNIE-STOWELL HOSPITAL DISTRICT
 PO BOX 1997
 WINNIE TX 77665

RECEIVED
 FEB 01 2016

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 PAYABLE TO:	SERVICE ADDRESS		ACCOUNT NUMBER
	Trinity Bay Conservation Dist. P. O. BOX 599 Stowell TX 77661	2107 HWY 124	
SERVICE PERIOD		FROM TO	BILLING DATE
	12/30/15	01/28/16	01/28/16
READ DATE (W)	01/25/16	*** USAGE HISTORY ***	
METER NUM.	08126189	-----	
PRES. READ	124.7	WATER	
PREV. READ	124.7	GALLONS	
TOTAL GALLONS	.0	12/16/15	.0
		11/17/15	.0
		10/22/15	.0
		09/17/15	.0
		08/19/15	.0
		07/21/15	.0
		06/23/15	.0
		05/21/15	.0
		04/28/15	3.1
		04/16/15	.0
		02/18/15	.0
		01/21/15	.0
		DESCRIPTION	AMOUNT
		WATER	36.00
		SEWER	10.00
		TWC FEE	.23
		THIS MONTH	46.23
		TOTAL NOW DUE	46.23
		PENALTY AMOUNT	PAY THIS AMOUNT AFTER
		.69	02/15/2016 46.92

608

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.

PAY ONLINE AT WWW.TBCD.ORG

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.

*DENOTES OVER 65 EXEMPTION



Entergy
PO BOX 8104
BATON ROUGE LA 70891-8104

Call 1-877-387-2499

Customer Bill

Please Bring Entire Bill When Paying In Person

PAY THIS AMOUNT	BY	02/23/2016
		\$97.80
PAY THIS AMOUNT	AFTER	02/23/2016
		\$102.39

RECEIVED
FEB 08 2016

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 WINNIE TX 77665				

7106 01 AV 0.388 ***** 5-DIGIT 77612



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

Billing Period	No. Days	Mail Date
01/05/2016 TO 02/02/2016	28	02/05/2016

Bill History	KWH	Days	Amount
Last Month	641	36	\$113.03
This Month	0	0	
Last Year			

0 5DG 007106 FR05 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.

Meter		Meter Reading		Difference	Multiplier	Usage	Rate Code	Rider Code	Amount
Type	Number	Present	Previous						
KWH	9690616	17617	17227	390	1	390	220		
KW	9690616	1.55			1	2			
CONTRACT POWER KW		5	08/2015						
BILLED MINIMUM KW		5							
CUSTOMER CHARGE									34.95
DEMAND CHARGE									32.90
ENERGY CHARGE									11.08
TTC RIDER			390 KWH @ \$0.0008500						.33
FUEL ADJUSTMENT			390 KWH @ \$0.0320491						12.50
CHAMBERS COUNTY HEALTH SERVICES DISTRICT 1/2% TAX									.45
STATE SALES TAX									5.59
TOTAL MONTHLY CHARGES									97.80
THANK YOU FOR YOUR PAYMENT(S)				\$112.90					

THANK YOU FOR THE PROMPT WAY YOU PAY YOUR BILL

=> 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	02/23/2016
		\$97.80
PAY THIS AMOUNT	AFTER	02/23/2016
		\$102.39



ENTERGY
PO BOX 8104
BATON ROUGE LA 70891-8104

80180409000426103400000000978060000001023930540

BENCKENSTEIN & OXFORD, L.L.P.

ATTORNEYS AT LAW
BBVA COMPASS BANK BUILDING
3535 CALDER AVENUE, SUITE 300

Hubert Oxford, IV

BEAUMONT, TEXAS 77706
TELEPHONE:(409) 833-9182
FAX: (409) 833-8819

hoxfordiv@benoxford.com

February 17, 2016

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

Re: Winnie Stowell Hospital District; Invoice for January, 2016 Meeting; Our File No. 87250.

Dear President Henry,

Please allow this letter to serve as a *partial* invoice for work performed in January 2016. I request that we be allowed to submit the remainder of the invoice for January 2016 and December 2015 for Benckenstein & Oxford at the next regularly scheduled meeting or a Special Meeting that may need to take place before the end of the month.

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

Durbin and Company, L.L.P.
2950 50th Street
Lubbock, TX 79413

806-791-1591

Winnie Stowell Hospital District
200 Live Oak Drive
Atlanta, TX 75551

Invoice No. 5963
Date Monday, December 21, 2015
Client No. DCO10240

SERVICE	AMOUNT
Audit Services Applicable to your Account - Interim Bill	\$ 6,500.00
Prior Balance	<u>0.00</u>
Total Amount Due	<u>\$ 6,500.00</u>

Exhibit “C”

Hubert Oxford IV

From: Hubert Oxford IV
Sent: Tuesday, February 02, 2016 4:34 PM
To: 'callie.bresette@dshs.state.tx.us'
Cc: Elroy Henry (elroyhenry@windstream.net); espinosa307@yahoo.com; rollojer@yahoo.com; sburgess102745@gmail.com; murrelledward@yahoo.com; sherrie@wshd-tx.com
Subject: Undocumented Residents
Attachments: FW: I WAS WRONG!!!-CITIZENSHIP; 2.13.2015 Proposed Policy Amendments to the Winnie Stowell-Indigent Care Program.docx

Callie,

As we discussed, I am a lawyer in Beaumont and represent the Winnie Stowell Hospital District. The District was formed in 2014 pursuant to Chapter 286 of the Health and Safety Code. Last year, the District was in the process of revamping its Indigent Care Policies and one issue that was raised was whether we could or should provide indigent care for undocumented Citizens. The result of that analysis was shared with your office but with the recent Attorney General Opinion, KP-0059, it raises the questions of whether the prior analysis is correct.

Specifically, the issue is does Attorney General Opinion, KP-0059, which holds “state statutory and administrative law prohibits a county commissioners court from adopting county requirements that categorically restrict eligibility for county indigent health care contrary to state and federal law” apply to Hospital Districts. *See* Tex. Atty’ Gen. Op. KP-0059 (2016)? Or, did this opinion overrule GA-0219, which stated that **Hospital Districts**, not counties, can choose whether or not they want to provide indigent health care to undocumented residents. *See* Tex. Att’y Gen. Op. GA-0219 (2004).

It is my client’s policy that only certain qualified undocumented residents shall qualify for indigent healthcare. But, if this new opinions apply to Hospital District’s, that policy will need to be changed. I am sure you all have been slammed with questions about this but because I had done some prior work on the issue, I thought I would bring it to your attention and try to give you some thoughts to consider.

By way of background, in 2001, John Cornyn issued opinion JC-0394 which considered whether the Harris County Hospital District was authorized to provide free or discounted nonemergency health care to persons residing within its boundaries, without regard to their immigration or legal status. According to the opinion, the Harris County Hospital District was formed pursuant to Chapter 281 of the Health and Safety Code. *See* Tex. Att’y Gen. Op. 0394 (2001).

In this opinion, it was noted first that the Federal Personal Responsibility and Work Opportunity Reconciliation Act (“PRWORA”), 8 U.S.C. §9 1601-41 (2002) provided that “undocumented or illegal aliens are ineligible for state and local public assistance, subject to specific exceptions.” *See* JC-0394 (2001) at 2. Following, the Opinion stated, “[t]he federal statute preempts contrary state laws and renders illegal the state and local programs that provide public benefits to aliens contrary to its terms.” *Id.* The opinion concluded that, “under the present state of Texas law, the federal statute prohibited the Harris County Hospital District from providing free or discounted nonemergency health care to undocumented persons. *See id. at 4.*”

With this said, the Cornyn opinion did acknowledge an exception to the PRWORA which states, “A state may provide that an alien who is not lawfully present in the United States is eligible for any State or local public

benefit for which such alien would otherwise be ineligible under subsection (a) of this section only through the enactment of a State law after August 22, 1996, which affirmatively provides for such eligibility.” See 8 U.S.C. Sec. 1621(d) (2002).

Thereafter, in 2003, the Texas Legislature adopted Section 285.201 of the Health and Safety Code in order comply with the exception in the PRWORA Act and to allow Hospital Districts to provide indigent health care to undocumented residents. This section states,

As authorized by 8 U.S.C. Section 1621(d), this chapter affirmatively establishes eligibility for a person who would otherwise be ineligible under 8 U.S.C. Section 1621(a), provided that only local funds are utilized for the provision of nonemergency public health benefits. A person is not considered a resident of a governmental entity or hospital district if the person attempted to establish residence solely to obtain health care assistance.

See Tex. Health & Safety Code Section 285.201.

In response to this legislation that was passed, Greg Abbott issued opinion Tex. Att’y Gen. Op. 0219 in response to question as by Senator Jane Nelson, Chair of the Health & Humans Services Committee. The question was, “whether section 285.201 of the Health and Safety Code requires a hospital district to provide nonemergency public health services to undocumented persons who are otherwise ineligible for those benefits under federal law.” See Tex. Att’y Gen. Op. No. GA-0219. After citing JC-0394 and the PRWORA act and vetting the difference between someone being eligible versus entitled, ultimately, Attorney General Abbott’s office held, “[s]ection 285.201 of the Health and Safety Code permits, but does not require, a hospital district to provide nonemergency public health services to undocumented persons who are otherwise ineligible for those benefits under federal law.” See *id.*

**At this point, one important thing to note is that Hospital Districts formed under Chapter 286 of the Health and Safety Code have been held by the Attorney General’s office to have powers pursuant to Chapter 285 of the Health and Safety Code. See Tex. Att’y Gen. Op. 0467 (2006). This is important because as a Chapter 286 District, my client is relying on Section 285.201 and the corresponding Attorney General Opinion to enable it to make a choice as to whether or not to provide indigent care to undocumented citizens. <https://www.texasattorneygeneral.gov/opinions/opinions/50abbott/op/2006/pdf/ga0467.pdf>.

Now Attorney General Ken Paxton issues Opinion KP-0059, which was requested by the county Commissioners of Tom Green County.

https://www.texasattorneygeneral.gov/opinions/opinions/51paxton/op/2016/kp0059.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term

This opinion does cite to the PRWORA and JC-0394 for the proposition that “a county's provision of indigent health care benefits under the Texas Act is subject to the Welfare Reform Act.” See Tex. Att’y Gen. Op. No. KP-0059. But, he continued by saying, “[a] county commissioners court has only those powers expressly granted by the Texas Constitution and statutes and powers necessarily implied to accomplish its assigned duties. See *City of San Antonio v. City of Boerne*, 111 S.W.3d 22, 29 (Tex. 2003). Although a commissioners court is required to adopt the county's eligibility standards, such county standards must be consistent with state statutes and the minimum standards adopted by the Department. See TEX. HEALTH & SAFETY CODE §§ 61.022,

.023(b), (d). Thus, because the Texas Act does not make distinctions based on citizenship or alienage, state law does not authorize a commissioners court to adopt such restrictions.”

Strangely, this opinion does not address 1) Section 285.201 of the Health and Safety Code, 2) its legislative history, or 3) GA-0219. Thus, the question I have is, , does the new opinion by Attorney General Paxton apply to Hospital District’s formed under Chapter 286 of the Health and Safety Code, subject to Chapter 285 of the same code? I have been reluctant to give advice on this because of the various legal issues but if I were to give an opinion, my opinion would be that KP-0059 does not apply to Hospital Districts for several reasons:

1. County’s without Hospital District’s follow Chapter 61 and are not subject to Chapter 285 of the Health & Safety Code.
2. If the opinion was intended to supersede GA-0219 or overturn JC-0394, the Attorney General’s web page: <https://texasattorneygeneral.gov/opinion/opinions-overruled-modified-affirmed-withdrawn>.
3. Lastly, he states, since the Indigent Care Act “does not make a distinction based on citizenship or alienage”, he clearly is not talking about hospital districts, because Section 285.201 clearly contemplates alienage as an option for eligibility for the indigent program.

With this said, these are my thoughts and I have no problem being corrected. Therefore, we really would appreciate any guidance your office can give on this issue. As of late, we have had two request by undocumented citizens for indigent care but our existing policy does not provide to help these residents.

We look forward to hearing from you.

Sincerely,
Hubert Oxford, IV
Benckenstein & Oxford, L.L.P.
3535 Calder Avenue, Suite 300
Beaumont, Texas 77706
(409) 951-4721 Direct
(409) 351-0000 Cell
(409) 833-8819 Fax

CONFIDENTIAL NOTICE

This e-mail transmission (and/or the documents accompanying it) may contain confidential information belonging to the sender which is protected by the attorney-client privilege. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this e-mail in error, please immediately send a reply and delete the e-mail promptly. If there is any question or difficulty, please notify us by calling us collect at phone number (409) 833-9182.

Exhibit “D”

**Winnie Community Hospital
Indigent Care Payments
Invoice and Proof of Payment Review Analysis**

Initial Amount Approved \$3,700,000.00
Amount Funded Per Indigent Agreement \$2,000,000.00

Notes: The District has reviewed two of the three quarters of 2015 in which the Winnie Community Hospital utilized the funds given to it by the District for Indigent care on the specific line items set forth by the District. The Hospital first spent these funds starting in the Second Quarter of 2015 ending on June 30, 2015 through the 4th Quarter of 2015, ending on December 31, 2015. The quarter not yet reviewed by the District is the 3rd Quarter of 2015, ending on September 30, 2015.

Between the 2nd Quarter of 2015 (i.e., initial review) and the 4th Quarter of 2015 (i.e., recent review), the District has reviewed invoices and proof of payment for: 1) 100% of the \$425,000.00 of funds allocated to PHP program; 2) 100% of the \$410,000.00 spent on the CT Machine; 3) 100% of the \$450,000.00 in funds used by the Hospital for "Other" services or improvements; 4) 100% of the \$26,000.00 in funds spent on Operating Room; and 5) \$241,450.00 of the \$281,990.00, or (85%) of funds spent on the Hospital room refurbishing projects. In total, the District has reviewed invoices and proof of payment for \$1,562,450.00 of the \$1,602,990.00 in funds spent by the Hospital out of the \$2,000,000.00 originally given to the Hospital pursuant to the Indigent Care Agreement.

Moving forward, the District still needs to audit the 3rd Quarter and 4th Quarter expenses for the hospital room renovations. In addition, the Hospital still needs to replace the beds in each room and provide proof of purchase and payment as well as verify the installation of the beds.

As for the 3rd Quarter of 2015 and the 1st Quarter of 2016 expenses associated with the PHP program, since the District allocated up to \$425,000.00 for reimbursements to be assigned to this category, there is no need to review expenses associated with each of these quarters because the quarters reviewed (i.e., 2nd and 4th) account for \$462,000.00 in expenditures, which is in excess of the \$425,000.00 allocated for this line item.

First Review-2nd Quarter 2015 (June 30, 2015)					
Initially Approved Projects	Amount Allocated	Amount Spent	Amount Unspent	Invoices Reviewed	Unreviewed
PHP Program	\$425,000.00	\$157,000.00	\$268,000.00	×	
Renovation of 25 Hospital Rooms	\$825,000.00	\$225,000.00	\$600,000.00	×	
Operating Room	\$1,700,000.00	\$26,000.00	\$1,674,000.00	×	
CT Machine	\$750,000.00	\$410,000.00	\$340,000.00	×	
Other	\$0.00	\$460,000.00	\$0.00	×	
Totals	\$3,700,000.00	\$1,278,000.00	\$2,422,000.00		

4th Quarter 2015 (12/31/2015)					
Initially Approved Projects	Amount Allocated	Amount Spent	Amount Unspent	Invoices Reviewed	Unreviewed
PHP Program	\$425,000.00	\$268,000.00	\$0.00	×	
Renovation of 25 Hospital Rooms	\$825,000.00	\$16,450.24	\$543,009.31	×	
Operating Room	\$1,700,000.00	\$0.00	\$1,674,000.00		
CT Machine	\$750,000.00	\$0.00	\$340,000.00		
Other	\$0.00	\$0.00	\$0.00		
Totals	\$3,700,000.00	\$284,450.24	\$2,557,009.31		

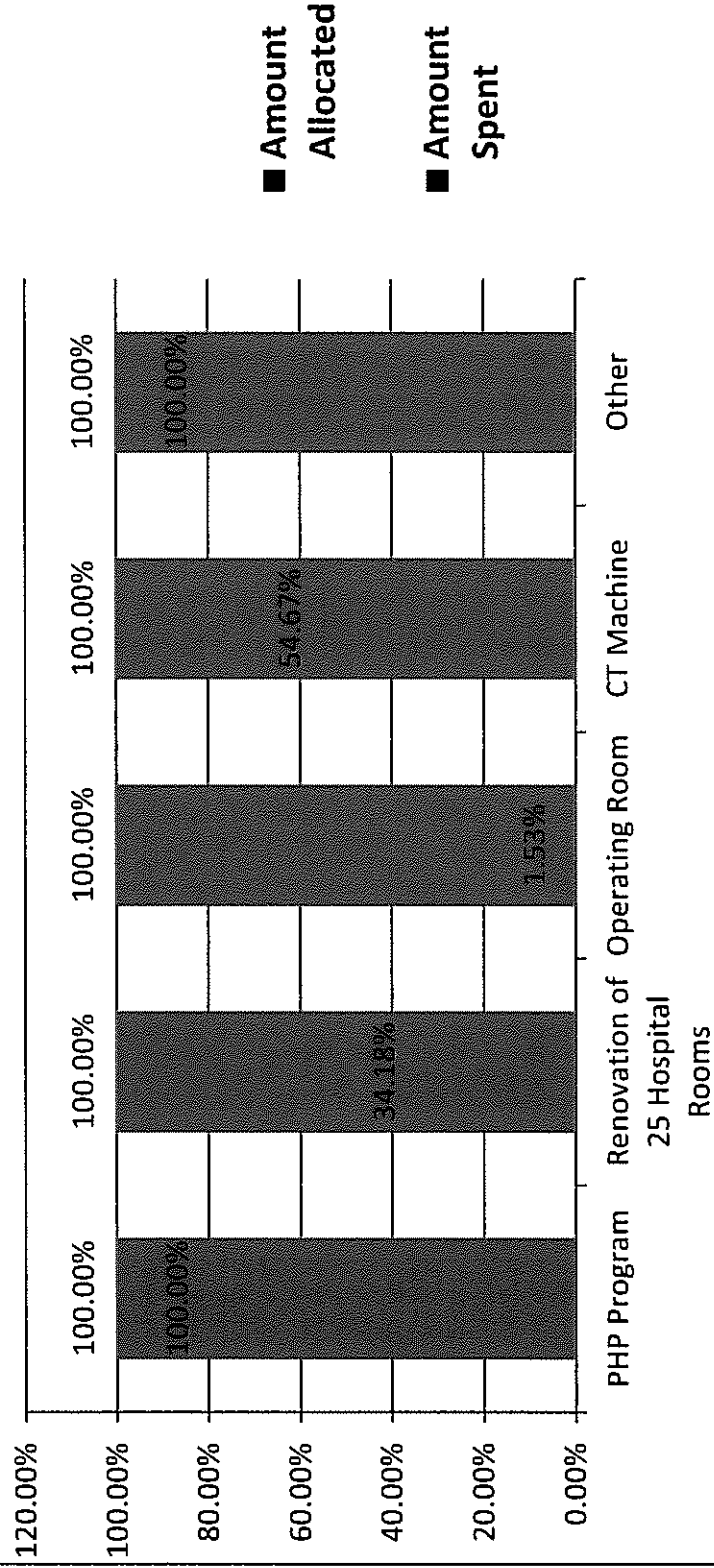
3rd Quarter 2015 (9/30/2015)					
Initially Approved Projects	Amount Allocated	Amount Spent	Amount Unspent	Invoices Reviewed	Unreviewed
PHP Program	\$425,000.00	\$0.00	\$0.00		×
Renovation of 25 Hospital Rooms	\$825,000.00	\$40,540.45	\$559,459.55		×
Operating Room	\$1,700,000.00	\$0.00	\$1,674,000.00		
CT Machine	\$750,000.00	\$0.00	\$340,000.00		
Other	\$0.00	\$0.00	\$0.00		
Totals	\$3,700,000.00	\$40,540.45	\$2,573,459.55		

1st Quarter 2016 (3/31/2015)					
Initially Approved Projects	Amount Allocated	Amount Spent	Amount Unspent	Invoices Reviewed	Unreviewed
PHP Program	\$425,000.00	\$0.00	\$0.00		
Renovation of 25 Hospital Rooms	\$825,000.00	\$0.00	\$543,009.31		×
Operating Room	\$1,700,000.00	\$0.00	\$1,674,000.00		
CT Machine	\$750,000.00	\$0.00	\$340,000.00		
Other	\$0.00	\$0.00	-		
Totals	\$3,700,000.00	\$0.00	\$2,557,009.31		

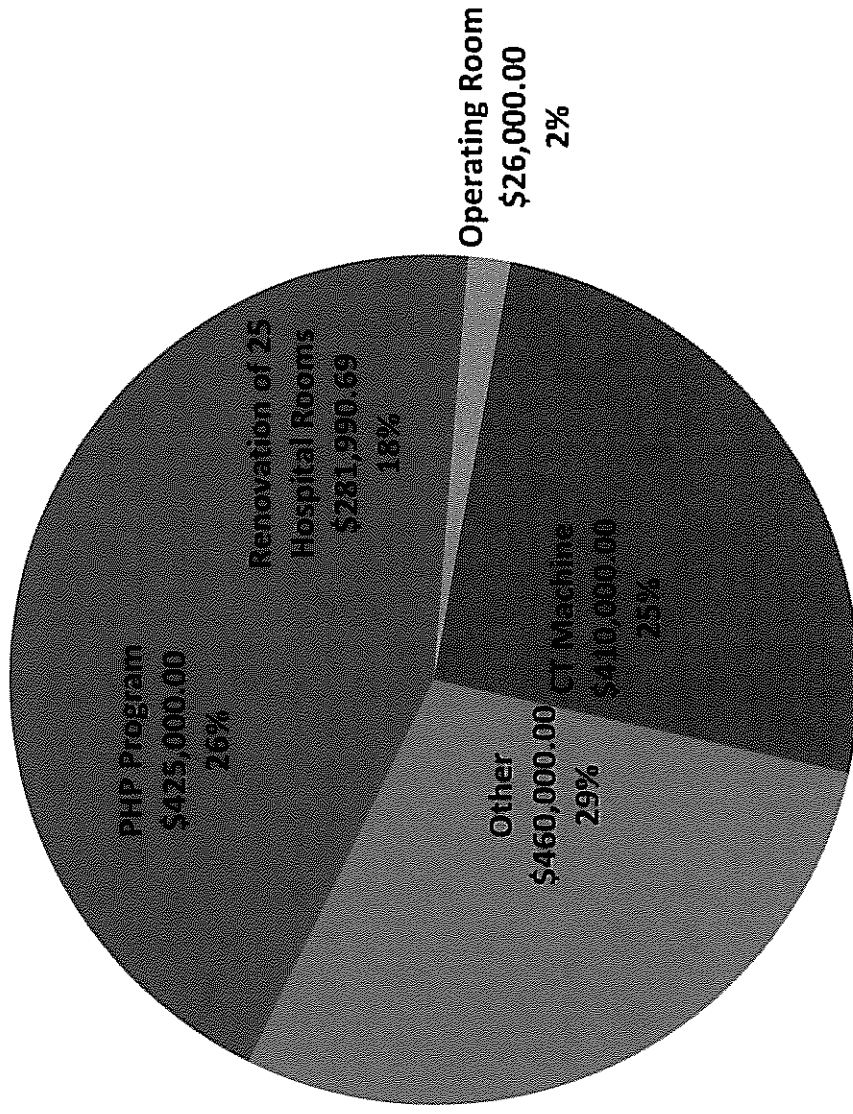
Totals to Date (2nd Qtr. 2015-1st Qtr. 2016) \$3,700,000.00				
Initially Approved Projects	Amount Allocated		Amount Spent	
PHP Program	\$425,000.00	100.00%	\$425,000.00	100.00%
Renovation of 25 Hospital Rooms	\$825,000.00	100.00%	\$281,990.69	34.18%
Operating Room	\$1,700,000.00	100.00%	\$26,000.00	1.53%
CT Machine	\$750,000.00	100.00%	\$410,000.00	54.67%
Other	\$0.00	100.00%	\$460,000.00	100.00%
Totals	\$3,700,000.00	100.00%	\$1,602,990.69	58.08%

Totals to Date (2nd Qtr. 2015-1st Qtr. 2016) \$2,000,000.00				
Initially Approved Projects	Amount Funded		Amount Spent	
PHP Program	\$425,000.00	100.00%	\$425,000.00	21.25%
Renovation of 25 Hospital Rooms	\$825,000.00	100.00%	\$281,990.69	14.10%
Operating Room	\$0.00	100.00%	\$26,000.00	1.30%
CT Machine	\$750,000.00	100.00%	\$410,000.00	20.50%
Other	\$0.00	100.00%	\$460,000.00	23.00%
Totals	\$2,000,000.00	100.00%	\$1,602,990.69	80.15%

WCH: Percentage Comparison of Allocated vs. Spent and Unspent Indigent Funds



**WCH Ingent Care Funds
\$2,000,000.00 Project Allocation
Amount Spent \$1,602,990.42**



WCH Indigent Funds
Funds Spent v. Invoices/Proof of Payment Reviewed
Funds Spent: \$1,602,990.69
Reviewed: \$1,562,450.24 (97.47%)

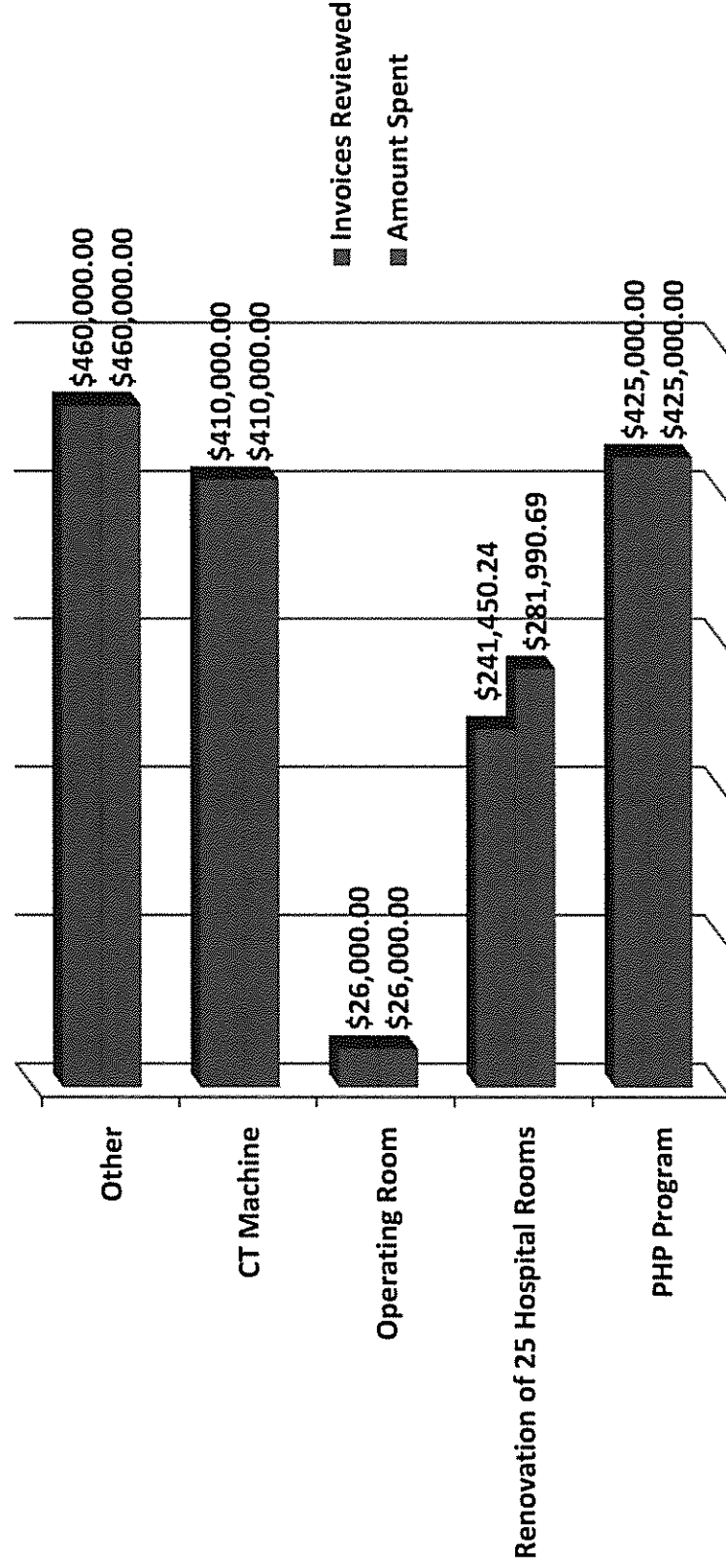


Exhibit “E-1”

DURBIN & COMPANY, L. L. P.

Certified Public Accountants

2950 50th Street

Lubbock, Texas 79413

(806) 791-1591

Fax (806) 791-3974

February 4, 2016

To Board of Directors

Winnie-Stowell Hospital District

Winnie, Texas

We are pleased to confirm our understanding of the services we are to provide for Winnie-Stowell Hospital District (the "District") for the years ended December 31, 2015 and 2014. We will audit the financial statements of the District, which comprise the statements of net position as of December 31, 2015 and 2014, the related statements of revenues, expenses, and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements. Accounting standards generally accepted in the United States of America provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement the District's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the District's RSI in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by U.S. generally accepted accounting principles and will be subjected to certain limited procedures, but will not be audited:

1) Management's Discussion and Analysis

Audit Objective

The objective of our audits is the expression of opinions as to whether your financial statements are fairly presented, in all material respects, in conformity with generally accepted accounting principles and to report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Our audits will be conducted in accordance with auditing standards generally accepted in the United States of America and will include tests of the accounting records and other procedures we consider necessary to enable us to express such opinions. We will issue a written report upon completion of our audits of the District's financial statements. Our report will be addressed to the Board of Directors of Winnie-Stowell Hospital District. We cannot provide assurance that unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions or add emphasis-of-matter or other-matter paragraphs. If our opinions on the financial statements are other than unmodified, we will discuss the reasons with you in advance. If circumstances occur related to the condition of your records, the availability of sufficient, appropriate audit evidence, or the existence of a significant risk of material misstatement of the financial

statements caused by error, fraudulent financial reporting, or misappropriation of assets, which in our professional judgment prevent us from completing the audits or forming an opinion on the financial statements, we retain the right to take any course of action permitted by professional standards, including declining to express an opinion or issue a report, or withdrawing from the engagement.

Audit Procedures—General

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audits will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We will plan and perform the audits to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the District or to acts by management or employees acting on behalf of the District.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements may exist and not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards. In addition, an audit is not designed to detect immaterial misstatements, or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audits and does not extend to any later periods for which we are not engaged as auditors.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We may request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

Audit Procedures—Internal Control

Our audits will include obtaining an understanding of the District and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. However, during the audits, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the District's compliance with the provisions of applicable laws, regulations, contracts, and agreements. However, the objective of our audits will not be to provide an opinion on overall compliance and we will not express such an opinion.

The auditors' procedures do not include testing compliance with laws and regulations in any jurisdiction related to Medicare and Medicaid antifraud and abuse. It is the responsibility of management of the District, with the oversight of those charged with governance, to ensure that the District's operations are conducted in accordance with the provisions of laws and regulations, including compliance with the provision of laws and regulations that determine the reported amounts and disclosures in the District's financial statements. Therefore, management's responsibilities for compliance with laws and regulations applicable to its operations, include, but are not limited to, those related to Medicare and Medicaid antifraud and abuse statutes.

Other Services

We will also assist in preparing the financial statements of the District in conformity with U.S. generally accepted accounting principles based on information provided by you.

Management Responsibilities

Management is responsible for establishing and maintaining effective internal controls, including monitoring ongoing activities; for the selection and application of accounting principles; and for the preparation and fair presentation of the financial statements in conformity with U.S. generally accepted accounting principles.

Management is also responsible for making all financial records and related information available to us and for the accuracy and completeness of that information. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) additional information that we may request for the purpose of the audit, and (3) unrestricted access to persons within the District from whom we determine it necessary to obtain audit evidence.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the District involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the District received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the District complies with applicable laws and regulations.

You agree to assume all management responsibilities for financial statement preparation services and any other nonattest services we provide; oversee the services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of the services; and accept responsibility for them.

HIPAA Business Associate Agreement

You agree that you are solely responsible for the accuracy, completeness, and reliability of all data and information you provide us for our engagement. You agree to provide any requested information on or before the date we commence performance of the services. To protect the privacy and provide for the security of any protected health information, as such is defined by the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and the regulations and policy guidances thereunder ("HIPAA"), we shall enter into a HIPAA Business Associate Agreement ("BAA").

Engagement Administration, Fees, and Other

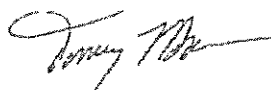
We understand that your employees will prepare all cash or other confirmations we request and will locate any documents selected by us for testing.

We expect to begin our audits in February and to issue our reports no later than the June Board meeting. Tommy Davis is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it. Our fee for this engagement will be at our regular rates and will be based on our understanding that the District's personnel will prepare audit schedules in a timely manner and locate any supporting documentation we require to complete the engagement. This engagement letter does not include any services not specifically stated in this letter. Additional services, which you may request, will be subject to separate arrangements.

Billings are rendered monthly so that you may readily relate our charges to the work performed. In addition to billed charges, billings will include travel, printing, postage and other out-of-pocket costs. Each invoice is payable on receipt. Past due invoices must be current before an audit report can be rendered due to possible independence conflicts. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audits. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs. You may request that we perform additional services not addressed in this engagement letter. If this occurs, we will communicate with you regarding the scope of the additional services and the estimated fees. We also may issue a separate engagement letter covering the additional services. In the absence of any other written communication from us documenting such additional services, our services will continue to be governed by the terms of this engagement letter.

We appreciate the opportunity to be of service to Winnie-Stowell Hospital District and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us.

Very truly yours,



Tommy L. Davis, CPA
Durbin & Company, LLP
Partner

RESPONSE:

This letter correctly sets forth the understanding of Winnie-Stowell Hospital District.

Management signature: _____

Title: _____

Date: _____

Governance signature: 

Title: Chairman

Date: 2/18/16

Exhibit “E-2”

Hubert Oxford IV

From: Tommy Davis <tommyd@dhcg.com>
Sent: Monday, February 15, 2016 8:24 AM
To: Hubert Oxford IV
Subject: Re: Retainer Agreement

Yes. With nursing home it might be a little more but nothing ridiculous. If we approach that we will discuss beforehand.

Sent from my iPhone

On Feb 15, 2016, at 8:19 AM, Hubert Oxford IV <hoxfordiv@benoxford.com> wrote:

If they ask about estimated costs, is it safe to say, we discussed it and it will be around \$15k per year?

Hubert Oxford, IV
Benckenstein & Oxford, L.L.P.
3535 Calder Avenue, Suite 300
Beaumont, Texas 77706
(409) 951-4721 Direct
(409) 351-0000 Cell
(409) 833-8819 Fax

CONFIDENTIAL NOTICE

This e-mail transmission (and/or the documents accompanying it) may contain confidential information belonging to the sender which is protected by the attorney-client privilege. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this e-mail in error, please immediately send a reply and delete the e-mail promptly. If there is any question or difficulty, please notify us by calling us collect at phone number (409) 833-9182.

From: Tommy Davis [<mailto:tommyd@dhcg.com>]
Sent: Saturday, February 13, 2016 12:07 PM
To: Hubert Oxford IV
Subject: Re: Retainer Agreement

Hubert,
Attached is the engagement letter. I went ahead and prepared a combined one, since last years was not executed.

Please let me know if you have any questions.

Thanks,

Tommy L. Davis, CPA
Durbin & Company, L.L.P.
400 Austin Ave, Suite 1001

Waco, Texas 76701
254-757-2448 Office
254-255-4474 Fax
254-722-9395 Mobile
www.durbinco.com

From: Hubert Oxford <hoxfordiv@benoxford.com>
Date: Wednesday, February 10, 2016 at 8:21 AM
To: Tommy Davis <tommyd@dhcg.com>
Subject: Retainer Agreement

Tommy,

Will you send me a retainer agreement for next week's meeting in order for the Board to hire you guys to do the audit for 2014 and 2015?

Hubert Oxford, IV
Benckenstein & Oxford, L.L.P.
3535 Calder Avenue, Suite 300
Beaumont, Texas 77706
(409) 951-4721 Direct
(409) 351-0000 Cell
(409) 833-8819 Fax

CONFIDENTIAL NOTICE

This e-mail transmission (and/or the documents accompanying it) may contain confidential information belonging to the sender which is protected by the attorney-client privilege. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this e-mail in error, please immediately send a reply and delete the e-mail promptly. If there is any question or difficulty, please notify us by calling us collect at phone number (409) 833-9182.

Exhibit “F”



WINNIE STOWELL HOSPITAL DISTRICT

WWW.WSHD-TX.ORG

**PERSONNEL POLICIES
WINNIE STOWELL HOSPITAL DISTRICT**

Adopted February 17, 2016

NOTICE TO EMPLOYEES

Winnie Stowell Hospital District ("WSHD" or "District") operates under the legal doctrine of "employment-at-will" and, within requirements of state and federal law regarding employment, can dismiss an employee at any time, with or without notice, for any reason or no reason. Every effort will be made to ensure that employee dismissals are not made in an arbitrary and capricious manner; however, these personnel policies do not constitute an employment agreement between the District and any of its employees and in no way limit or restrict the at-will nature of employment. The District has the right to change these policies at any time, without prior notice to employees.

WELCOME

Welcome to employment with Winnie Stowell Hospital District. We are happy to have you as one of the team of employees that serves the people of our District. You will find public service a rewarding career.

As taxpayers ourselves, we expect nothing less than the highest quality of service from our government. As public servants, our objective is to provide the best possible service to the citizens of the District in a fair, efficient, and courteous manner. Your job is important to our overall success.

As a District employee, you have a responsibility to the citizens of District. How well you do your work and how you conduct yourself on the job are both subject to public approval. Often times, your contacts with citizens will be the only basis on which the District government is judged; therefore, you owe it to both the District and yourself to serve the public as best you can. The District is good place to work, but it is up to each individual employee to maintain his or her position as a result of good performance, proper attitude, and responsible action to the tax dollar.

This manual, and the personnel policies contained within it, are guidelines on how we work as a team to provide that public service. Whether you are a new or experienced employee, this manual will give you facts about the District, how it works, and the policies which govern us as employees.

The personnel policies and procedures of the District are adopted by the District's Board, are subject to regular review, and may be updated or changed from time to time without prior notice.

If you need more details on the District's policies and procedures, please consult the District Administrator.



Elroy Henry
Chairman,
Winnie Stowell Hospital District

Exhibit “G”



UNDERWRITING QUOTE SHEET

SUMMARY PAGE

Quote Number: **Q003458466 20160218** Quote Issue Date **2-17-2016**
 Underwriter: **INTERNET QUOTE**
 Producer: **31660 J S EDWARDS & SHERLOCK INS AGCY LLP**
PO BOX 22237 Quote generated in Austin, TX
BEAUMONT, TX 77720-2237

Contact: **LAWANNA DUGAT** (409) 951-3900 FAX (409) 833-1721
 Applicant: **WINNIE STOWELL HOSPITAL DISTRICT**
PO BOX 1997
WINNIE, TX 77665-1997

Fed ID: **611500560** Entity: **CORPORATION**
 Sic Code: **8011 OFFICES AND CLINICS** Group:
 Best Hazard: **06**
 Contact: **SHERRI NORRIS** (409) 201-3922
 Proposed Coverage Period: **2-18-2016** to **2-18-2017**

PREMIUM QUOTE SUMMARY -- TEXAS ONLY

PART ONE: WORKERS' COMPENSATION INSURANCE

CLASS	DESCRIPTION	RATE	PAYROLL	PREMIUM
8810	CLERICAL OFFICE EMPLOYEES NOC	.41	100,000.00	410.00
	Estimated Standard Premium			410.00

Prorate Factor	1.0000	Out-of-Network	In-Network
WAIVER OF SUBROGATION		.00	.00
INCREASED EMPLOYERS LIABILITY LIMITS		150.00	150.00
TOTAL PREMIUM SUBJECT TO MODIFICATIONS		560.00	560.00
PREMIUM MODIFIED TO REFLECT EXPERIENCE MOD OF ()		.00	.00
PREMIUM MODIFIED TO REFLECT SCHEDULE RATING OF (.86)		78.00-	78.00-
WORKERS' COMP HEALTH CARE NETWORK DISCOUNT (.12)		.00	58.00-
DEDUCTIBLE PREMIUM		.00	.00
ADMIRALTY/FELA OR L & H W		.00	.00
PREMIUM DISCOUNT, IF APPLICABLE () ()		.00	.00
EXPENSE CONSTANT CHARGE		150.00	150.00
Total Payroll	100,000.00	Estimated Annual Premium	632.00
Audit Frequency: ANNUAL		Deposit Premium	632.00
		Minimum Premium	178.00
			178.00

PART TWO: EMPLOYERS' LIABILITY INSURANCE

	Standard	Admiralty/F.E.L.A.	Offshore	
Bodily Injury By Accident	1,000,000	0	Each Accident	0 Upper
Bodily Injury By Disease	1,000,000		Each Employee	0 Lower
Bodily Injury By Disease	1,000,000	0	Policy Limit	

ENDORSEMENTS MADE PART OF THIS QUOTATION

See Schedule of Endorsements attached

NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is already included in workers' compensation policies. Losses resulting from certified acts of terrorism, as defined under the Terrorism Risk Insurance Act of 2002, as amended ("the Act"), would be partially reimbursed by the U.S. Government under a formula established by the Act. Under the formula, the U.S. Government will generally pay 85% of covered terrorism losses during a calendar year that exceed our insurer deductible; however, this percentage payout will decrease by 1% each year after 2015 until it reaches 80% in 2020. The Act provides an annual cap on liability that limits the U.S. Government's payment as well as our liability for any amount of losses from certified acts of terrorism that, in the aggregate for the industry, exceeds \$100,000,000,000 in a calendar year. The portion of your quoted premium that is attributable to coverage for acts of terrorism is \$0 and does not include any charges for the portion of losses covered by the U.S. Government under the Act.

Exhibit “H”

Consultant Agreement

This Agreement is made by and between **Winnie-Stowell Hospital District (CLIENT)**, and **Community Health Solutions, Inc., D/B/A FQHC Associates (CONSULTANT)**.

CLIENT agrees to retain **CONSULTANT** and **CONSULTANT** agrees to perform duties as outlined below for **CLIENT** in a professional manner acceptable to **CLIENT**.

CONSULTANT agrees to work in collaboration with **CLIENT's** staff, under the direction of the **CLIENT's** CEO, or designee. Primary staff on this engagement shall be **Steven Weinman** and **Bill Franz**. **CONSULTANT** may, with **CLIENT's** approval, engage other consultants to perform services as provided for under this agreement.

TERM: This agreement runs from **2/17/2016** until terminated by either party according to the terms of this agreement

CONSULTANT agrees to:

- (a) Provide a study outlining the feasibility of 1 – pursuing an FQHC or Look-Alike designation; 2 – creating a school based FQHC or Look-Alike, either as part of a larger FQHC, or as a stand-alone program, within the service area of the Winnie-Stowell Hospital District in Chambers County, Texas.
- (b) Perform any other mutually agreed upon duties as requested by **CLIENT**.
- (c) Travel to **CLIENT's** principal place of business in Chambers County, TX or any other mutually agreed upon location.
- (d) Be available for conference calls, videoconferences etc. with designated staff, at times agreeable to both parties.
- (e) Present **CLIENT** with an invoice, including itemized receipts for any out of pocket costs related to performing the work under this agreement, no later than 30 days beyond the end of the month during which the work was performed, unless other mutually acceptable arrangements are made.
- (f) Keep all patient and proprietary organizational data private, and not to share such data except as necessary to perform **CONSULTANT's** duties under this contract, and as allowed by HIPAA and/or other applicable Federal, State and local laws and regulations.
- (g) Divulge to **CLIENT** the nature of any financial or other significant relationship between **CONSULTANT** and any vendor whom **CONSULTANT** may recommend to **CLIENT**.

CLIENT agrees to:

- (a) Provide sufficient time and effort by the appropriate **CLIENT** staff to assist **CONSULTANT** in the carrying out of the duties as outlined in this agreement.
- (b) Provide necessary qualitative and quantitative data, as needed for **CONSULTANT** to perform duties as outlined in this agreement.
- (c) Provide **CONSULTANT** with appropriate credentials to access any system required to fulfill the terms of this agreement.

- (d) Compensate **CONSULTANT** in the amount of \$10,000 plus all reasonable travel and out of pocket expenses for work conducted under this agreement. Mileage will be payable at the IRS allowable rate, currently \$.54 per mile. Meals will be \$51/person/day on a per diem basis. All other expenses will be reimbursable at actual cost, with documentation provided.
- (e) Pay **CONSULTANT** according to the terms of this contract within fifteen (15) days of receipt of a correct and proper invoice delivered to **CLIENT** by email, to an address to be provided by the **CLIENT's** representative, as designated below. Overdue balances will accrue interest at the lesser of 18% per annum, or the maximum allowed by law in the State of Texas.

This agreement does not constitute an employment relationship between **CONSULTANT** and **CLIENT**, nor does it promise or imply any obligation to provide any future employment of **CONSULTANT** by **CLIENT**. **CLIENT** has no liability under this agreement beyond the explicitly expressed terms of this agreement. **CONSULTANT** is responsible for payment of any and all taxes as relating to this agreement.

For: **CONSULTANT**:

Steven D Weinman, Principal
FQHC Associates

2/9/2016

Date

For: **CLIENT**:

John E. Henry Sr

John E. Henry Sr
Printed Name

2/18/16

Date

Chairman
Title

Winnie-Stowell Hospital District