

Exhibit “A-1”

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**Form 2204 - Oath of Office
(General Information)**

The attached form is designed to meet minimal constitutional filing requirements pursuant to the relevant provisions. *This form and the information provided are not substitutes for the advice and services of an attorney.*

Execution and Delivery Instructions

The Oath is considered filed once it has been received by this office.

Mail: P.O. Box 12887, Austin, Texas 78711-2887.

Overnight mail or hand deliveries: James Earl Rudder Officer Building, 1019 Brazos, Austin, Texas 78701.

Fax: (512) 463-5569. If faxed, the original Oath should also be mailed to the appropriate address above.

Email: Scanned copies of the executed Oath may be sent to register@sos.state.tx.us. If emailed, the original Oath should also be mailed to the appropriate address above.

NOTE: Do not have the Oath of Office administered to you before executing and filing the Statement of Officer (Form 2201 – commonly referred to as the “Anti-Bribery Statement”) with the Office of the Secretary of State.

Commentary

All state or county officers, other than the governor, lieutenant governor, and members of the legislature, who qualify for office, are commissioned by the governor. Tex. Gov’t Code, Section 601.005. The Secretary of State performs ministerial duties to administer the commissions issued by the governor, including confirming that officers are qualified prior to being commissioned. Submission of this oath of office to the Office of the Secretary of State confirms an officer’s qualification so that the commission may be issued.

Pursuant to art. XVI, Section 1 of the Texas Constitution, the Oath of Office *may not* be taken until a Statement of Officer (see Form 2201) has been subscribed to and, as required, filed with the Office of the Secretary of State. Additionally, gubernatorial appointees who are appointed during a legislative session *may not* execute their Oath until after confirmation by the Senate. Tex. Const. art. IV, Section 12. A Statement of Officer form required to be filed with the Office of the Secretary of State is filed upon receipt by the Secretary of State. The Oath of Office may be administered by anyone authorized under the provisions of Chapter 602 of the Texas Government Code. Commonly used officials include notaries public and judges.

Officers Required to File Oath of Office with the Secretary of State:

- Gubernatorial appointees, appellate and district court judges, and district attorneys
- Directors of districts operating pursuant to chapter 36 or 49 of the Texas Water Code file a duplicate original of their Oath of Office within 10 days of its execution. Tex. Water Code Ann. Sections 36.055(d); 49.055(d)

Officers Not Required to File Oath of Office with the Secretary of State:

- Members of the Legislature elected to a *regular* term of office will have their Oath of Office administered in chambers on the opening day of the session and recorded in the appropriate Journal. Members elected to an *unexpired* term of office should file their Oath of Office with either the Chief Clerk of the House or the Secretary of the Senate, as appropriate.
- All other persons should file their Oaths locally. Please check with the county clerk, city secretary or board/commission secretary for the proper filing location.

Questions about this form should be directed to the Government Filings Section at (512) 463-6334 or register@sos.state.tx.us.

Revised 10/2011

This space reserved for office use

Submit to:
SECRETARY OF STATE
Government Filings Section
P O Box 12887
Austin, TX 78711-2887
512-463-6334



OATH OF OFFICE

Filing Fee: None

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS,
I, _____, do solemnly swear (or affirm), that I will faithfully
execute the duties of the office of _____ of
the State of Texas, and will to the best of my ability preserve, protect, and defend the Constitution and laws
of the United States and of this State, so help me God.

Signature of Officer

.....
State of _____)
County of _____)

Sworn to and subscribed before me
this _____ day of _____, 20____.

(seal)

Signature of Notary Public or Other Officer
Administering Oath

Printed or Typed Name

Exhibit “A-2”

**Form 2201 - Statement of Officer
(General Information)**

The attached form is designed to meet minimal constitutional filing requirements pursuant to the relevant provisions. *This form and the information provided are not substitutes for the advice and services of an attorney.*

Execution and Delivery Instructions

The Statement is considered filed once it has been received by this office.

Mail: P.O. Box 12887, Austin, Texas 78711-2887.

Overnight mail or hand deliveries: James Earl Rudder Officer Building, 1019 Brazos, Austin, Texas 78701.

Fax: (512) 463-5569.

Email: Scanned copies of the executed Statement may be sent to *register@sos.state.tx.us*.

NOTE: The Statement of Officer form, commonly referred to as the “Anti-Bribery Statement,” must be executed and filed with the Office of the Secretary of State before taking the Oath of Office (Form 2204).

Commentary

Article XVI, section 1 of the Texas Constitution requires all elected or appointed state and local officers to take the official oath of office found in section 1(a) and to subscribe to the anti-bribery statement found in section 1(b) before entering upon the duties of their offices. Local officers must retain the signed anti-bribery statement with the official records of the office. This form is designed for filing the anti-bribery statement by elected and appointed state-level officers.

Elected and appointed state-level officers required to file the anti-bribery statement with the Office of the Secretary of State include members of the Legislature, the Secretary of State, and all other officers whose jurisdiction is coextensive with the boundaries of the state or who immediately belong to one of the three branches of state government. Op. Tex. Att’y Gen. No. JC-0575 (2002).

Questions about whether a particular officer is a state-level officer may be resolved by consulting relevant statutes, constitutional provisions, judicial decisions, and attorney general opinions.

Questions about this form should be directed to the Government Filings Section at (512) 463-6334 or register@sos.state.tx.us.

Revised 01/2015

Submit to:
SECRETARY OF STATE
Government Filings Section
P O Box 12887
Austin, TX 78711-2887
512-463-6334
512-463-5569 - Fax
Filing Fee: None



STATEMENT OF OFFICER

Statement

I, _____, do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

Title of Position to Which Elected/Appointed: _____

Execution

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated therein are true.

Date: _____

Signature of Officer

Exhibit “B”

Exhibit “C”

WSHD Financial Reporting Sheet

Reporting Date: Tuesday, November 22, 2016

From	Sales Tax	Property Tax	County	Other	Net
MPAP Funds April 2016		\$0.00	\$0.00	\$2,394,195.12	\$2,394,195.12
MPAP Funds May 2016 (expected)					
Texas Comptroller	\$47,523.76		\$0.00	\$0.00	\$47,523.76
Total:	\$47,523.76	\$0.00	\$0.00	\$2,394,195.12	\$2,441,718.88

Expenses	For	Amount	Status	Funds Summary	Totals
Checks to Be Signed				Prosperity Operating	\$1,119,289.23
Benckenstein & Oxford	48252 Aug 2016	14,770.20		Interbank	\$815,076.14
Hubert Oxford	1/2 Retainer (Nov)	500.00		Prosperity CD	\$104,181.22
Josh Heinz	1/2 Retainer (Nov)	500.00		TexStar	\$654,010.03
David Sticker, CPA	Inv 19177	5,312.50		Net Cash Position	\$2,692,556.62
American Express	Nov. Inv	44.33		Net Expenses	-\$25,859.77
Star Graphics - Lease	Nov Inv	32.79	#2114	Ending Balance	\$2,666,696.85
Deputy	Nov. Reg Mtg	100.00		Last Month-Oct	
IHS	Inv	1,059.00		Prosperity Operating	\$2,027,389.99
Brookshire Bros Pharmacy	IC-Oct Rx's	2,765.57		Interbank	\$2,474,101.68
Willcox Pharmacy	IC-Oct Rx's	725.38		Prosperity CD	\$104,181.22
Carrol R Hand Ins Co	Renew Bond-JR	50.00	#2115	TexStar	\$653,776.68
Carrol R Hand Ins Co	Renew Bond-EM	50.00	#2116	Net Cash Position	\$5,259,449.57
Expenses Paid During Nov		144.33		Checks Drafted	-\$17,488.09
Expenses Paid at Nov RM		25,776.98		Ending Balance	\$5,241,961.48
Total Checks Drafted		25,859.77		Outstanding Loans	
ACH Withdraws				Loan #9 Balance (5/13/16-2/6/17)	\$3,620,000.00
Time Warner		169.98	ACH		\$3,620,000.00
Star Graphics - Contract		133.42	ACH		
ECISD		15,000.00	ACH		
IRS	Empoyee Taxes	1,688.96	ACH		
Total ACHs Drafted		16,992.36			
Nursing Home Expenses Paid During the Month					
Loan 8 Principle Due 11/6		3,620,000.00	Pd Nov. 4		
Oct Interest (Loans 8 & 9) Due 10/31		99,971.50	Pd Oct 31		
Proxy Payment to Genesis Due		669,006.12	Pd Oct 21		
LTC Payment March & April 2016		\$561,975.92	Pd Oct 28		
Total Nursing Home Expenses		4,950,953.54			
Total Expenses for Nov.		\$4,993,805.67			

Upcoming Nursing Home Revenue/Expenses	
Expense	Amount
Additional NH IGT (Due Nov 18)	500,693.70
Oct Interest (Loan 9) Due 11/30	49,985.75
Total	\$49,985.75

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

November 18, 2016

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

Re: Winnie Stowell Hospital District; Billable Invoice for August 2016 less Retainer;
Our File No. 87250.

Dear President Henry,

Attached, please find the invoice for Benckenstein & Oxford, LLP for work performed in August 2016. The invoice is for \$15,750.00; however, we have reduced this invoice by \$1,000.00 to account for the retainer previously paid bringing the balance owed to \$14,770.20. We request that this invoice be paid at either the upcoming November 22, 2016 Regular meeting.

In the month of August 2016, we spent time on a variety of matters including: 1) Genesis HUD transaction documents for the Woodlands and Clairmont facilities; 2) performed research and analysis on MPAP and QIPP programs; and worked with Board and staff on LTC fees. Please recall, all time spent on HUD transactions for Genesis are reimbursed 100%.

With this said, we ask you to please review the invoice, and if you have any questions or concerns about the invoice, please do not hesitate to ask me. Otherwise, we would respectfully request payment of fees incurred less the retainer for August 2016 totaling \$14,770.20.

With best wishes, I am

Sincerely,

BENCKENSTEIN & OXFORD, L.L.P.

By: 
Hubert Oxford, IV

Enclosure

Benckenstein & Oxford, L.L.P.

3535 Calder Avenue
Suite 300
Beaumont, TX 77706

November 18, 2016

INVOICE #: 48252 **HOIV**
Billed through: August 31, 2016
Client/Matter #: WSHD 87250

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

RE: Winnie-Stowell Hospital District

PROFESSIONAL SERVICES RENDERED

08/01/16	HOIV	Read, reviewed, and revised Hospital Study and submitted changes to counsel for Hospital to consider.	2.00 hrs
08/01/16	HOIV	Read, reviewed, and revised draft FQHC report and submitted proposed changes to counsel for the Hospital to consider and to FQHC & Associates for review.	2.00 hrs
08/01/16	HOIV	Received e-mail from staff regarding loan repayment and transfer of funds to Prosperity Bank and verified the amounts requested were correct.	0.60 hrs
08/01/16	HOIV	Drafted e-mail to District Clerk election calendar for upcoming November 8, 2016 election.	0.30 hrs
08/01/16	HOIV	Made revisions to election calendar following call with County Clerk.	0.60 hrs
08/03/16	HOIV	Made final comments to report for hospital needs assessment.	0.30 hrs
08/03/16	HOIV	Exchanged seven e-mails with staff regarding transfers for the nursing home MPAP program.	0.70 hrs
08/05/16	HOIV	Exchanged six (6) e-mails with staff and Caring Healthcare regarding the return of checks sent to several nursing facilities by SBTCC Superior.	0.80 hrs
08/05/16	HOIV	Worked with Genesis counsel on HUD Legal Opinion letter concerning MPAP funds and exchanged nine (9) e-mails regarding the same.	1.60 hrs
08/05/16	HOIV	Conference call with LTC Group regarding upcoming payment amounts and concerns regarding excessive costs.	0.70 hrs
08/05/16	HOIV	Drafted extensive e-mail to Board concerning the upcoming LTC payments and explained status of the MPAP payments to date.	0.80 hrs
08/08/16	HOIV	Reviewed e-mails from Genesis as well as proposed changes to nine (9) documents submitted for consideration by the District; made final edits, and returned the final revised to Genesis.	6.00 hrs
08/08/16	HOIV	Conference calls with Board members regarding questions involving the	0.60 hrs

payment of LTC invoices due.

08/08/16	HOIV	Received and reviewed election contract between the District and County Clerk's office.	0.80 hrs
08/09/16	HOIV	Conference call with County Clerk regarding upcoming election and received updated polling locations and then updated necessary postings.	0.80 hrs
08/09/16	HOIV	Conference calls with LTC and Board members regarding December 2015 and January 2016 LTC payments and then worked with staff on recording and facilitating the LTC payment for December 2015 and January 2016.	2.80 hrs
08/09/16	HOIV	Received and reviewed e-mail from Health and Human Services with extensive attachment regarding the Quality Incentive Payment Program.	0.60 hrs
08/09/16	HOIV	Conference call with counsel for Caring Healthcare regarding new lawsuit against Rosehaven and gathered requested information in order to defend the case.	1.20 hrs
08/11/16	HOIV	Drafted e-mail response to Gloria Roemer explaining ECISD school agreement and provided her with supporting documents.	0.40 hrs
08/11/16	HOIV	Received e-mail from State of Texas regarding the QIPP program along with a detailed attachment and exchanged fifteen (15) e-mails with LTC to inquire about the program and receive their thoughts.	2.40 hrs
08/11/16	HOIV	Began drafted minutes for the July 2016 Regular meeting.	1.30 hrs
08/12/16	HOIV	Exchanged five (5) e-mails with LTC Group concerning upcoming board meeting and the need to have a nursing report for the meeting.	0.40 hrs
08/12/16	HOIV	Finalized draft minutes for July 2016 and submitted to Board for review.	1.00 hrs
08/15/16	HOIV	Exchanged ten (10) e-mails with LTC and staff to arrange meeting on August 22, 2016	0.20 hrs
08/15/16	HOIV	Exchanged eight (8) e-mails with staff and Genesis regarding the status of TDAD's re-enrollment for the Genesis facilities.	0.70 hrs
08/15/16	HOIV	Received e-mail from Riceland Hospital staff concerning to upcoming IGT and made a number of calls to Board members to reschedule regular meeting until August 24, 2016 in order to avoid a special meeting.	0.80 hrs
08/16/16	HOIV	Received e-mail from State of Texas with maximum IGT amounts for the Hospital's participation in the Uncompensated Care Program and dates for commitment and then began organizing a summary of IGTs and Uncompensated Care Payments going back to July 2013 in order to give the Board an overview of their past payments.	4.30 hrs
08/17/16	HOIV	Continued working on reconciling IGTs and Uncompensated Care Payments for the 1115 Waiver program and drafted e-mails to Hospital and the Board advising them of the status of IGT payments and compared to Indigent Care treatment by the Hospital.	4.00 hrs
08/19/16	HOIV	Exchanged five e-mails with Caring Healthcare regarding MPAP, QIPP, and the District's vendors for MPAP.	0.50 hrs

08/19/16	HOIV	Received and responded to e-mails from Riceland notifying the District that the 1115 IGT payment has been postponed until September 8, 2016.	0.20 hrs
08/19/16	HOIV	Received and reviewed letter from MPAP regarding MPAP extension and needed request by State for MPAP funds to CMS; forwarded to Board for review.	0.40 hrs
08/22/16	HOIV	Prepared for meeting with LTC and Finance Committee to discuss LTC Fees for MPAP and fees going forward.	4.00 hrs
08/22/16	HOIV	Attended meeting with Finance Committee and LTC Personnel to discuss LTC Fees for MPAP and status of QIPP program.	3.00 hrs
08/22/16	HOIV	Received and reviewed letter from State of Texas to CMS regarding continuance MPAP program.	0.30 hrs
08/23/16	HOIV	E-mail to County Clerk, advising her that the District has an uncontested election.	0.20 hrs
08/24/16	HOIV	Received Open Letter request for Clairmont facility and had a conference call with requestor in order to get an explanation for the request.	0.80 hrs
08/24/16	HOIV	Exchanged four e-mails with client, LTC Group, and counsel for Genesis regarding public information request for Clairmont.	1.30 hrs
08/24/16	HOIV	Prepared for and attended regular monthly Board meeting.	2.70 hrs
08/25/16	HOIV	Worked with Staff to gather documents for 2014 audit.	1.00 hrs
08/25/16	HOIV	Researched terms of office and timeline for new board members to take office; prepared e-mail to Board members advising them of findings.	1.40 hrs
08/25/16	HOIV	Conference call with incoming board member to discuss the status of the District.	1.00 hrs
08/25/16	HOIV	Received, researched, and responded to six (6) e-mails from Genesis regarding the Attorney Opinion and the outstanding lawsuits against the District to be included in the opinion.	1.00 hrs
08/25/16	HOIV	Gathered information on lawsuits filed against Caring Healthcare facility in order to respond to requests by Genesis for the HUD loan applications.	0.70 hrs
08/25/16	HOIV	Received open records requests by Hazel Meaux and began gathering documents in order to respond to the requests; exchanged five (5) e-mails with staff regarding the same.	2.30 hrs
08/31/16	HOIV	Prepared for and attended Special Meeting.	2.50 hrs
08/31/16	HOIV	Drafted Special Meeting Minutes for August 31st 2016 meeting.	1.00 hrs
		Total fees for this matter	\$15,750.00

DISBURSEMENTS

08/22/16		Federal Express; Invoice # 5-516-82786; Federal Express/Express Mail	20.20
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Total disbursements for this matter

\$20.20

BILLING SUMMARY:

Oxford, IV Hubert	63.00 hrs @	\$250.00 /hr	\$15,750.00
TOTAL FEES			\$15,750.00
TOTAL DISBURSEMENTS			\$20.20
TOTAL CHARGES FOR THIS INVOICE			\$15,770.20
RETAINER			\$1,000.00 CR
TOTAL BALANCE NOW DUE			\$14,770.20

Federal ID# 74-1646478

Invoice Terms: Net 10 Days Upon Receipt
Please Reference Invoice Number on Your Check

David Sticker & Co. P.C.
Certified Public Accountant
2180 Eastex Freeway
Beaumont, TX 77703
(409) 899-3000

Invoice
submitted to:
Winnie Stowell Hospital District
PO Box 1997
Winnie, TX 77665

RECEIVED
NOV 18 2016

11/18/2016

Invoice # 19177

Professional Services

	<u>Amount</u>
10/18/16 Accounting services through October 19 through November 17, 2016:	5,312.50
10-19-16 Board meeting 3.00 Hrs.	
10-27-16 Compile and prepare Quarterly payroll tax reports 1.50 Hrs.	
11-3-16 Work on year end reconciliations for 2014, & 2015. 7.00 Hrs.	
11-7-16 Work with Sherrie on accounting issues and review 4.50 Hrs.	
11-8-16 Review accounts, make corrections and prepare for budget amendments 7.00 Hrs.	
11-11-16 Work on 2016 adjustments and prepare amended budget for review. 9 Hrs.	
11-14-16 Attend special meeting and work with Sherrie on books. 4.00 Hrs.	
11-15-16 - Finalize 2014 1.50 Hrs.	
11-17-16 Finalize 2015 5.00 Hrs.	
TOTAL Hrs. - 42.50 @ \$125.00 = \$5,312.50	
For professional services rendered	<u>\$5,312.50</u>
Balance due	<u><u>\$5,312.50</u></u>



Blue for Business®
 WINNIE STOWELL HOSPI
 JOHN E HENRY SR

Closing Date 11/10/16 Next Closing Date 12/11/16

OPENSM

Account Ending 0-51003

New Balance **\$44.33**
Minimum Payment Due **\$35.00**
Payment Due Date **12/05/16[‡]**

[‡]**Late Payment Warning:** If we do not receive your Minimum Payment Due by the Payment Due Date of 12/05/16, you may have to pay a late fee of up to \$38.00 and your APRs may be increased to the Penalty APR of 27.49%.

Membership Rewards® Points

Available and Pending as of 09/30/16

44,517

For up to date point balance and full program details, visit membershipewards.com

Account Summary

Previous Balance	\$991.57
Payments/Credits	-\$991.57
New Charges	+\$44.33
Fees	+\$0.00
Interest Charged	+\$0.00

New Balance **\$44.33**
Minimum Payment Due **\$35.00**

Credit Limit	\$15,500.00
Available Credit	\$15,455.67
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	2 months	\$45

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

➔ See page 2 for important information about your account.

Customer Care

Pay by Computer
open.com/pbc

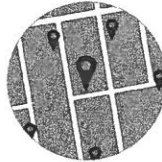
Customer Care 1-877-258-3254
Pay by Phone 1-800-472-9297

➔ See page 2 for additional information.

MORE PLACES TO SPEND WITH YOUR CARD.
MORE WAYS TO SHOP SMALL®.



Check out shopsmallnow.com/open to find places near you that now accept your American Express® Card.



↓ 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
12/05/16
 New Balance
\$44.33
 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 000004433000003500 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 11/10/16

OPEN_{SM}

Account Ending 0-51003

Payments and Credits

Summary

	Total
Payments	-\$991.57
Credits	\$0.00
Total Payments and Credits	-\$991.57

Detail *Indicates posting date

Payments	Amount
10/22/16* JOHN E HENRY SR PAYMENT RECEIVED - THANK YOU	-\$991.57

New Charges

Summary

	Total
SHERRIE NORRIS 0-51011	\$44.33
Total New Charges	\$44.33

Detail

 **SHERRIE NORRIS**
 Card Ending 0-51011

	Amount
10/30/16 INTUIT *PAYROLLEE USAG 800-446-8848 CA T1-D38E3-76 92129	\$4.33
11/01/16 GOOGLE *SVCSAPPS_WSHD- CC@GOOGLE.COM CA ADVERTISING	\$40.00

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



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

Prepared for JOHN E HENRY SR

Account Number 1M70555067

Total Points Balance **44,517**

Points Earned this Period **105**

Account Summary September 1, 2016 - September 30, 2016

Opening Points Balance	44,412
Points Earned this Period	+105
Points Used this Period	0
Reinstated Points and Adjustments	0
Total Points Balance	44,517

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: 1-336-393-1111

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

September 1, 2016 - September 30, 2016

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	105	0	105
Total	105	0	105

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 1-336-393-1111.

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



OPEN Savings® Summary

WINNIE STOWELL FOSPI
JOHN E HENRY SR

Closing Date 11/10/16

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® 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.



GREAT NEW PLACES

Margaritaville Hotel - Plan your next business meeting at this 22 story resort overlooking the MS Gulf Coast.
margaritavilleresortbiloxi.com or **800-794-1582**

CE 300244

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.

AMERICAN EXPRESS OPEN® TALKS TO YOUR QUICKBOOKS®

Using QuickBooks Online? You can save time managing expenses by enrolling in Connect to QuickBooks, a feature that comes with your Business Card that automatically transfers your Business Card transactions to your QuickBooks every day.

Learn more today at OPEN.com/QuickBooks.



“ It helps me free up time and energy so I can reinvest it back into growing my business. ”

Michael Morley
Owner
Book Solutions LLC

SHOP SMALL.® EARN BIG.

Get **2X rewards** by earning 1 additional Membership Rewards® point for each dollar spent using your enrolled Card at small businesses listed on the Shop Small Map, available at shopsmallnow.com, through 12/31/16 on up to \$250,000 in purchases. Terms apply.

Visit open.com/shopsmallMR1 to view the full terms of the offer and enroll your eligible Card.

Your Card must also be enrolled in the Membership Rewards® program.

2X REWARDS



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.



4785 Eastex Freeway Beaumont, TX 77706
 P: 409-892-0671 F: 409-892-6323

CONTRACT INVOICE

Invoice Number: INV485595
 Invoice Date: 10/17/2016

Bill To: Winnie - Stowell Hospital District
 PO Box 1997
 Winnie, TX 77665

Customer: Winnie - Stowell Hospital District
 538 Broadway
 Winnie, TX 77665

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
3A0064	Net 30	11/16/2016	\$32.79	\$32.79	
Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
4457-01		\$30.29		01/26/2016	01/25/2021
Remarks					

Summary:

Contract base rate charge for this billing period	\$0.00
Contract overage charge for the 09/26/2016 to 10/25/2016 overage period	\$30.29**
	\$30.29

**See overage details below

Detail:

Equipment included under this contract

KM/227

Number	Serial Number	Base Adj.	Location						
3A2812	A7AK011001716	\$0.00	Winnie - Stowell Hospital District 538 Broadway Winnie, TX 77665						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B\W	3A2812 - B\W	16,561	19,315		2,754	0	2,754	\$0.011000	\$30.29
									\$30.29

Pd CK # 2114

Please include invoice number on check.
 Remit payment to:
 PO Box 7186
 Beaumont, TX 77726-7186
 Fed ID # 76-0385530

Invoice SubTotal	\$30.29
Tax:	\$2.50
Invoice Total	\$32.79
Balance Due:	\$32.79

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

Invoice # 63307

Phone # (800) 834-0560

Fax # (936) 756-6741

RECEIVED

NOV - 4 2016

Date: 11/1/2016

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

Terms: Net receipt of invoice

Professional services for the month of December 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

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 11/16/16-11/16/16

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

Vendor #: 65460

GL #	Description	Amount
WSHD	Wshd	2,765.57
Expenditures		2,765.57
Reimb/Adjustments		0.00
Grand Total		2,765.57

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid	Posted
036-2475*65460*12	WSHD	10/04/16	29.91	29.91	
036-2475*65460*12	WSHD	10/04/16	34.40	34.40	
036-2475*65460*12	WSHD	10/04/16	45.21	45.21	
036-2749*65460*17	WSHD	10/27/16	25.00	25.00	
036-2749*65460*17	WSHD	10/27/16	25.00	25.00	
036-2749*65460*17	WSHD	10/27/16	12.00	12.00	
036-2811*65460*13	WSHD	10/25/16	45.77	45.75	
036-3217*65460*16	WSHD	10/26/16	25.00	25.00	
036-3217*65460*16	WSHD	10/03/16	188.26	179.77	
036-3217*65460*16	WSHD	10/03/16	6.21	6.21	
036-3413*65460*12	WSHD	10/05/16	384.27	384.27	
036-3413*65460*12	WSHD	10/05/16	32.77	32.77	
036-3413*65460*12	WSHD	10/05/16	5.00	5.00	
036-3426*65460*17	WSHD	10/13/16	40.00	40.00	
036-3426*65460*17	WSHD	10/01/16	15.00	15.00	
036-3426*65460*17	WSHD	10/01/16	29.91	29.91	
036-3426*65460*17	WSHD	10/13/16	40.00	40.00	
036-3432*65460*9	WSHD	10/24/16	10.00	10.00	
036-3432*65460*9	WSHD	10/24/16	5.00	5.00	
036-3432*65460*9	WSHD	10/04/16	36.53	27.25	
036-3432*65460*9	WSHD	10/24/16	5.00	5.00	
036-3432*65460*9	WSHD	10/24/16	24.70	24.70	
036-3432*65460*9	WSHD	10/25/16	30.00	30.00	
036--3424*65460*6	WSHD	10/10/16	5.00	5.00	
1002*65460*9	WSHD	10/08/16	22.29	22.29	
1002*65460*9	WSHD	10/08/16	30.96	30.96	
1012*65460*2	WSHD	10/10/16	26.35	26.35	
1012*65460*2	WSHD	10/10/16	68.79	54.67	
1012*65460*2	WSHD	10/10/16	13.75	13.75	
1013*65460*7	WSHD	10/03/16	209.33	129.26	
1016*65460*6	WSHD	10/07/16	31.23	31.23	
1016*65460*6	WSHD	10/07/16	29.75	27.05	
1016*65460*6	WSHD	10/12/16	12.00	12.00	
1016*65460*6	WSHD	10/06/16	16.96	13.17	
1018*65460*5	WSHD	10/03/16	69.92	37.63	

©IHS
Issued 11/03/16

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 11/16/16-11/16/16

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

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid	Posted
1018*65460*5	WSHD	10/11/16	98.00	98.00	
1018*65460*5	WSHD	10/10/16	26.66	26.66	
1019*65460*5	WSHD	10/31/16	439.53	369.80	
1021*65460*5	WSHD	10/01/16	12.71	9.36	
1021*65460*5	WSHD	10/06/16	3.30	3.30	
1023*65460*3	WSHD	10/04/16	7.50	7.50	
1023*65460*3	WSHD	10/04/16	5.00	5.00	
1024*65460*3	WSHD	10/06/16	10.56	10.56	
1025*65460*2	WSHD	10/24/16	32.48	30.19	
1029*65460*2	WSHD	10/04/16	5.00	5.00	
1030*65460*3	WSHD	10/17/16	14.90	14.90	
1030*65460*3	WSHD	10/17/16	30.30	30.30	
1030*65460*3	WSHD	10/01/16	11.93	11.93	
1030*65460*3	WSHD	10/24/16	53.67	53.62	
1030*65460*3	WSHD	10/17/16	26.33	26.33	
1031*65460*1	WSHD	10/18/16	5.00	5.00	
1031*65460*1	WSHD	10/18/16	157.14	157.14	
1032*65460*2	WSHD	10/13/16	4.19	4.19	
1032*65460*2	WSHD	10/13/16	5.00	5.00	
1032*65460*2	WSHD	10/05/16	23.85	23.85	
1032*65460*2	WSHD	10/31/16	5.00	5.00	
1032*65460*2	WSHD	10/31/16	39.60	39.60	
1033*65460*2	WSHD	10/17/16	334.44	291.96	
1033*65460*2	WSHD	10/15/16	25.34	24.54	
1033*65460*2	WSHD	10/15/16	26.33	26.33	
	***		3,035.03	2,765.57	
	***		3,035.03	2,765.57	

60 records listed.
23 invoices listed.

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 11/16/16-11/16/16

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

Vendor #: 18651

GL #	Description	Amount
WSHD	Wshd	725.38
	Expenditures	725.38
	Reimb/Adjustments	0.00
	Grand Total	725.38

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid	Posted
036-2783*18651*65	WSHD	10/21/16	190.82	181.09	
036-2783*18651*65	WSHD	10/21/16	116.33	13.56	
036-2783*18651*65	WSHD	10/21/16	81.87	39.84	
036-3068*18651*45	WSHD	10/12/16	75.00	33.78	
036-3364*18651*33	WSHD	10/28/16	20.00	20.00	
036-3364*18651*33	WSHD	10/28/16	24.00	24.00	
036-3364*18651*33	WSHD	10/28/16	22.85	22.85	
036-3364*18651*33	WSHD	10/28/16	16.23	9.02	
036-3364*18651*33	WSHD	10/28/16	54.86	54.86	
1008*18651*7	WSHD	10/11/16	75.00	43.36	
1020*18651*4	WSHD	10/17/16	54.29	26.93	
1020*18651*4	WSHD	10/05/16	228.53	181.09	
1034*18651*1	WSHD	10/26/16	75.00	75.00	
	***		1,034.78	725.38	
	***		1,034.78	725.38	

13 records listed.
6 invoices listed.

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

Date Printed: OCT 31 2016

Invoice Number: 13249
CLIENT#: 2133

Due Date: DEC 10 2016
Total amount due: \$50.00

Remit To:

Carroll R. Hand Insurance Agency
P O Drawer 1000
Anahuac, TX 77514

Amount of remittance: \$ _____

Please return this portion with payment

Invoice Date: DEC 10 2016

Type: A

Invoice # 13249

Trans Code	Coverage Eff Date	Policy#	Line of Business	Description	Amount
RE	DEC 10 2016	TX 804414	Surety Bonds	Renewal Edward Murrell bond	\$50.00

TOTAL AMOUNT DUE: \$50.00

Pd CK # 2116

Carroll R. Hand Insurance Agency
P O Drawer 1000
Anahuac, TX 77514

PHONE : (409) 267-3115

FAX: (409) 267-3451

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

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

Date Printed: OCT 31 2016

Invoice Number: 13251
CLIENT#: 2133

Due Date: DEC 10 2016
Total amount due: \$50.00

Remit To:

Carroll R. Hand Insurance Agency
P O Drawer 1000
Anahuac, TX 77514

Amount of remittance: \$ _____

Please return this portion with payment

Invoice Date: DEC 10 2016

Type: A

Invoice # 13251

Trans Code	Coverage Eff Date	Policy#	Line of Business	Description	Amount
RE	DEC 10 2016	TX 804413	Surety Bonds	Renewal Jeff Rollo bond	\$50.00

TOTAL AMOUNT DUE: \$50.00

Pd CR # 2115

Carroll R. Hand Insurance Agency
P O Drawer 1000
Anahuac, TX 77514

PHONE : (409) 267-3115

FAX: (409) 267-3451

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

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

Date Printed: OCT 31 2016

Invoice Number: 13250
CLIENT#: 2133

Due Date: DEC 10 2016
Total amount due: \$50.00

Remit To:

Carroll R. Hand Insurance Agency
P O Drawer 1000
Anahuac, TX 77514

Amount of remittance: \$ _____

Please return this portion with payment

Invoice Date: DEC 10 2016

Type: A

Invoice # 13250

Trans Code	Coverage Eff Date	Policy#	Line of Business	Description	Amount
RE	DEC 10 2016	TX 804412	Surety Bonds	Renewal Elroy Henry bond	\$50.00

TOTAL AMOUNT DUE: \$50.00

Cancelled

Carroll R. Hand Insurance Agency
P O Drawer 1000
Anahuac, TX 77514

PHONE : (409) 267-3115

FAX: (409) 267-3451

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



October 26, 2016

Auto Pay Notice

Account: **8260 17 029 0121119**
Phone Number: (409) 201-3922
Security Code: **1931**
Service At: **538 BROADWAY**
WSHD RM

Contact Us WINNIE TX 77665-7600

Visit us at business.twc.com

Or, call us at 866-519-1263

RECEIVED
NOV - 1 2016

In the Know . . .

Important Rate Update. Effective December 20, 2016 the rates for unreturned equipment will be adjusted as indicated below. No action is required at this time for accounts in good standing or accounts with a master service agreement.

Unreturned Equipment

- Digital Receiver \$123.00
- WiFi Modem/Extender/Router/Gateway \$78.00
- Access Point \$172.00



Summary

*Service from 11/05/16 through 12/04/16
details on following pages*

Previous Balance	340.08
Payments Received -Thank You!	-340.08
Remaining Balance	0.00
Internet/Data Services	119.95
Phone Services	43.99
Additional Discounts	-14.00
Taxes, Fees and Charges	20.04
Current Charges	169.98
YOUR AUTO PAY WILL BE PROCESSED 11/16/16	
Total Due by Auto Pay	\$169.98

Thank you for choosing Time Warner Cable Business Class.

We appreciate your prompt payment and value you as a customer.

Auto Pay. Thank you for signing up for auto pay. Please note your payment may be drafted and posted to your Time Warner Cable Business Class account the day after your transaction is scheduled to be processed by your bank.

October 26, 2016

Winnie Stowell Hospital

Account: 8260 17 029 0121119
Phone Number: (409) 201-3922
Service At: 538 BROADWAY
WSHD RM
WINNIE TX 77665-7600



7010 AIRPORT RD EL PASO TX 79906-4943
8260 1700 NO RP 26 10272016 NYNNNNNN 01 006089 0021

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

Total Due by Auto Pay \$169.98



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



826017029012111900169987

Account: Winnie Stowell Hospital
8260 17 029 0121119
Security Code: **1931**

Contact Us

Visit us at business.twc.com
Or, call us at 866-519-1263

8260 1700 NO RP 26 10272016 NYNNNNNN 01 006089 0021

Charge Details

Previous Balance		340.08
Payment - Thank You	09/28	-170.04
1-Time EFT Payment	10/17	-170.04
Remaining Balance		\$0.00

Payments received after 10/26/16 will appear on your next bill.
Service from 11/05/16 through 12/04/16

Internet/Data Services

Broadband HSD - 10mx2m		119.95
		\$119.95
Taxes	State and Local Sales Tax	6.45
Fees & Charges	TWC State Cost Recovery Fee	0.63
		\$7.08

Internet/Data Services Total \$127.03

Phone Services

Phone number (409) 296-1003

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		54.95
	BCP Tracking 3y L1, Business Class Phone	
\$29.99 BCP Uld 36mo D/t		-10.96
		\$43.99
Taxes	State and Local Sales Tax	2.64
Fees & Charges	TWC Regulatory Recovery Fee	0.55
	TWC PUC Recovery Fee	0.04
	E911 Fee	0.50
	State Universal Service Fund	0.73
	E911 Equalization Surcharge	0.06
	Federal Universal Service Fund	1.74
	Federal Subscriber Line Charge	6.50
	TWC State Cost Recovery Fee	0.20
		\$12.96

Phone Services Continued

For additional call details,
please visit business.twc.com/myaccount.

Phone Services Total \$56.95

Additional Discounts

BCP Double 3Yr W/video	-14.00
Additional Discounts Total	-\$14.00

Current Charges	\$169.98
Total Due by Auto Pay	\$169.98



Billing Information

Tax and Fees - This statement reflects the current taxes and fees for your area (including sales, excise, user taxes, etc.). These taxes and fees may change without notice.

Notice - Nonpayment of any portion of your cable television, high-speed data, and/or Digital Phone service could result in disconnection of any of your Time Warner Cable provided services.

Recovery Fee - 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.

Video Closed Captioning Issues - Experiencing technical issues with closed captioning? Call 1-866-892-4249, email closedcaption@twcable.com, or fax 1-877-430-1386. Address written complaints to W. Wesselman, Legal, 13620 Sunrise Valley Dr., Herndon, VA 20171, email cissues@twcable.com, or fax 1-704-697-4935. To follow up on a written submission only, call 1-877-276-7432.

Programming Changes - For information on any upcoming programming changes please consult the Legal Notices published in Beaumont Enterprise on the 1st and 3rd Wednesday each month and on twc.com.

Continued on the next page

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GO GREEN with Time Warner Business Class.

Online Bill Pay is helping the environment one customer at a time.
It's easy - all you need to do is sign up for Online Bill Pay.
It will save you money on postage and time - and it will also save trees!

Enrolling is easy, just go to business.twc.com/myaccount.
Each month, you'll receive a paperless e-bill that you pay online with your choice of payment options.

- Debit Card - Credit Card - Electronic Funds Transfer
- Receive a quick summary of your account at any time
- Access up to 6 months of statements

For questions or concerns, please call 1-866-519-1263.



October 26, 2016

Account: Winnie Stowell Hospital
8260 17 029 0121119
Security Code: **1931**

Contact Us

Visit us at business.twc.com

Or, call us at 866-519-1263

8260 1700 NORP 26 10272016 NYNNNNNN 01 006089 0021

Past Due Fee / Late Fee Reminder - A late fee will be assessed for past due charges for service.

Authorization to Convert your Check to an Electronic Funds

Transfer Debit - 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 acknowledgment and acceptance of this policy and its terms and conditions.





Page 4 of 4

October 26, 2016

Account:
Security Code:

Winnie Stowell Hospital
8260 17 029 0121119
1931

Contact Us

Visit us at business.twc.com

Or, call us at 866-519-1263

8260 1700 NO RP 26 10272016 NYNNNNNN 01 005089 0021



STAR GRAPHICS INC
 PO BOX 41602
 PHILADELPHIA, PA 19101-1602

REMITTANCE SECTION

Invoice Number: 52100937
 Due Date: 11/15/2016
 Due This Period: \$133.42

Amount Enclosed: \$ _____

Please make check payable to:

STATE OF TEXAS DBA WINNIE-STOWELL HOSPITAL DISTRICT
 EMAIL INVOICING ATTN: ACCOUNTS PAYABLE
 PO BOX 1997
 WINNIE TX 77665-1997

STAR GRAPHICS INC
 PO BOX 41602
 PHILADELPHIA, PA 19101-1602



2100000521009370000133425

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.

STAR GRAPHICS INC
 PO BOX 41602
 PHILADELPHIA, PA 19101-1602
 800-736-0220

Contract Number: 25377446
 Invoice Number: 52100937
 Account Number: 966321
 Site Number: 3596788
 Invoice Date: 10/22/2016
 Period of Performance: 10/15/2016-11/14/2016
 Due This Period: \$133.42

Visit www.lesseedirect.com

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- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

IMPORTANT MESSAGES

*This invoice will be paid through an electronic payment transaction as previously authorized by you.

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$104.56	\$8.49	\$113.05	\$0.00	\$113.05
INSURANCE	\$18.83	\$1.54	\$20.37	\$0.00	\$20.37
Billed this Invoice	\$123.39	\$10.03	\$133.42	\$0.00	\$133.42
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$133.42

(Please see the following pages for details.)

ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25377446	A7AK01100171 6		KONMIN / BH227	25377446_1				\$104.56	\$8.49	\$113.05
Asset Location: 538 BROADWAY WINNIE CHAMBERS TX 77665-7600 United States								Asset Amount Total:		\$113.05

WINNIE-STOWELL HOSPITAL DISTRICT
 LTC Capital, LLC
 Interest Amortization Schedule

Loan 9

Interest Rate 16.80%
 Days 270
 Acceptance Date FUNDS RECEIVED 5/13/16

Date	Loan Amount	Interest	Payments
5/31/2016			\$49,985.75
6/30/2016			\$49,985.75
7/31/2016			\$49,985.75
8/31/2016			\$49,985.75
9/30/2016			\$49,985.75
10/31/2016			\$49,985.75
11/30/2016	\$3,620,000.00	\$49,985.75	\$49,985.75
		<u>\$49,985.75</u>	

Loan 9 - Int. Due 11/30/16:	\$49,985.75
Wired funds needed to pay Int. Due:	\$49,985.75

Wiring Instructions
 From Prosperity Bank
 To
 Graham Interbank
 455 Elm St.
 Graham, Texas 76450
 Routing No. 111905230

LTC Capital, LLC
 455 Elm St., Suite 100
 Graham, Texas 76450
 Account No.: 1755390799

Exhibit “D-1”

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

		Amendment #3 Approved 12/17/14	Actual Accrual Basis	Difference BW Final Budget and Accrued Actuals
Budgetary fund balance, January 1		\$946,933.00	\$1,006,436.00	\$59,503.00
Resources (inflows):				
Sales Tax Revenue		\$695,000.00	\$661,342.00	-\$33,658.00
Interest Income		\$925.00		
Miscellaneous		\$10,705.00	\$11,671.00	\$966.00
Loan Proceeds - UPL Program				
Nursing Home - UPL Program		\$14,552,391.00	\$12,876,136.00	-\$1,676,255.00
Amounts available for appropriation		\$16,205,954.00	\$13,549,149.00	-\$2,656,805.00
Charges to appropriations (outflows):				
1 1115 Waiver Program		\$247,888.00	\$247,888.00	\$0.00
2 Administrative Expenses		\$1,500.00		-\$1,500.00
3 Administrative Payroll Tax Expense		\$500.00	\$493.00	-\$7.00
4 Administrative Services		\$15,000.00	\$15,712.00	\$712.00
5 Assistance Program		\$40,000.00	\$40,000.00	\$0.00
6 Audit/Accounting		\$30,000.00	\$18,131.00	-\$11,869.00
7 Bank Service Fees			\$62.00	\$62.00
8 Bankruptcy Fees		\$163,592.00	\$163,592.00	\$0.00
9 Bonds (Board and Employee)		\$325.00	\$400.00	\$75.00
10 Consultant Fees		\$50,000.00	\$49,034.00	-\$966.00
11 Contingency		\$100,000.00		-\$100,000.00
12 County Indigent		\$36,000.00	\$22,435.00	-\$13,565.00
13 Depreciation			\$25,627.00	\$25,627.00
14 Education		\$0.00	\$0.00	\$0.00
15 Election Cost		\$0.00	\$0.00	\$0.00
16 Insurance		\$3,700.00	\$4,296.00	\$596.00
17 Legal Fees		\$475,000.00	\$462,347.00	-\$12,653.00
18 Notices & Fees		\$5,500.00	\$5,107.00	-\$393.00
19 Nursing Home Program - Interest Expense		\$43,429.92	\$24,272.00	-\$19,157.92
20 Nursing Home Program Management Fee		\$6,103,583.00	\$4,150,292.00	-\$1,953,291.00
21 Principle Payments on UPL Program Loans			\$4,872.00	\$4,872.00
22 Project Cost-Nursing Home-UPL Program (LTC)		\$6,011,591.00	\$1,197,168.00	-\$4,814,423.00
23 IGT Payments			\$5,401,539.00	\$5,401,539.00

24	Nursing Home Bonds					\$4,320.00	\$4,320.00
25	Provider Retention		\$12,000.00			\$10,000.00	-\$2,000.00
26	Purchase of Equipment		\$5,000.00				-\$5,000.00
27	Supplies		\$2,000.00			\$2,122.00	\$122.00
28	Telephone & Internet		\$1,000.00			\$849.00	-\$151.00
19	Travel		\$4,000.00			\$2,049.00	-\$1,951.00
	Total Expenses		\$13,347,608.92			\$11,852,607.00	-\$1,499,001.92
	Net Profits		\$	\$ 2,858,345.08		\$1,696,542.00	-\$1,161,803.08
	Beginning Net Asset Balance					\$1,006,436.00	
	Ending Net Asset Balance					\$2,702,978.00	

Exhibit “D-2”

**Winnie-Stowell Hospital District
 AMENDED BUDGET FOR THE YEAR ENDING 12/31/15 (12/16/15)**

		Amended Budget #3 (Approved 12/15/15)			11-22-2016 Accrued Amounts Spent	
Hospital District	Nursing Home Program	Indigent Care Program	Final Budget Approved for 2015 Year	Increase or Decrease in Budget Proposed	Adjusted Final Accrual Basis 11-22-2016	Difference BW Actual Accrual and Final Budget
			\$2,702,978.00		\$2,702,978.00	\$0.00
Beginning Net Asset Balance						
Resources (inflows):						
	Sales Tax Revenue		\$565,000.00	(\$130,000.00)	\$587,235.00	\$22,235.00
	Interest Income		\$2,700.00	\$200.00	\$2,971.00	\$271.00
	Miscellaneous (Tabacco Settlement)		\$13,182.00	\$0.00	\$13,182.00	\$0.00
	Loan Proceeds - Building		\$320,000.00	\$0.00	\$320,000.00	\$0.00
	Sale of Building		\$0.00	\$0.00	\$0.00	\$0.00
	Loan Proceeds - UPL Program		\$22,630,000.00	\$2,990,000.00	\$0.00	(\$22,630,000.00)
	Nursing Home - UPL Program (net of IGT)		\$15,825,000.00	(\$19,850,000.00)	\$34,541,153.00	\$18,716,153.00
	Total Revenue	\$0.00	\$39,455,882.00	(\$15,989,800.00)	\$35,464,541.00	(\$3,891,341.00)
Charges to appropriations (outflows):						
	Administrative Salary		\$31,200.00	\$0.00	\$31,240.00	\$40.00
	Administrative Assistant		\$2,240.00	\$2,240.00	\$2,240.00	\$0.00
	Administrative Services (Contract Basis & Security)		\$11,200.00	\$0.00	\$9,752.00	(\$1,448.00)
	Administrative Payroll Tax Expense		\$3,000.00	\$500.00	\$3,106.00	\$106.00
	Administrative Expenses-Travel		\$4,000.00	\$1,500.00	\$3,996.00	(\$4.00)
	Bank Service Charges		\$50.00	(\$100.00)	\$40.00	(\$10.00)
	Indigent Care-Chambers Co Indigent Care and 1115 Waiver/Uncompensated Care Program		\$156,185.00	(\$123,815.00)	\$158,540.00	\$2,355.00
	East Chambers ISD Partnership		\$0.00	\$0.00	\$0.00	\$0.00
	District/County Promotion		\$0.00	(\$1,500.00)	\$0.00	(\$1,500.00)
	Audit/Accounting		\$30,000.00	\$0.00	\$10,967.00	(\$19,033.00)
	Bonds		\$300.00	(\$50.00)	\$350.00	\$50.00
	Project Cost-Nursing Home-UPL Program (LTC)		\$3,381,150.00	\$0.00	\$3,390,694.00	\$9,544.00
	Nursing Home Program - Legal		\$145,000.00	\$45,000.00	\$191,649.00	\$46,649.00
	Nursing Home Program - Accounting		\$25,000.00	\$25,000.00	\$25,252.00	\$252.00
	IGT Payments		\$0.00	\$0.00	\$15,707,728.00	\$15,707,728.00
	Nursing Home Program Management Fee		\$5,987,631.00	(\$13,887,369.00)	\$10,584,321.00	\$4,596,690.00
	Nursing Home Program - Bonds		\$4,300.00	\$800.00	\$4,300.00	\$0.00
	Nursing Home Program - Interest Expense		\$1,530,000.00	(\$91,456.00)	\$1,526,387.00	(\$3,613.00)
	Education, Travel & Seminar Board		\$12,126.00	\$4,126.00	\$12,127.00	\$1.00
	Insurance - Property		\$13,977.00	\$7,977.00	\$13,977.00	\$0.00
	Interest - Building		\$3,695.00	(\$2,305.00)	\$3,695.00	\$0.00
	Hwy 124 Property Exp (Main, Utilities, etc.)		\$10,583.00	(\$1.00)	\$10,583.00	\$0.00
	Principle Payments on Building		\$8,000.00	\$0.00	\$6,659.00	(\$1,341.00)
	Principle Payments on UPL Program Loans		\$19,443.00	\$1.00	\$19,443.00	\$0.00
	Legal Fees (District Only)		\$22,630,000.00	\$2,990,000.00	\$0.00	(\$22,630,000.00)
	Meals and Entertainment		\$2,000.00	\$1,250.00	\$118,287.00	\$62.00
	Notices & Fees		\$350.00	(\$2,150.00)	\$2,062.00	\$62.00
	Payroll Taxes		\$14,152.00	(\$2,348.00)	\$346.00	(\$4.00)
	Benefits -Employee		\$1,135.00	(\$1,665.00)	\$1,134.00	(\$1.00)
	Travel - Indigent Care		\$0.00	(\$2,000.00)	\$0.00	\$0.00
	Web-Site Development and Service Fee		\$1,548.00	(\$952.00)	\$1,548.00	\$0.00
	Software Costs - Indigent Care		\$2,500.00	\$1,000.00	\$2,375.00	(\$125.00)
	Continuing Education - Medical Personnel		\$7,413.00	\$0.00	\$8,472.00	\$1,059.00
	Office Supplies/Postage		\$0.00	(\$12,000.00)	\$0.00	\$0.00
	Telephone & Internet		\$6,200.00	\$1,200.00	\$6,283.00	\$83.00
	Purchase of Land and Building		\$2,200.00	\$200.00	\$2,215.00	\$15.00
	Payment to Hospital for Equip, Furniture & Imp		\$411,150.00	\$0.00	\$411,150.00	\$0.00
	Depreciation		\$2,000,000.00	(\$1,750,000.00)	\$2,000,000.00	\$0.00
	Contingency		\$0.00	(\$200,000.00)	\$7,033.00	\$7,033.00
	Total Expenses	\$26,748.00	\$36,582,728.00	(\$12,991,917.00)	\$34,292,103.00	(\$2,290,625.00)
	Increase/(Decrease) in Net Position	(\$26,748.00)	\$2,751,919.00	(\$3,997,883.00)	\$1,172,439.00	
	Budgetary Fund balance Estimated at Year End		\$5,476,132.00		\$3,875,416.00	

Exhibit “D-3”

WSHD-2016 Budget Summary and Amendment No. 2

Beginning of Year Governmental Fund Balance	\$3,875,416.00
Income	<u>\$22,390,300.00</u>
Total Revenue Plus Beginning Fund Balance	\$26,265,716.00
Expense	
Total Expense	<u>(\$22,541,500.00)</u>
Net Income	<u>-\$151,200.00</u>
Expected Fund Balance as of December 31, 2016	\$3,724,216.00

Winnle Stowell Hospital District
Revenues & Expenditures - Budget vs. Actual
January through November 2016

	Original Budget		Budget Amendment No. 1		Budget & Amendment No. 2				Notes
	Jan - Nov 16	Budget	Budget	Amendment 1	Jan - Nov 16	Amendment 2	\$ Over Budget	% of Budget	
Beginning of Year Governmental Fund Balance	\$3,875,416.00				\$3,875,416.00	\$3,875,416.00			
Income									
400 Sales Tax Revenue	\$477,563.31	\$560,000.00	\$560,000.00		\$477,563.31	\$560,000.00	-\$82,436.69	85.28%	Increase to rounded amount closest to actual.
405 Investment Income	\$5,771.94	\$2,700.00	\$2,700.00		\$5,771.94	\$5,900.00	-\$28.06	99.52%	Increase to rounded amount closest to actual.
409 Tobacco Settlement	\$8,882.35	\$13,000.00	\$13,000.00		\$8,882.35	\$9,000.00	-\$117.64	98.69%	Decrease to rounded amount closest to actual amount received.
410 Other Revenue	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	0.0%	
415 Nursing Home-MPAP Program	\$21,286,794.48	\$13,702,000.00	\$13,702,000.00		\$21,286,794.48	\$21,500,000.00	-\$213,205.52	99.01%	Increase to accrued amount. This recognizes the potential Eligibility Period 2 reconciliation amount of \$3,200,000.00 to be received in February of 2017 for the 6 months in 2016 (i.e., \$2,133,333.33). In 2015, did we adjust the income to account for the 4 months in Eligibility Period 2 reconciliation or \$1,066,666.67.
790 - Proceeds - Sale of Assets	\$315,537.26	\$325,000.00	\$325,000.00		\$315,537.26	\$315,500.00	\$37.26	100.01%	Decrease to rounded amount closest to actual amount received.
901 - Short Term Borrowings	\$0.00	\$14,440,000.00	\$14,440,000.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	Decreased the loans to \$0. Should not be in budget.
Total Income	\$22,094,549.35	\$29,042,700.00	\$29,042,700.00	\$0.00	\$22,094,549.35	\$22,390,300.00	-\$295,750.65	98.68%	
Total Revenue Plus Beginning Fund Balance	\$25,969,965.35				\$25,969,965.35	\$26,285,716.00		98.87%	
Expense									
500 Admin-Administrator Salary	\$40,562.96	\$41,600.00	\$41,600.00		\$40,562.96	\$45,000.00	-\$4,437.04	90.14%	Increase to adjust for salary increase.
501 Admin-Security	\$900.00	\$2,000.00	\$2,000.00		\$900.00	\$1,200.00	-\$300.00	75.0%	Decrease to rounded amount closest to actual amount spent.
502 Admin-Administrative Assistant	\$1,595.00	\$13,000.00	\$13,000.00		\$1,595.00	\$1,600.00	-\$5.00	99.69%	Decrease to rounded amount closest to actual amount spent. Needs to be deleted in 2017 Budget.
504 Admin-Administrator's Payroll Taxes	\$4,081.10	\$4,300.00	\$4,300.00		\$4,081.10	\$5,000.00	-\$918.90	81.62%	Increase to adjust for salary increase.
	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	0.0%	Should be deleted in 20177.
515 Admin-District Bank Service Charges	\$280.00	\$100.00	\$100.00		\$280.00	\$350.00	-\$70.00	80.0%	Increase to rounded amount closest to actual amount spent.
520 Admin-Consulting Fees	\$12,952.73	\$0.00	\$0.00		\$12,952.73	\$13,000.00	-\$47.27	99.64%	Add line item and increase to actual amount spent.
521 Professional Fees -District Acctg	\$16,640.25	\$30,000.00	\$30,000.00		\$16,640.25	\$30,000.00	-\$13,359.75	55.47%	Remove Audit expenses but have accounting the same.
522 Professional Fees - Audit	\$6,500.00	\$25,000.00	\$25,000.00		\$6,500.00	\$25,000.00	-\$18,500.00	26.0%	Need to establish auditing as its own line item and increase budget for Audits.
523 Professional Fees - District Legal	\$104,099.75	\$110,000.00	\$110,000.00		\$104,099.75	\$110,000.00	-\$5,900.25	94.64%	Increase to rounded amount closest to actual amount spent.
550 Admin-D&O / Liability Insurance	\$14,291.00	\$14,000.00	\$14,000.00		\$14,291.00	\$14,300.00	-\$9.00	99.94%	Decrease to rounded amount closest to actual amount spent.
560 Admin-Court Ed. Travel & Seminar	\$9,251.48	\$12,500.00	\$12,500.00		\$9,251.48	\$10,000.00	-\$748.52	92.52%	Decrease to rounded amount closest to actual amount spent.
561 Admin-Court Ed-Med Personnel	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	0.0%	Should be deleted in 20177.
562 Admin-Travel & Mileage Reimbursed	\$610.74	\$4,000.00	\$4,000.00		\$610.74	\$1,000.00	-\$389.26	61.07%	Decrease to rounded amount closest to actual amount spent.
569 Admin-Meals	\$263.33	\$2,200.00	\$2,200.00		\$263.33	\$500.00	-\$236.67	52.67%	Decrease to rounded amount closest to actual amount spent.
570 Admin-District/County Promotion (I recommend keeping this in 2017 for Rose Program.)	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	0.0%	Need to add funds to this in 2017 to promote Rose Mammogram program.
571 Admin-Office Supplies/Postage	\$3,211.01	\$4,000.00	\$4,000.00		\$3,211.01	\$3,500.00	-\$288.99	91.74%	Decrease to rounded amount closest to actual amount spent.
572 Admin-Copier Lease/Contract	\$1,303.97	\$2,500.00	\$2,500.00		\$1,303.97	\$1,500.00	-\$196.03	88.93%	Decrease to rounded amount closest to actual amount spent.
572 Admin-Web-Site	\$372.81	\$0.00	\$0.00		\$372.81	\$500.00	-\$127.19	74.56%	Duplicate number as Copier.
575 Admin-Cell Phone Reimbursement	\$975.00	\$0.00	\$0.00		\$975.00	\$1,000.00	-\$25.00	97.5%	Add line item and increase to actual amount spent.

578 Admin-Telephone/Internet	\$1,699.37	\$2,400.00	\$2,400.00	\$2,400.00	\$1,699.37	\$2,000.00	-\$300.63	84.97%	Decrease to rounded amount closest to actual amount spent.
590 Admin-Election Cost	\$0.00				\$0.00				We recommend keeping this on the budget and funding it with \$0 in 2017.
591 Admin- Notices & Fees	\$85.08	\$350.00	\$350.00	\$350.00	\$85.08	\$100.00	-\$14.92	85.08%	Decrease to rounded amount closest to actual amount spent.
600 East Chambers ISD Partnership	\$165,000.00	\$180,000.00	\$180,000.00	\$180,000.00	\$165,000.00	\$180,000.00	-\$15,000.00	91.67%	Decreased to \$0.00 but for 2017, need to take into consideration the recent request by Hospital.
601 IC-Print to Hosp-Equip	\$0.00	\$1,750,000.00	\$1,750,000.00	\$1,750,000.00	\$0.00	\$0.00	\$0.00	0.0%	Initial budget was for \$130,000.00. In August, after Budget Amendment No. 1, the budgeted amount was increased to \$530,000.00. This was the only line item amended in Budget Amendment 1. After Budget Amendment 1, the budgeted amount is correct.
602 IC-WCH 1115 Waiver UIC/IGT Prog	\$513,028.19	\$130,000.00	\$130,000.00	\$130,000.00	\$513,028.19	\$515,000.00	-\$1,971.81	99.62%	Decrease to rounded amount closest to actual amount spent.
603 IC-Pharmaceutical Costs	\$40,778.16	\$20,000.00	\$20,000.00	\$20,000.00	\$40,778.16	\$45,000.00	-\$4,221.84	90.62%	Increase to rounded amount closest to actual amount spent.
604 IC-Non Hosp. Cost	\$114.93	\$10,000.00	\$10,000.00	\$10,000.00	\$114.93	\$300.00	-\$185.07	38.31%	Decrease to rounded amount closest to actual amount spent.
605 Admin Board Bonds	\$150.00	\$300.00	\$300.00	\$300.00	\$150.00	\$300.00	-\$150.00	50.0%	Decrease to rounded amount closest to actual amount spent.
605 IC-Office Supplies/Postage	\$79.04	\$1,000.00	\$1,000.00	\$1,000.00	\$79.04	\$100.00	-\$20.96	79.04%	Decrease to rounded amount closest to actual amount spent.
611 IC-Indigent Care Director Salary	\$19,573.00	\$30,000.00	\$30,000.00	\$30,000.00	\$19,573.00	\$25,000.00	-\$5,427.00	78.29%	Leave this budget amount the same. Her salary is \$28,800.00.
612 IC-Payroll Taxes for Director	\$1,561.64	\$2,400.00	\$2,400.00	\$2,400.00	\$1,561.64	\$2,400.00	-\$838.36	65.07%	Increase to rounded amount closest to actual amount spent.
615 IC-Software	\$10,710.00	\$7,500.00	\$7,500.00	\$7,500.00	\$10,710.00	\$12,000.00	-\$1,290.00	89.25%	Decrease to rounded amount closest to actual amount spent.
616 IC-Travel	\$286.41	\$2,500.00	\$2,500.00	\$2,500.00	\$286.41	\$500.00	-\$213.59	57.28%	Decrease to rounded amount closest to actual amount spent.
617 Building-Interest	\$3,338.06	\$6,688.00	\$6,688.00	\$6,688.00	\$3,338.06	\$3,500.00	-\$161.94	95.37%	Decrease to rounded amount closest to actual amount spent.
626 Building -Principal Payments	\$294,051.33	\$300,557.00	\$300,557.00	\$300,557.00	\$294,051.33	\$295,000.00	-\$948.67	99.68%	Decrease to rounded amount closest to actual amount spent.
630 NH Program - Mgt Fees	\$7,366,263.12	\$5,250,000.00	\$5,250,000.00	\$5,250,000.00	\$7,366,263.12	\$7,370,000.00	-\$3,736.88	99.95%	Of the \$3,200,000.00 expected in February for the Eligibility Period 2, reconciliation, \$6121 is going to be paid to the Managers or \$1,795,872.00 or \$149,686.00 per month. Therefore, this budget item should be increased by \$1,197,248.00 to account for the manager's share of the \$3,200,000.00 reconciliation payment to be received in February 2017 for Eligibility Period 2. Likewise, if we do this, shouldn't we increase 2015 managers payments by \$598,624.00?
631 NH Program IGT	\$9,970,184.44	\$0.00	\$0.00	\$0.00	\$9,970,184.44	\$9,975,000.00	-\$4,815.56	99.95%	Add line item and increase to actual amount spent. David, this needs to account for the \$500,693.70 we recently had to IGT for Eligibility Period 2. Also, please note, a portion of this \$500,963.70 needs to be assigned to 2015. Moreover, before we assign the IGT to 2015 and 2016, please recall that the District's share of responsibility for this IGT is actually \$219,700.82 or 43878. The end cost for this extra IGT to the District in 2016 should be \$146,467.28. In 2015, we should attribute \$73,233.64.
633 NH Program-Accig Fees	\$0.00	\$20,000.00	\$20,000.00	\$20,000.00	\$0.00	\$20,000.00	-\$20,000.00	0.0%	Decrease to \$50,000.00 because Genesis reimbursement for legal fees incurred in 2016.
634 NH Program-Legal Fees	\$0.00	\$100,000.00	\$100,000.00	\$100,000.00	\$0.00	\$50,000.00	-\$50,000.00	0.0%	Decrease to rounded amount closest to actual amount spent.
635 NH Program-LTC Fees	\$2,235,619.99	\$3,362,643.00	\$3,362,643.00	\$3,362,643.00	\$2,235,619.99	\$2,236,000.00	-\$380.01	99.98%	Decrease to rounded amount closest to actual amount spent.

636 NH Program - Bonds			
637 NH Program-Interest Expense			
638 NH Program Bank Fees & Misc			
675 Building - Property Expenses			
676 Building Property Insurance			
800 Contingency			
902 - Pmtis of Short Term Loans			
999 Undistributed			
Payroll Expenses			
Total Expense			
Net Income			
Expected Fund Balance as of December 31, 2016			

	-450.00	4,300.00	
	1,544,509.64	1,794,516.00	
	166,41		
	138,93	4,000.00	
	476,29	2,000.00	
	0.00	200,000.00	
	0.00	14,440,000.00	
	0.00		
	0.00		
Total Expense	22,385,255.16	27,861,354.00	
Net Income	-290,705.81	1,181,346.00	

	4,300.00		
	1,794,516.00		
	166,41		
	138,93	4,000.00	
	476,29	2,000.00	
	0.00	200,000.00	
	0.00	14,440,000.00	
	0.00		
	0.00		
Total Expense	22,385,255.16	27,861,354.00	
Net Income	-290,705.81	1,181,346.00	

	-450.00	0.00	-450.00	100.0%
	1,544,509.64	1,545,000.00	-490.36	99.97%
	166,41	200.00	-33.59	83.21%
	138,93	150.00	-11.07	92.62%
	476,29	500.00	-23.71	95.26%
	0.00	0.00	0.00	0.0%
	0.00	0.00	0.00	0.0%
	0.00			
	0.00			
Total Expense	22,385,255.16	22,541,500.00	-156,244.84	99.31%
Net Income	-290,705.81	-151,200.00	-139,505.81	
Expected Fund Balance as of December 31, 2016	33,584,710.19	33,724,216.00		

This should be \$0.00.
Decrease to rounded amount closest to actual amount spent.
Increase to rounded amount closest to actual amount spent.
Decrease to rounded amount closest to actual amount spent.
Decrease to rounded amount closest to actual amount spent.
This should be \$0.00 because the loans are not for long term financing.
This will be deleted once Payroll is directly allocated in Quickbooks to assigned bucket.

Exhibit “E”

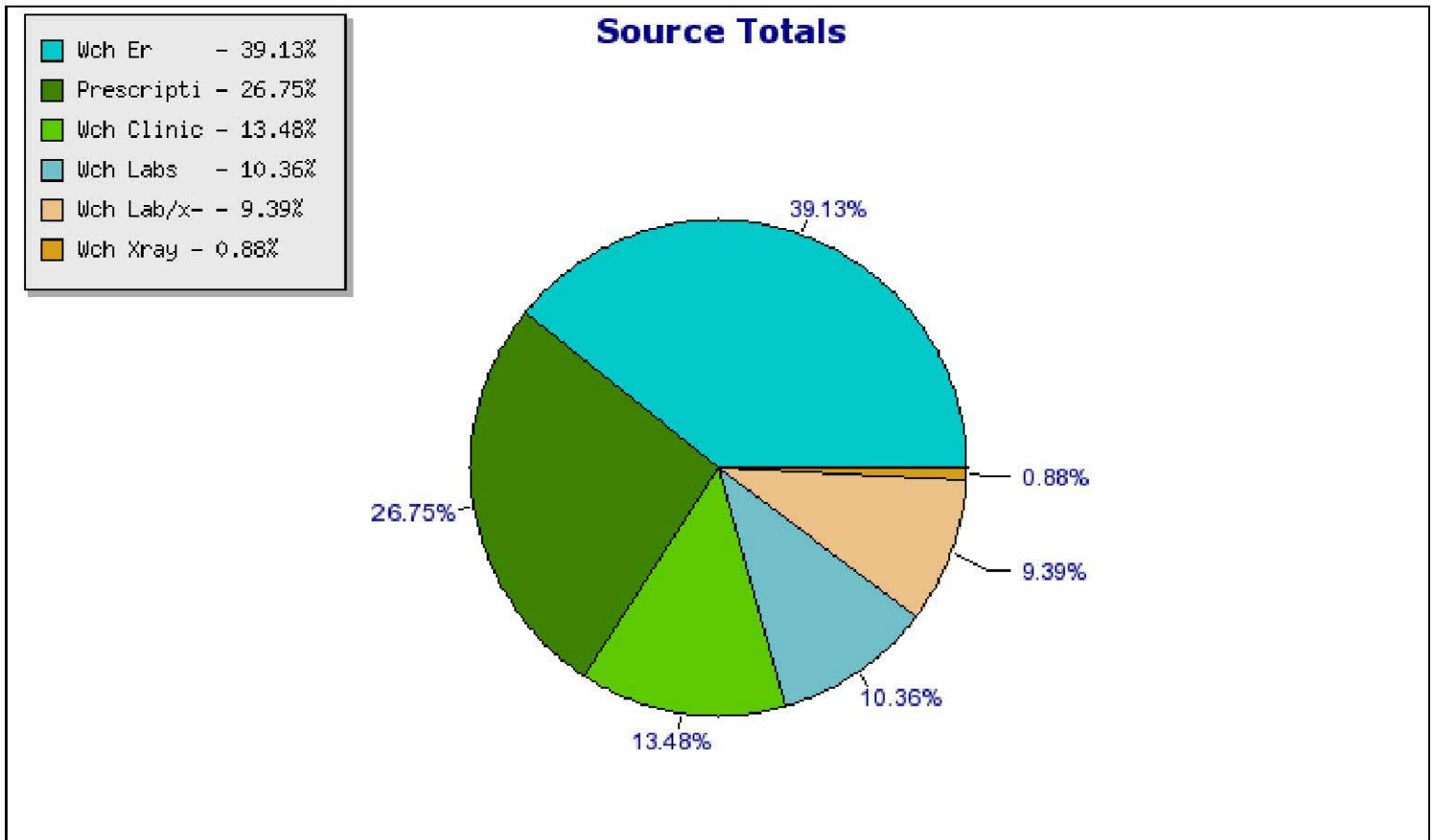
Dashboard Report

Winnie Stowel Hospital District Indigent Healthcare Services

Source Totals for Batch Dates 11/01/2016 through 11/16/2016

Wch Er	39.13%	\$5,106.96
Prescription Drugs	26.75%	\$3,490.95
Wch Clinic	13.48%	\$1,758.90
Wch Labs	10.36%	\$1,351.77
Wch Lab/x-ray	9.39%	\$1,225.90
Wch Xray	0.88%	\$115.21

Total Expenditures **\$13,049.69**



Entry Statistics for Entry Dates 11/01/2016 through 11/16/2016

Clients Entered	1
Rapid Reg. Entered	2
Vendors Entered	0
Worksheets Entered	3
Invoices Entered	48

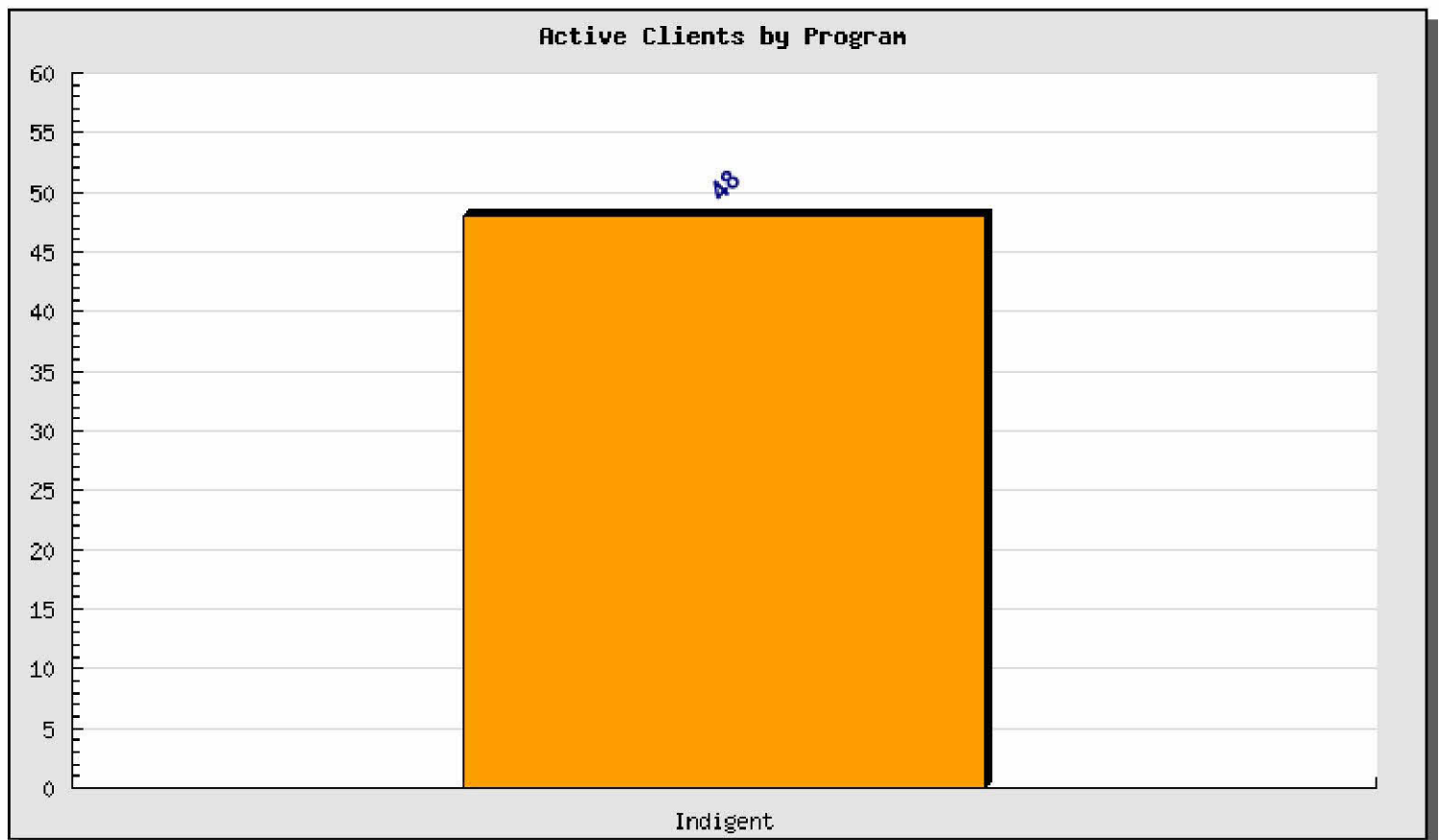
Void Statistics for Void Dates 11/01/2016 through 11/16/2016

Clients Voided	0
Vendors Voided	0
Rapid Reg. Voided	0
Invoices Voided	0

Active Clients by Program for Eligibility Dates 11/01/2016 through 11/16/2016

Indigent	48
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Total Clients By Program	48
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Appointments Scheduled by Type for Appointment Dates 11/01/2016 through 11/16/2016

New Appointment	0
Renewal	0

Total Appointments Scheduled	0
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October 2016

©IHS

Source Totals Report

Winnie Stowel Hospital District Indigent Healthcare
Services

Batch Dates 11/16/2016 through 11/16/2016

For Vendor: WINNIE COMMUNITY HOSPITAL

Source	Description	Amount Billed	Amount Paid
21	Wch Clinic	4,290.00	1,758.90
24	Wch Er	12,456.00	5,106.96
25	Wch Lab/x-ray	2,990.00	1,225.90
27	Wch Labs	3,297.00	1,351.77
28	Wch Xray	281.00	115.21
		23,314.00	9,558.74
Expenditures			
Reimb/Adjustments		0.00	0.00
Grand Total		23,314.00	9,558.74

Source Totals Report Detail

Invoice #	Source	DOS	Amount Billed	Amount Paid
036-2749*63057*9	21	10/05/2016	149.00	61.09
036-2811*63057*7	21	10/26/2016	339.00	138.99
036-3068*63057*5	21	10/12/2016	136.00	55.76
1012*63057*7	21	10/10/2016	203.00	83.23
1017*63057*4	21	10/26/2016	203.00	83.23
1019*63057*6	21	10/06/2016	136.00	55.76
1024*63057*3	21	10/06/2016	203.00	83.23
1032*63057*2	21	10/13/2016	136.00	55.76
1033*63057*2	21	10/15/2016	343.00	140.63
1034*63057*1	21	10/26/2016	203.00	83.23
1030*63057*3	21	10/14/2016	309.00	126.69
1030*63057*3	21	10/17/2016	203.00	83.23
1030*63057*3	21	10/19/2016	367.00	150.47
1013*63057*3	21	10/03/2016	203.00	83.23
1020*63057*2	21	10/17/2016	203.00	83.23
1032*63057*3	21	10/04/2016	136.00	55.76
1032*63057*3	21	10/18/2016	136.00	55.76
1031*63057*1	21	10/18/2016	238.00	97.58
1035*63057*1	21	10/26/2016	308.00	126.28
036-3432*63057*7	21	10/05/2016	136.00	55.76
17 invoices, 20 line items			4,290.00	1,758.90
1032*63057*3	24	08/28/2016	6,748.00	2,766.68
1016*63057*8	24	10/13/2016	851.00	348.91
036-3432*63057*7	24	10/03/2016	4,857.00	1,991.37
3 invoices, 3 line items			12,456.00	5,106.96
1013*63057*3	25	10/05/2016	1,257.00	515.37
1031*63057*1	25	10/19/2016	1,733.00	710.53
2 invoices, 2 line items			2,990.00	1,225.90
1020*63057*2	27	10/19/2016	184.00	75.44

1032*63057*3	27	10/13/2016	564.00	231.24
1031*63057*1	27	10/18/2016	110.00	45.10
1035*63057*1	27	10/27/2016	1,077.00	441.57
1018*63057*3	27	10/03/2016	1,362.00	558.42
5 invoices, 5 line items			3,297.00	1,351.77
1035*63057*1	28	10/26/2016	281.00	115.21
1 invoices, 1 line items			281.00	115.21
Grand Totals			23,314.00	9,558.74

19 invoices listed.
31 line items listed.

Exhibit “F”

Winnie-Stowell Hospital District

Executive Summary of Nursing Home Monthly Site Visits

October 2016

Facility	Operator	# of Lic. Beds	Comments
Marshall Manor (MM)	Caring Healthcare	179	Census: 116, Up 4. The facility had their annual survey on June 9 th 2016. The facility has had their plan of correction accepted by the state. No reportable incidents since the last visit. The facility is looking good, they had a Halloween party for the residents and are planning more activities for the rest of the holiday season.
Highland Park Care Center (HPCC)	Carling Healthcare	64	Census: 47, No change. The facility has hired a new administrator, she is very qualified and has been in the long-term care industry for a long time. This facility has been given the highest rating in Houston for patient satisfaction. Construction has begun on the new facility and corporate anticipates it will be completed July 2017. There were no reportable incidents since the last visit. The facility had their annual survey in April and it was fairly positive with only 7 tags. The facility is working with the state to clear the tags with a desk review.
Marshall Manor West (MMW)	Caring Healthcare	118	Census: 75, Down 3. Facility had their full survey at the end of January and received a deficiency free survey. No reportable incidents since the last visit. There is an administrator in training at the facility who will be taking over in the future. The facility has contracted with a new housekeeping service and it is working well.
Golden Villa (GV)	Caring Healthcare	120	Census: 85, Up 3. The survey took place in February, the state has cleared the facility via desk review. There have been no reportable incidents since the last visit. The facility has finished plans for a new therapy gym to be built next year. Facility had a Halloween carnival for the residents that went very well.
Rose Haven Retreat (RHR)	Caring Healthcare	108	Census 55, Up 1. The facility had their annual survey at the end of June and received two tags, the plan of correction has been accepted by the state. Two reportable incidents since the last visit, the first was a kitchen staff worker yelled at a resident, the staff member was fired immediately. The second was a resident obtained an injury, the family said it happened while at home, the state has not yet investigated. The facility has hired a new administrator as well as a new DON.

Spring Branch Transitional Care Center (SBTCC)	Caring Healthcare	198	Census: 191, Down 5. The facility had its annual survey on April, the facility has had its plan of correction accepted by the state. Two reportable incidents since the last visit, the first involved a resident to resident altercation which led to a skin tear. The second involved a resident with an unwitnessed injury, the state has not investigated either incident. The facility has hired a new administrator who has almost 40 years in the healthcare industry.
Garrison Nursing Home and Rehabilitation Center	Caring Healthcare	93	Census 79, Up 2. The facility had their annual survey in June. The facility has had their plan of correction accepted by the state. No reportable incidents were reported since the last visit. Facility appears to be doing really well. The current DON will be retiring in next few months, the facility has already found a replacement and are going to be promoting from within.
Clairmont Beaumont (CB)	Genesis	148	Census 115, Up 3. Facility recently upgraded to a 4-star rating. Improvements continue to be made to the facility. The facility appears very nice. Three reportable incidents since the last visit, all three were unsubstantiated. The facility appeared in great shape and there were no compliance issues noted.
The Woodlands Healthcare Center (WHC)	Genesis	214	Census: 156, Down 1. Administrator provided the tour of the facility. Survey was in May and all tags cleared. There was one reportable incident since the last visit, a self-report of abuse was investigated and deemed unsubstantiated. There were no compliance issues noticed during the visit.
Monument Hill Rehabilitation and Nursing Center (MHRNC)	Genesis	108	Census: 56, Down 8. The facility had their annual survey in September, the administrator is expecting 8 minor tags from the survey. No reportable incidents since the last visit. The facility is putting in procedures to maintain healthy living weight for all of its residents. There are some staffing needs as the facility needs 8 CNA's.
Oakland Manor Nursing Center (OKLD)	Genesis	120	Census: 47, Down 2. The facility presents really well and the staff is doing a good job. There were no reportable incidents since the last visit. The facility is currently in their survey window. The staffing situation is getting better at the facility. The facility is taking steps to prevent skin tears and are making good use of their closed unit.
Hallettsville Rehabilitation and Nursing Center (HRNC)	Genesis	120	Census: 63, Up 1. Facility appeared neat and the residents appeared happy and well kept. The facilities survey window will open in October. There was one reportable incident since the last visit, a family member complained that the facility did not provide proper care and it caused a resident to fall and break their hip, the state investigated and found it to be unsubstantiated.

<p>Oak Manor Nursing Center (OMNC)</p>	<p>Genesis</p>	<p>82</p>	<p>Census: 41, Up 1. There were two reportable incidents since the last visit, both were investigated by the state and deemed unsubstantiated. Things appear to be going well with the new administrator and DON. The facility is in need of 3 full time CNAs, but is doing a good job managing their current staffing situation. The facility had their annual survey in September and received only 3 deficiencies, great work by this facility.</p>
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Exhibit “G”



PROSPERITY — BANK[®] —

Winnie Banking Center
146 Spur 5 P O Box 743 Winnie, TX 77665
409-296-3000 409-296-4585(fax)



November 9, 2016

Winnie-Stowell Hospital District
PO Box 1997
Winnie, Texas 77665

Ref: Depository Account

Thank you very much for your account relationship for the previous 10 years. The current bid will expire 12/31/2016. To extend the bid 2 additional years, we can offer our NOW rate, as it changes, with a floor of 0.25%.

Interest rates on Time Deposits will be at a Prosperity Bank CD rate in effect at the time of purchase for like balance and term of the Time Deposit.

Prosperity Bank does not offer a 7 to 29 day term Certificate of Deposit option. The rate quoted above applies to all terms equal to or greater than 30 days.

Prosperity Bank does not provide investment advice, administration bookkeeping, or safekeeping services.

Overdrafts

All accounts are aggregated for overdraft calculation purposes.

Overdrafts may be subject to the following:

- a. Overdraft Item Fee – the overdraft item fee will be waived if offsetting collected balances are on deposit in non-interest-bearing deposit accounts.
- b. Accrued Interest Adjustment – if offsetting collected balances are maintained in interest-bearing deposit accounts only, the overdraft item fee will be waived and an interest accrual debit adjustment will be made to the interest-bearing deposit account calculated on the amount and duration of the overdraft.

- c. Frequent and Continuous overdrafts – if overdrafts continue to occur on a frequent basis, Prosperity Bank reserves the right to assess Overdraft Item fees, regardless of compensating balances. Additionally, if an account remains overdrawn for more than one business day, Prosperity Bank reserves the right to assess an Overdraft Interest Charge of which the rate will be equal to the prime rate published in the Wall Street Journal, as it changes.

Outgoing wires sent by the District during the business day will be processed against collected balances only.

I will be available if you have any questions, please feel free to call or drop in for a visit.

Sincerely,

Rhonda Devillier
President

Acknowledged and agreed to this _____ day of December, 2016.

Exhibit “H”

NO. _____

WINNIE STOWELL HOSPITAL
DISTRICT *dba* HIGHLAND PARK
CARE CENTER,

Plaintiff

vs.
OF

GULF COAST HOSPICE
OF HOUSTON, LTD.,

Defendant
TEXAS

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IN THE COUNTY CIVIL COURT

AT LAW NO. _____

HARRIS COUNTY,

PLAINTIFF'S ORIGINAL PETITION

TO THE HONORABLE JUDGE OF THE COURT:

COMES NOW, PLAINTIFF, WINNIE STOWELL HOSPITAL DISTRICT *dba* HIGHLAND PARK CARE CENTER ("Plaintiff"), and files this Plaintiff's Original Petition complaining of DEFENDANT, GULF COAST HOSPICE OF HOUSTON, LTD., and for cause of action would respectfully show the Court the following:

I. DISCOVERY CONTROL PLAN

1. Plaintiff seeks only monetary relief of less than \$50,000.00, including damages of any kind, penalties, costs, expenses, pre-judgment interest and attorneys' fees. Discovery in this case is intended to be conducted under Level 1 pursuant to TEXAS RULE OF CIVIL PROCEDURE 190.

II. PARTIES

2. Plaintiff is a political subdivision of the State of Texas, doing business as *Highland*

Park Care Center, and has a facility at 2714 Morrison Street, in Houston, Harris County, Texas.

3. Defendant, **GULF COAST HOSPICE OF HOUSTON, LTD.** ("Defendant"), is a Texas limited partnership, with its principal place of business in Fort Bend County, Texas. Defendant may be served with process herein by serving its registered agent, ALETHEA NELSON, at 134 Eldridge Road, Suite F, Sugar Land, Texas 77478, or at any other location where she may be found.

III. VENUE AND JURISDICTION

4. This court has jurisdiction of this lawsuit pursuant to Chapter 24 of the TEXAS GOVERNMENT CODE and Article V of the TEXAS CONSTITUTION

5. Venue is proper in Harris County, Texas, since all or a substantially all of the events or omissions giving rise to the Plaintiff's claims occurred in Harris County, Texas.

6. All conditions precedent have been performed or have occurred. All Exhibits attached hereto are incorporated by reference and they are true and correct copies of the originals.

IV. BACKGROUND FACTS

7. On or about April 12, 2012, Plaintiff and Defendant entered into a Facility Contract / Hospice Service Agreement – Texas (the "Service Agreement") whereunder Defendant would provide hospice services to patients at Plaintiff's facility known as Highland Park Care Center and located at 2714 Morrison Street, in Houston, Harris County, Texas 77009. A true and correct copy of the Service Agreement is attached hereto as Exhibit A and made a part hereof for all purposes. The Service Agreement provides for an initial term of one year which term was to be renewed for successive terms of one (1) year, unless terminated under the terms of the Service Agreement.

8. Defendant agreed to bill one hundred percent (100%) of the RUG rate to Medicaid and further agreed to reimburse Plaintiff for one hundred percent (100%) of the Medicaid Nursing

Facility Room and Board Services rate, less patient responsibility, applicable to the dates of hospice services provided.

9. Defendant was obligated under the Service Agreement to pay for such billings within forty-five (45) days after receipt of each bill from the Plaintiff.

10. Upon information and belief, Defendant billed Medicaid as required under the Service Agreement and received payment in the amount of \$32,645.96, but failed to reimburse Plaintiff in that amount. As such, Defendant defaulted in its obligations under the Service Agreement by failing to pay Plaintiff for billings for five (5) patients in the total amount of \$32,645.96. A true and correct copy of the Plaintiff's spreadsheet reflecting balances owed for the five (5) patients is attached hereto as Exhibit B and made a part hereof for all purposes (*provided, however*, that all personal information has been redacted from the exhibit to preserve the confidentiality of the patients to whom the billings relate).

11. Despite Plaintiff's performance under the Service Agreement, Defendant defaulted in its obligation to pay the amount due thereunder. Due to Defendant's breach of the Service Agreement, Plaintiff has been damaged in an amount of at least \$32,645.96. More than thirty days before filing this suit Plaintiff made further demand on Defendant seeking payments due under the Service Agreement; Defendant, however, has failed and refused to respond to the demand for payment. A true and correct copy of the demand letter, dated October 6, 2016, is attached hereto as Exhibit C and made a part hereof for all purposes.

V. BREACH OF CONTRACT

12. Plaintiffs incorporate paragraphs 1 through 11 above as if fully restated herein.

13. After applying all offsets and credits, Defendant is indebted to Plaintiff pursuant to the terms of the Service Agreement. Plaintiff has been damaged by the failure of Defendant to

make the payments as required by the Service Agreement. Pursuant to the terms of the Service Agreement, the total sum of \$32,645.96, plus interest and attorneys' fees, is now due and owing by Defendant.

VI. ATTORNEYS' FEES

14. Plaintiff has employed the firm of Craddock Massey LLP to prosecute this suit. Defendant was given notice of Plaintiff's claims more than thirty (30) days prior to the filing of this lawsuit. Pursuant to the TEXAS CIVIL PRACTICE & REMEDIES CODE § 38.001, Plaintiff is entitled to recover reasonable and necessary attorneys' fees from Defendant.

WHEREFORE, PREMISES CONSIDERED, Plaintiff prays that citation issue and be served on Defendant requiring it to appear and answer herein; that upon consideration hereof by the Court or the jury, Plaintiff recover judgment from Defendant as follows:

1. The principal amount of \$32,645.96 against Defendant for the sums due under the Service Agreement;
2. Reasonable and necessary attorneys' fees;
3. Costs of Court herein expended;
4. Prejudgment and post-judgment interest as allowed by law; and
5. Such other and further relief, both general and special, at law and in equity, to which Plaintiffs are justly entitled.

Respectfully submitted,

CRADDOCK MASSEY LLP

By: /s/ Karen E. Murray

Karen E. Murray

Email: *kmurray@craddockmassey.com*

Texas Bar No.: 14724580

Michael D. Moody

Email: *mmoody@craddockmassey.com*

Texas Bar No.: 24041510

1400 Post Oak Blvd., Suite 640

Houston, Texas 77056

Telephone No.: 713-960-6400

Facsimile No.: 713-960-6401

**ATTORNEYS FOR PLAINTIFF,
WINNIE STOWELL HOSPITAL DISTRICT
dba HIGHLAND PARK CARE CENTER**