

Exhibit “A-1”

Winnie-Stowell Hospital District
Balance Sheet
As of May 31, 2021

	May 31, 21
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	558,334.56
102 Prosperity Bank - CD#0447	109,622.49
104b Allegiance Bank -CD#6434	6,004,602.73
105 TexStar	690,435.82
108 Allegiance Bank NH Combined	2,492,946.57
109 First Financial Bank	9,103,262.11
Total Checking/Savings	18,959,204.28
Other Current Assets	
110 Sales Tax Receivable	142,755.43
114 Accounts Receivable NH	29,598,324.27
117 NH - QIPP Prog Receivable	10,105,151.84
118 Prepaid Expense	33,989.65
119 Prepaid IGT	5,175,877.02
Total Other Current Assets	45,056,098.21
Total Current Assets	64,015,302.49
Fixed Assets	
120 Equipment	140,654.96
121 Office Building	155,897.63
125 Accumulated Depreciation	-140,654.64
Total Fixed Assets	155,897.95
TOTAL ASSETS	64,171,200.44
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	2,492,866.57
201 NHP Accounts Payable	6,756,841.28
210.18 Loan Payable 18 QIPP 4	5,609,296.00
210.50 Allegiance Bk Ln 5 QIPP4	5,609,295.47
225 FUTA Tax Payable	112.00
230 SUTA Tax Payable	251.31
235 Payroll Liabilities	506.84
240 Accounts Payable NH	21,076,494.75
Total Other Current Liabilities	41,545,664.22
Total Current Liabilities	41,545,664.22
Total Liabilities	41,545,664.22
Equity	
300 Net Assets, Capital, net of	155,897.63
310 Net Assets-Unrestricted	19,766,358.13
Net Income	2,703,280.46
Total Equity	22,625,536.22
TOTAL LIABILITIES & EQUITY	64,171,200.44

Winnie-Stowell Hospital District
Profit & Loss Budget vs. Actual
As of May 31, 2021

Accrual Basis

	Jan - May 21	Budget	\$ Over Budget	% of Budget
Income				
400 Sales Tax Revenue	250,629.28	650,000.00	-399,370.72	38.6%
405 Investment Income	5,277.83	46,000.00	-40,722.17	11.5%
409 Tobacco Settlement	12,313.73	13,200.00	-886.27	93.3%
415 Nursing Home - QIPP Program	20,418,971.70	49,379,998.72	-28,961,027.02	41.4%
Total Income	20,687,192.54	50,089,198.72	-29,402,006.18	41.3%
Gross Profit	20,687,192.54	50,089,198.72	-29,402,006.18	41.3%
Expense				
500 Admin-Administrative Salary	25,833.35	63,000.00	-37,166.65	41.0%
502 Admin-Administrative Assnt	3,052.50			
504 Admin-Administrative PR Tax	3,200.46	5,500.00	-2,299.54	58.2%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
515 Admin-Bank Service Charges	0.00	360.00	-360.00	0.0%
521 Professional Fees - Acctng	9,125.00	25,000.00	-15,875.00	36.5%
522 Professional Fees-Auditing	0.00	25,000.00	-25,000.00	0.0%
523 Professional Fees - Legal	5,000.00	25,000.00	-20,000.00	20.0%
550 Admin-D&O / Liability Ins.	398.00	9,601.04	-9,203.04	4.1%
560 Admin-Cont Ed, Travel	3,187.00	5,000.00	-1,813.00	63.7%
561 Admin-Cont Ed-Medical Pers.	750.70	5,000.00	-4,249.30	15.0%
562 Admin-Travel&Mileage Reimb.	55.44	1,500.00	-1,444.56	3.7%
569 Admin-Meals	346.46	1,000.00	-653.54	34.6%
570 Admin-District/County Prom	60.94	2,500.00	-2,439.06	2.4%
571 Admin-Office Supp. & Exp.	3,637.25	4,500.00	-862.75	80.8%
572 Admin-Web Site	510.00	1,000.00	-490.00	51.0%
573 Admin-Copier Lease/Contract	1,363.57	2,776.00	-1,412.43	49.1%
575 Admin-Cell Phone Reimburse	750.00	1,800.00	-1,050.00	41.7%
576 Admin-Telephone/Internet	1,069.75	3,000.00	-1,930.25	35.7%
591 Admin-Notices & Fees	862.00	2,600.00	-1,738.00	33.2%
592 Admin Office Rent	1,700.00	4,080.00	-2,380.00	41.7%
593 Admin-Utilities	1,377.11	3,600.00	-2,222.89	38.3%
594 Admin-Casualty & Windstorm	2,077.52	2,060.00	17.52	100.9%
597 Admin-Flood Insurance	1,431.00	1,282.00	149.00	111.6%
598 Admin-Building Maintenance	2,000.00	6,000.00	-4,000.00	33.3%
600 East Chambers ISD Partnersh	75,000.00	180,000.00	-105,000.00	41.7%
601 IC-Pmt to Hosp (Indigent)	225,810.35	550,330.00	-324,519.65	41.0%
602 IC-WCH 1115 Waiver Prog	25,956.05	75,000.00	-49,043.95	34.6%
603a IC-Pharmaceutical Costs	15,465.99	60,000.00	-44,534.01	25.8%
604a IC-Non Hosp Cost-Other	1,447.51	5,000.00	-3,552.49	29.0%
604b IC-Non Hosp Costs UTMB	33,910.22	200,000.00	-166,089.78	17.0%
605 IC-Office Supplies/Postage	110.00	500.00	-390.00	22.0%
607 WSHD Non-Hospital - Grants	168,783.94	223,000.00	-54,216.06	75.7%
608 IC-Non Hosp Costs-Specl Pro	500.00	25,000.00	-24,500.00	2.0%
611 IC-Indigent Care Dir Salary	21,666.65	52,000.00	-30,333.35	41.7%
612 IC-Payroll Taxes -Ind Care	994.32	4,000.00	-3,005.68	24.9%
615 IC-Software	5,545.00	13,308.00	-7,763.00	41.7%
616 IC-Travel	21.28	700.00	-678.72	3.0%
617 Youth Programs	3,975.00	6,300.00	-2,325.00	63.1%
629 - Property Acquisition	0.00	150,000.00	-150,000.00	0.0%
630 NH Program-Mgt Fees	5,173,891.85	12,647,841.68	-7,473,949.83	40.9%
631 NH Program-IGT	10,071,188.05	24,084,314.36	-14,013,126.31	41.8%
632 NH Program-Telehealth Fees	64,375.35	219,941.65	-155,566.30	29.3%
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00	0.0%
634 NH Program-Legal Fees	55,416.26	220,000.00	-164,583.74	25.2%
635 NH Program-LTC Fees	750,000.00	1,872,000.00	-1,122,000.00	40.1%
637 NH Program-Interest Expense	1,204,707.32	2,868,496.00	-1,663,788.68	42.0%
638 NH Program-Bank Fees & Misc	183.89	300.00	-116.11	61.3%

Winnie-Stowell Hospital District
Profit & Loss Budget vs. Actual
As of May 31, 2021

Accrual Basis

	Jan - May 21	Budget	\$ Over Budget	% of Budget
639 NH Program-Appraisal	17,175.00	7,500.00	9,675.00	229.0%
653 Service Fee	0.00	100.00	-100.00	0.0%
Total Expense	17,983,912.08	43,702,040.73	-25,718,128.65	41.2%
Net Income	2,703,280.46	6,387,157.99	-3,683,877.53	42.3%

Exhibit “A-2”

WSHD Treasurer's Report

Reporting Date: **Wednesday, June 16, 2021**

Pending Expenses		For	Amount	Funds Summary	Totals
Brookshire Brothers	Indigent Care		\$688.40	Prosperity Operating (Unrestricted)	\$588,068.45
Wilcox Pharmacy	Indigent Care			First Financial (Restricted)	\$6,408,340.69
UTMB at Galveston	Indigent Care		\$18,016.51	First Financial (Unrestricted)	\$3,440,289.06
UTMB Faculty Group	Indigent Care		\$3,879.40	Prosperity CD	\$109,515.67
Indigent Healthcare Solutions	IC Inv #71941		\$1,109.00	TexStar	\$690,435.82
American Education Services	S Stern-Student Loan		\$150.14	Allegiance Bank LOC (Available)	\$400,259.00
Penelope (Polly) Butler	Youth Counseling		\$170.00	Cash Position (Less Interbank Restricted)	\$5,228,568.00
Nicki Holtzman	Youth Counseling		\$850.00	Pending Expenses	(\$186,074.24)
Chambers Cty PHD#1	IC Dental		\$120.00	Ending Balance (Less expenses)	\$5,042,493.76
Benckenstein & Oxford	Inv #50125		\$13,600.00	Last Month	
Hubert Oxford	Legal Retainer		\$1,000.00	Prosperity Operating (Unrestricted)	\$752,424.97
David Sticker	Inv #54		\$1,468.75	First Financial (Restricted)	\$4,228,734.54
Technology Solutions of Tx	Inv # 1591		\$75.00	First Financial (Unrestricted)	\$3,090,131.38
Felipe Ojedia-Yard Service	Inv #1013		\$329.00	Prosperity CD	\$109,515.67
Graciela Chavez-Office Cleaning	Inv #08018597		\$100.00	TexStar	\$690,410.82
The Seabreeze Beacon	Inv #5206		\$250.00	Allegiance Bank LOC (Available)	\$395,307.26
Edward Murrell	Travel Reimbursement		\$343.84	Cash Position (Less Interbank Restricted)	\$5,037,790.10
Philadelphia Ins Co (D&O renewal)	Inv #2003346482		\$11,658.00	Pending Expenses	-\$25,947.88
Riceland Medical Center	Grant-Generator		\$109,531.20	Ending Balance (Less expenses)	\$5,011,842.22
Bonds & Ellis (Clay Taylor)	Inv #12376 (In re Abri)		\$22,735.00		
Total Pending Expenses			\$186,074.24		

First Financial & Interbank Account Reconciliations

	Balances	Total Due	Balance Received	Balance Due	Due to District
FFB Balance June 14	\$9,848,629.75				
	\$9,848,629.75				
IGT 8, QIPP Year 4 (Public Only)					
Component 1-March (3rd Quarter)	\$1,741,882.60	\$1,741,882.60	\$1,741,882.60	\$0.00	\$1,741,882.60
Component 1-April (3rd Quarter)	\$1,708,705.03	\$1,708,705.03	\$1,708,705.03	\$0.00	\$1,708,705.03
Component 1-May (3rd Quarter)	\$0.00	\$1,698,629.79	\$0.00	\$1,698,629.79	\$1,698,629.79
Total Component 1, IGT 8	\$3,450,587.63	\$5,149,217.42	\$3,450,587.63	\$1,698,629.79	\$5,149,217.42
Loan 18 Set Aside (Salt Creek & Allegiance)					
Loan 18 Payment-March (3rd Quarter)	\$1,741,882.60	\$1,741,882.60	\$0.00	\$0.00	\$1,741,882.60
Loan 18 Payment-April (3rd Quarter)	\$1,708,705.03	\$1,708,705.03	\$0.00	\$0.00	\$1,708,705.03
Loan 18 Payment-May (3rd Quarter)	\$0.00	\$1,698,629.79	\$0.00	\$1,689,629.79	\$1,698,629.79
Total Loan 18 Set Aside	\$3,450,587.63	\$5,149,217.42	\$0.00	\$1,689,629.79	\$5,149,217.42
Component 2 (Public & Private)					
Y4/Q3-Comp. 2-March due to MGRs.	\$169,164.31	\$313,204.55	\$313,204.55	\$0.00	\$129,976.47
Y4/Q3-Comp. 2-April due to MGRs.	\$183,552.18	\$313,852.75	\$313,852.76	\$0.00	\$130,300.57
Y4/Q3-Comp. 2-May due to MGRs.	\$0.00	\$312,119.75	\$0.00	\$312,119.75	\$129,434.07
Total Component 2 due to MGRs.	\$352,716.49	\$939,177.05	\$627,057.31	\$312,119.75	\$260,277.04
Component 3 (Public & Private)					
Y4/Q3-Comp. 3-March due to MGRs.	\$370,505.35	\$741,010.70	\$741,010.70	\$0.00	\$370,505.35
Y4/Q3-Comp. 3-April due to MGRs.	\$366,245.25	\$732,490.49	\$732,490.49	\$732,490.49	\$366,245.25
Y4/Q3-Comp. 3-May due to MGRs.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Component 3 due to MGRs	\$736,750.60	\$1,473,501.19	\$1,473,501.19	\$732,490.49	\$736,750.60
Component 4 & Lapse Funds (Public Only)					
Component Y4/Q2 due to MGRs (Dec. 2020-Feb. 2021)	\$639,619.30	\$2,319,458.56	\$2,319,458.56	\$0.00	\$1,679,839.26
Total Component 4 due to MGRs	\$639,619.30	\$2,319,458.56	\$2,319,458.56	\$0.00	\$1,679,839.26
Variance Payment					
Variance Payment for Y4/Q2 2021		(\$2,189.37)	\$0.00	\$0.00	(\$1,094.69)
Variance Payment for Mar. 2021		\$0.00	\$0.00	\$0.00	\$0.00
Variance Payment for Apr. 2021		\$3,225.69	\$0.00		\$1,612.26
Variance Payment for May. 2021		(\$2,139.10)	\$0.00	(\$2,139.10)	(\$1,069.55)
Total Variance Payment	\$0.00	(\$1,102.78)	\$0.00	(\$2,139.10)	(\$551.98)
Non-QIPP Funds due to NHs	\$0.00				
Line of Credit					
Payment 1-Line of Credit	\$0.00				
Payment 2-Line of Credit	\$0.00				
Interest Reserves					
Reserve Ln 18	\$392,650.70				
Reserve Ln 19	\$825,031.10				
Allegiance Interest (June 10)	\$10,984.87				
Total Reserves	\$1,228,666.67				
Restricted	\$6,408,340.69				
Unrestricted	\$3,440,289.06				
Total Funds	\$9,848,629.75	\$15,029,468.86	\$7,870,604.69	\$2,741,100.93	\$7,825,532.34
				Comp. 2-4 District's Share	\$2,676,314.92

11 Month Outstanding Short Term Revenue Note-Loan 18 (Dec. 1, 2020-Nov. 1, 2020)

Loan 18-Principle	\$5,609,295.47	Reserve	\$471,180.84		
Interest	16.80%				
Amortization Table					
	Date	Balance	Interest	Principal Rcvd.	Payment
1	12/30/2020	\$5,609,295.47	\$78,530.14	\$0.00	\$78,530.14
2	1/31/2021	\$5,609,295.47	\$78,530.14	\$0.00	\$78,530.14
3	2/28/2021	\$5,609,295.47	\$78,530.14	\$0.00	\$78,530.14
4	3/31/2021	\$5,609,295.47	\$78,530.14	\$0.00	\$78,530.14
5-(Mar. 2021, Comp. 1)	4/30/2021	\$5,609,295.47	\$78,530.14	\$1,741,882.60	\$1,820,412.74
6-(Apr. 2021, Comp. 1)	5/31/2021	\$5,609,295.47	\$78,530.14	\$1,708,705.03	\$1,787,235.17
7-(May 2021, Comp. 1)	6/30/2021	\$5,609,295.47	\$78,530.14	\$1,698,629.79	\$1,777,159.93
8-(June 2021, Comp. 1)	7/31/2021	\$5,609,295.47	\$78,530.14	\$460,078.05	\$538,608.19
9 (July 2021, Comp. 1)	8/31/2021	\$0.00	\$78,530.14	\$0.00	\$78,530.14
10 (Aug. 2021, Comp. 1)	9/30/2021	\$0.00	\$78,530.14	\$0.00	\$78,530.14
11	10/31/2021	\$0.00	\$78,530.14	\$0.00	\$78,530.14
Amount Paid		\$0.00	\$863,831.54	\$5,609,295.47	\$6,473,127.01
Amount Due: October 31, 2021			\$863,831.54	\$5,609,295.47	\$6,473,127.01
Amount Remaining				\$0.00	\$0.00

11 Month Outstanding Short Term Revenue Note-Loan 19 (June 1, 2021-Apr. 30, 2022)

Loan 19-Principle	\$11,786,158.80	Reserve	\$825,031.10		
Interest	16.80%				
Amortization Table					
	Date	Balance	Interest	Principal Rcvd.	Payment
1	6/30/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
2	7/31/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
3	8/28/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
4	9/30/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
5-(Mar. 2021, Comp. 1)	10/31/2021	\$11,786,158.80	\$165,006.22	\$1,816,861.30	\$1,981,867.52
6-(Apr. 2021, Comp. 1)	11/30/2021	\$11,786,158.80	\$165,006.22	\$1,846,844.61	\$2,011,850.83
7-(May 2021, Comp. 1)	12/31/2021	\$11,786,158.80	\$165,006.22	\$1,796,855.25	\$1,961,861.47
8-(June 2021, Comp. 1)	1/31/2022	\$11,786,158.80	\$165,006.22	\$2,005,406.93	\$2,170,413.15
9 (July 2021, Comp. 1)	2/28/2022	\$0.00	\$165,006.22	\$1,999,051.99	\$2,164,058.21
10 (Aug. 2021, Comp. 1)	3/31/2022	\$0.00	\$165,006.22	\$1,966,884.41	\$2,131,890.63
Reserve		\$11,786,158.80	\$0.00	\$354,254.31	\$354,254.31
11	4/30/2022	\$0.00	\$165,006.22	\$0.00	\$165,006.22
Amount Paid		\$0.00	\$1,815,068.42	\$11,786,158.80	\$13,601,227.22
Amount Due: October 31, 2021			\$1,815,068.42	\$11,786,158.80	\$13,601,227.22
Amount Remaining				\$0.00	\$0.00

Allegiance Bank Line of Credit

Principle (IGT 8)	\$5,609,295.47	Principle Balance Owed	\$5,609,295.47		
Interest Rate:	2.35%	LOC Funds Available	\$390,704.53		
	Date	Balance	Interest	Principal Rcvd.	Payment
1	1/10/2021	Interest Payment	\$12,803.16	\$0.00	\$12,803.16
2	2/10/2021	Interest Payment	\$11,351.04	\$0.00	\$11,351.04
3	3/10/2021	Interest Payment	\$10,721.78	\$0.00	\$10,721.78
4	4/10/2021	Interest Payment	\$11,351.03	\$0.00	\$11,351.03
5-(Mar. 2021, Comp. 1)	5/10/2021	Interest Payment	\$10,984.87	\$0.00	\$10,984.87
6-(Apr. 2021, Comp. 1)	6/10/2021	Interest Payment	\$11,351.04	\$0.00	\$11,351.04
7-(May 2021, Comp. 1)	6/27/2021	Interest Payment	\$10,984.87	\$0.00	\$10,984.87
8-(June 2020, Comp. 1)	7/31/2021	Interest Payment	\$12,803.16	\$1,368,201.97	\$1,381,005.13
9-(July. 2020, Comp. 1)	8/31/2021	Interest Payment	\$12,803.16	\$1,742,094.29	\$1,754,897.45
10-(August 2021, Comp. 1)	9/30/2021	Interest Payment	\$12,803.16	\$1,867,046.53	\$1,879,849.69
Amount Paid	9/30/2020	\$0.00	\$117,957.27	\$4,977,342.79	\$5,095,300.06
Amount Remaining				\$631,952.68	

District's Investments

	Amount	Percentage	From	To	Interest
*CD at Allegiance Bank C.D. #9503	\$6,009,554.47	0.35%	5/1/2021	5/31/2021	Paid Quarterly \$4,951.74 Pd May 10
CD at Prosperity (Qtr.) C.D. #0447	\$109,515.67	0.4000%	5/1/2021	5/31/2021	Paid Quarterly \$106.82 May 27
Texstar C.D. #1110	\$690,435.82	0.0100%	5/1/2021	5/31/2021	Paid \$5.89 May 2021

TO THE BEST OF MY KNOWLEDGE, THESE

Edward Murrell,
President

Date

Robert "Bobby" Way
Treasurer/Investment Officer

Date

Italics are Estimated amounts

EXHIBIT “A-3”

06/16/21
 Accrual Basis

Winnie-Stowell Hospital District Check Listing by Bank Account May 19 through June 16, 2021

Type	Date	Num	Name	Memo	Clr	Amount
100 Prosperity Bank -Checking						
Check	05/19/2021	3248	Brookshire Brothers	IC RX's (Apr 2021)	X	-1,891.74
Check	05/19/2021	3249	Wilcox Pharmacy	IC RX's (Apr 2021)		-1,426.41
Check	05/19/2021	3250	UTMB at Galveston	IC Batch Date 4/1/2021	X	-2,943.84
Check	05/19/2021	3251	UTMB Faculty Group Pr...	IC Batch Date 4/1/2021	X	-1,874.75
Check	05/19/2021	3252	Indigent Healthcare Sol...	Inv #71779	X	-1,109.00
Check	05/19/2021	3254	Penelope S Butler, MS, ...	YC Batch Date 4/1/2021	X	-170.00
Check	05/19/2021	3255	Nicki Holtzman MS, LPC	YC Batch Date 4/1/2021	X	-425.00
Check	05/19/2021	3256	Gaudet Solutions	YP Batch Date 4/1/2021	X	-1,000.00
Check	05/19/2021	3258	Hubert Oxford	Legal Retainer	X	-1,000.00
Check	05/19/2021	3259	David Sticker	Inv #52	X	-1,750.00
Check	05/19/2021	3260	Technology Solutions of...	inv #1580	X	-75.00
Check	05/19/2021	3261	Felipe Ojeda	Inv # 1012	X	-300.00
Check	05/19/2021	3262	Graciela Chavez	Inv # 8018596	X	-100.00
Check	05/19/2021	3263	Texas Hospital Associat...	Inv # 900127062	X	-432.00
Check	05/19/2021	3253	American Education Ser...	92 5529 5461 S Stern	X	-150.14
Check	05/19/2021	3257	Benckenstein & Oxford	Inv # 50085 (Feb 2021)	X	-11,300.00
Check	05/19/2021	3246	Brookshire Brothers	VOID:	X	0.00
Check	05/19/2021	3247	Brookshire Brothers	VOID:	X	0.00
Check	05/19/2021	3264	Gulf Coast Electric Co. I...	SVDP-Generator 38kw and ATS	X	-7,900.00
Check	05/20/2021	3265	Riceland Medical Center	RMC-reimb Jul 15 grant req	X	-147,279.03
Check	05/26/2021		Prosperity Bank (CC)	ACH, Withdrawal, Processed	X	-4,245.10
Liability Check	05/27/2021		QuickBooks Payroll Ser...	Created by Payroll Service on 05/25/2021	X	-8,569.62
Paycheck	05/28/2021	DD12...	Norris, Sherrie	Direct Deposit	X	0.00
Paycheck	05/28/2021	DD12...	Ojeda, Patricia	Direct Deposit	X	0.00
Paycheck	05/28/2021	DD12...	Osburn, Jessica L	Direct Deposit	X	0.00
Check	06/16/2021		Brookshire Brothers	IC RX's May 2021		-688.40
Check	06/16/2021		UTMB at Galveston	IC Batch Date 05/01/21		-18,016.51
Check	06/16/2021		UTMB Faculty Group Pr...	IC Batch Date 05/01/21		-3,879.40
Check	06/16/2021	To Print	Indigent Healthcare Sol...	Inv #71941		-1,109.00
Check	06/16/2021	To Print	American Education Ser...	92 5529 5461 S Stern		-150.14
Check	06/16/2021	To Print	Penelope S Butler, MS, ...	YC Batch Date 05/02/21		-170.00
Check	06/16/2021	To Print	Nicki Holtzman MS, LPC	YC Batch Date 05/01/21		-850.00
Check	06/16/2021	To Print	Chambers Cty PHD #1	IC SP Dental Batch Date 05/01/21		-120.00
Check	06/16/2021	To Print	Benckenstein & Oxford	Inv # 50125 (Mar 2021)		-13,600.00
Check	06/16/2021	To Print	Hubert Oxford	Legal Retainer		-1,000.00
Check	06/16/2021	To Print	David Sticker	Inv # 54		-1,468.75
Check	06/16/2021	To Print	Technology Solutions of...	Inv #1591		-75.00
Check	06/16/2021	To Print	Felipe Ojeda	Inv #1013		-329.00
Check	06/16/2021	To Print	Graciela Chavez	Inv # 8018597		-100.00
Check	06/16/2021		The Seabreeze Beacon	Inv # 5206		-250.00
Check	06/16/2021	To Print	Philadelphia Insurance ...	Inv # 2003346482 (Acct # 80026218) D&O Pol...		-11,658.00
Check	06/16/2021	To Print	Riceland Medical Center	(RMC Grant-Generator)		-109,531.20
Check	06/16/2021	To Print	Bonds Ellis Eppich Sch...	Inv #12376 (Abri Meditation)		-22,735.00
Check	06/16/2021	To Print	Edward Murrell	BM-Reimb Mileage (To/From Dallas)		-343.84
Total 100 Prosperity Bank -Checking						-380,015.87
109 First Financial Bank						
109b FFB #4846 DACA						
Check	05/27/2021			ACH PaymenWSHD AB NH HoldiCCD 16115...	X	-3,180.00
Deposit	05/28/2021				X	-9,103,262.11
Check	05/28/2021		Salt Creek Capital LLC	ACH PaymenSalt Creek CapitCCD 1611500560	X	-78,530.14
Total 109b FFB #4846 DACA						-9,184,972.25
Total 109 First Financial Bank						-9,184,972.25
TOTAL						-9,564,988.12

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 Issued 06/09/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 05/04/21-05/04/21

Brookshire Bros. Phar. (Winnie)
 P.O. Box 2058
 Lufkin, TX 75904

Vendor #: 65460

GL #	Description	Amount
WSHD	Wshd	688.40
Expenditures		688.40
Reimb/Adjustments		
Grand Total		688.40

48 total invoices

GL Totals Detail
Invoice #

GL #	Date in	Amt Billed	Amt Paid
1019*65460*94	05/28/2021	12.39	12.39
1019*65460*95	05/28/2021	13.51	13.51
1019*65460*96	05/29/2021	9.28	9.28
1019*65460*97	05/28/2021	8.76	8.76
1019*65460*98	05/28/2021	10.64	10.64
1044*65460*35	05/22/2021	9.36	0.00
1106*65460*17	05/24/2021	10.99	10.99
1106*65460*18	05/11/2021	24.93	24.93
1106*65460*19	05/12/2021	11.07	11.07
1114*65460*17	05/13/2021	11.31	11.31
1114*65460*18	05/03/2021	8.76	8.76
1122*65460*34	05/11/2021	8.96	8.96
1122*65460*35	05/11/2021	10.12	10.12
1128*65460*62	05/13/2021	8.64	8.64
1151*65460*59	05/07/2021	8.64	8.64
1151*65460*60	05/07/2021	11.89	11.89
1151*65460*61	05/07/2021	10.46	10.46
1151*65460*62	05/03/2021	8.47	8.47
1151*65460*63	05/03/2021	8.46	8.46
1151*65460*64	05/07/2021	9.28	9.28
1165*65460*1	05/19/2021	10.59	10.59
1199*65460*19	05/28/2021	18.29	18.29
1199*65460*20	05/28/2021	40.58	40.58
1203*65460*1	05/27/2021	8.56	8.56
1203*65460*2	05/27/2021	10.49	10.49
1203*65460*3	05/27/2021	10.54	10.54
1207*65460*1	05/14/2021	69.82	69.82
1207*65460*2	05/14/2021	14.43	14.43
1214*65460*9	05/11/2021	8.98	8.98
1214*65460*10	05/11/2021	8.75	8.75
1214*65460*11	05/11/2021	11.72	11.72
1214*65460*12	05/06/2021	14.54	14.54
1214*65460*13	04/21/2021	64.65	64.65
1216*65460*1	05/13/2021	19.89	19.89

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Issued 06/09/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 05/04/21-05/04/21

Brookshire Bros. Phar. (Winnie)
P.O. Box 2058
Lufkin, TX 75904

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1216*65460*2	WSHD	05/13/2021	10.14	10.14
1219*65460*1	WSHD	05/09/2021	21.28	21.28
2458*65460*37	WSHD	05/25/2021	14.64	14.64
2458*65460*38	WSHD	05/10/2021	11.18	11.18
2458*65460*39	WSHD	05/13/2021	9.29	9.29
2458*65460*40	WSHD	05/21/2021	10.47	10.47
2458*65460*41	WSHD	05/21/2021	12.04	12.04
2815*65460*73	WSHD	05/03/2021	11.33	11.33
2815*65460*74	WSHD	05/03/2021	10.90	10.90
2815*65460*75	WSHD	05/03/2021	9.81	9.81
2815*65460*76	WSHD	05/03/2021	13.47	13.47
2815*65460*77	WSHD	05/03/2021	14.61	14.61
2815*65460*78	WSHD	05/03/2021	10.21	10.21
2815*65460*79	WSHD	05/03/2021	10.64	10.64
48 invoices, 48 line items		***	697.76	688.40
Grand Totals			697.76	688.40

48 total invoices
48 total line items

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 Issued 06/09/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 05/01/21-05/01/21

Utmh At Galveston
 P. O. Box 660120 Dept 730
 Dallas, TX 75266

Vendor #: 63614

GL #	Description	Amount
WSHD	Wshd	18,016.51
Expenditures		18,016.51
Reimb/Adjustments		
Grand Total		18,016.51

23 total invoices

GL Totals Detail
Invoice #

GL #	Date in	Amt Billed	Amt Paid
1019*63614*11	03/23/2021	443.00	106.32
1019*63614*12	04/07/2021	738.00	177.12
1019*63614*13	04/07/2021	3,933.30	943.99
1093*63614*25	04/08/2021	7,862.70	1,887.05
1096*63614*15	04/13/2021	14,713.00	3,531.12
1096*63614*16	04/09/2021	293.00	70.32
1096*63614*17	04/22/2021	323.00	77.52
1107*63614*9	04/13/2021	323.00	77.52
1107*63614*10	04/21/2021	391.00	93.84
1108*63614*6	04/21/2021	432.00	103.68
1111*63614*10	04/02/2021	688.00	165.12
1114*63614*9	04/13/2021	391.00	93.84
1114*63614*10	04/07/2021	1,051.00	252.24
1114*63614*11	04/20/2021	19,321.00	4,637.04
1114*63614*12	04/20/2021	1,190.61	285.75
1114*63614*13	04/20/2021	3,933.30	943.99
1128*63614*17	04/13/2021	16,327.87	3,918.69
1128*63614*18	04/23/2021	323.00	77.52
1144*63614*7	04/01/2021	323.00	77.52
1159*63614*2	03/24/2021	360.00	86.40
1177*63614*6	04/23/2021	705.00	169.20
1215*63614*1	04/20/2021	523.00	125.52
2458*63614*3	04/01/2021	480.00	115.20
23 invoices, 23 line items	***	75,068.78	18,016.51

Grand Totals

75,068.78 **18,016.51**

23 total invoices
 23 total line items

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 05/01/21-05/31/21

Utmh Faculty Grp Practice
 Po Box 650859 Dep 710
 Dallas, TX 75265

Vendor #: 63615
 NPI: 1942241146

GL #	Description	Amount
WSHD	Wshd	3,879.40
Expenditures		3,879.40
Reimb/Adjustments		
Grand Total		3,879.40

30 total invoices

GL Totals Detail
Invoice #

GL #	Date in	Amt Billed	Amt Paid
1019*63615*10	04/07/2021	75.00	36.56
1019*63615*11	04/07/2021	158.00	58.06
1093*63615*26	04/08/2021	920.00	124.13
1093*63615*26	04/08/2021	450.00	71.69
1096*63615*12	04/13/2021	1,500.00	589.38
1096*63615*13	04/13/2021	118.00	0.00
1096*63615*14	04/09/2021	118.00	0.00
1103*63615*18	03/17/2021	513.00	109.27
1107*63615*9	04/21/2021	270.00	51.59
1107*63615*10	04/09/2021	93.00	42.34
1107*63615*11	04/09/2021	165.00	61.91
1107*63615*12	04/13/2021	270.00	40.84
1108*63615*3	04/21/2021	183.00	36.73
1111*63615*10	04/02/2021	273.00	60.07
1111*63615*10	04/02/2021	83.00	13.48
1114*63615*8	04/07/2021	23.00	7.70
1114*63615*9	04/07/2021	270.00	51.59
1114*63615*10	04/13/2021	270.00	51.59
1114*63615*11	04/20/2021	158.00	58.06
1114*63615*12	04/20/2021	793.00	277.46
1114*63615*12	04/20/2021	132.00	11.23
1114*63615*12	04/20/2021	58.00	9.62
1126*63615*1	04/29/2021	415.00	69.59
1128*63615*19	04/13/2021	462.00	269.50
1128*63615*20	04/13/2021	1,668.00	606.56
1128*63615*20	04/13/2021	1,380.00	249.56
1128*63615*21	04/13/2021	880.00	539.00
1128*63615*22	04/13/2021	118.00	0.00
1144*63615*8	04/01/2021	273.00	60.07
1159*63615*3	03/24/2021	415.00	87.90
1177*63615*7	04/23/2021	23.00	7.70
1177*63615*8	04/23/2021	415.00	87.90
1215*63615*1	04/20/2021	273.00	60.07
1215*63615*2	04/20/2021	25.00	8.66

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GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 05/01/21-05/31/21

Utmh Faculty Grp Practice
Po Box 650859 Dep 710
Dallas, TX 75265

Vendor #: 63615
NPI: 1942241146

Invoice #	GL #	Date in	Amt Billed	Amt Paid
2458*63615*4	WSHD	04/01/2021	415.00	69.59
2458*63615*4	WSHD	04/01/2021	38.00	0.00
30 invoices, 36 line items			13,693.00	3,879.40
Grand Totals			13,693.00	3,879.40

30 total invoices
36 total line items

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

Invoice # 71941

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

Date: 6/1/2021

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

RECEIVED

JUN 01 2021

Terms: Net receipt of invoice

Professional services for the month of July 2021

1,109.00

Total

\$1,109.00

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



15508301610801

RECEIVED

JUN - 9 2021

June 4, 2021

MONTHLY BILL

Name: SHERRY STERN
Account Number: 92 5529 5461

Payment Summary	
Last Payment Received	05/24/2021
Current Payment Due	\$150.14
Total Due by 06/25/2021	\$150.14

YOUR LOAN DETAILS

Loan Sequence	Date Disbursed	Loan Program	Original Balance	Current Balance	Outstanding Interest	Interest Rate	Monthly Payment	Current Due
*1002	11/29/2006	SUBCNS	\$13,150.00	\$3,824.89	\$4.32	3.750%	\$90.67	\$90.67
*1001	11/29/2006	UNCNS	\$8,625.28	\$2,508.49	\$2.83	3.750%	\$59.47	\$59.47

Outstanding interest accrued as of 06/04/2021

*Late fees will be assessed in accordance to the requirements set forth by the loan owner. Each unique owner/loan program may have differing late fee requirements. The owner will assess late fees on any loans listed above that are identified with an asterisk. If there are dates listed below the heading 'Received After This Date', which are prior to the date you are making your payment, the following late fee will be assessed.

Received After This Date	Late Fee to be Assessed
07/09/2021	\$7.50

When remitting a payment amount by mail, phone, or electronic (web or mobile app) that is more or less than the total amount due, if you would like the payment directed to specific loans, please log in to your online account or use our mobile app to provide the necessary information. Additional details about payment instructions can be found on the last page of this statement.

Even if a loan is paid ahead, you must continue making your monthly payment in order to maintain eligibility for certain Repayment Incentive Programs or other benefits offered by your loan owner, such as interest rate reductions or cosigner release. Contact us for details.

Make checks payable to American Education Services and include your 10 digit account number.

Customer Statement (IF LATE, SEE ABOVE)

Amount Enclosed: Do not write dollar sign \$ in boxes below or on check. See last page of statement for details on how to provide payment instructions.

Account Number:

Due Date:

Total Amount Due:

92 5529 5461

06/25/2021

\$

--	--	--	--	--	--	--	--	--	--	--

\$150.14

2021155019255295461100001501400000000000000007

#BWNDHKB
 #B612 1327 2506 04L5#
 SHERRY STERN
 538 BROADWAY
 WINNIE TX 77665-7600



AMERICAN EDUCATION SERVICES
 P.O. BOX 65093
 BALTIMORE, MD 21264-5093



ADDITIONAL LOAN DETAILS

See below for the Current Owner and Repayment Term for each loan listed.

Loan Sequence	Date Disbursed	Loan Program	Current Owner	Repayment Term
*1002	11/29/2006	SUBCNS	CIT EDUCATION LOAN T	240
*1001	11/29/2006	UNCNS	CIT EDUCATION LOAN T	240

Would you rather receive this statement electronically?

Sign in to Account Access at aesSuccess.org and update your Account Profile preferences if you would prefer that we send you an email reminder instead of a paper statement.

Total paid since your last statement	\$150.14
Interest Satisfied	\$18.59
Principal Satisfied	\$131.55
Late Fees Paid	\$0.00

As of today, the amount paid on your loans	\$18,617.37
Total Interest Satisfied	\$5,239.80
Total Principal Satisfied	\$13,370.07
Total Late Fees Paid	\$7.50

The Total Principal Satisfied includes any payment that satisfies principal (not just payments made by you) and may include consolidation payments, refunds, cancellation payments, returned disbursements, etc.

Loan Sequence	Date Disbursed	Loan Program	Current Owner	Repayment Term
*1002	11/29/2006	SUBCNS	CIT EDUCATION LOAN T	240
*1001	11/29/2006	UNCNS	CIT EDUCATION LOAN T	240

Loan Sequence	Date Disbursed	Loan Program	Current Owner	Repayment Term
*1002	11/29/2006	SUBCNS	CIT EDUCATION LOAN T	240
*1001	11/29/2006	UNCNS	CIT EDUCATION LOAN T	240

Loan Sequence	Date Disbursed	Loan Program	Current Owner	Repayment Term
*1002	11/29/2006	SUBCNS	CIT EDUCATION LOAN T	240
*1001	11/29/2006	UNCNS	CIT EDUCATION LOAN T	240

Loan Sequence	Date Disbursed	Loan Program	Current Owner	Repayment Term
*1002	11/29/2006	SUBCNS	CIT EDUCATION LOAN T	240
*1001	11/29/2006	UNCNS	CIT EDUCATION LOAN T	240

Loan Sequence	Date Disbursed	Loan Program	Current Owner	Repayment Term
*1002	11/29/2006	SUBCNS	CIT EDUCATION LOAN T	240
*1001	11/29/2006	UNCNS	CIT EDUCATION LOAN T	240

50532201P525257P300001207/00000000000000

AMERICAN EDUCATION SERVICES
 1100 N. WASHINGTON AVE
 WASHINGTON, DC 20004-2000

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 Issued 06/08/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 05/02/21-05/02/21

Penelope (Polly) Butler
 7750 Gladys, Suite B
 Beaumont, TX 77706

Vendor #: 13632

GL #	Description	Amount
WSHD	Wshd	170.00
	Expenditures	170.00
	Reimb/Adjustments	
	Grand Total	170.00
1 total invoices		

GL Totals Detail
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC17*13632*21	WSHD	05/07/2021	85.00	85.00
YC17*13632*21	WSHD	05/21/2021	85.00	85.00
1 invoices, 2 line items			170.00	170.00
Grand Totals			170.00	170.00

1 total invoices
2 total line items

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GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 05/01/21-05/31/21

Vendor #: 90007

Nicki Holtzman
 5825 Phelan, Ste. 104
 Beaumont, TX 77706

GL #	Description	Amount
WSHD	Wshd	850.00
	Expenditures	850.00
	Reimb/Adjustments	
	Grand Total	850.00

5 total invoices

**GL Totals Detail
 Invoice #**

GL #	Date in	Amt Billed	Amt Paid
YC01*90007*9	05/11/2021	85.00	85.00
YC01*90007*9	05/25/2021	85.00	85.00
YC24*90007*9	05/03/2021	85.00	85.00
YC24*90007*9	05/21/2021	85.00	85.00
YC27*90007*2	05/03/2021	85.00	85.00
YC29*90007*2	05/03/2021	85.00	85.00
YC29*90007*2	05/21/2021	85.00	85.00
YC30*90007*1	05/03/2021	85.00	85.00
YC30*90007*1	05/10/2021	85.00	85.00
YC30*90007*1	05/21/2021	85.00	85.00
5 invoices, 10 line items	***	850.00	850.00
Grand Totals		850.00	850.00

5 total invoices
 10 total line items

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Issued 06/08/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 05/01/21-05/31/21

Chambers Cnty Phd #1-Dental
Po Box 398
Anahuac, TX 77514

Vendor #: 90012

GL #	Description	Amount
WSHD	Wshd	120.00
	Expenditures	120.00
	Reimb/Adjustments	
	Grand Total	120.00

1 total invoices

GL Totals Detail	GL #	Date in	Amt Billed	Amt Paid
Invoice #				
1165*90012*1	WSHD	05/19/2021	120.00	120.00
1 invoices, 1 line items	***		120.00	120.00
Grand Totals			120.00	120.00

1 total invoices
1 total line items

BENCKENSTEIN & OXFORD, L.L.P.

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

Hubert Oxford, IV

hoxfordiv@benoxford.com

June 16, 2021

Mr. Edward Murrell
President
Winnie Stowell Hospital District
520 Broadway
Winnie, Texas 77665

Re: Winnie Stowell Hospital District; Billable Invoice for March 2021 Time Entries less Retainer; Our File No. 87250.

Dear President Murrell,

Attached, please find Benckenstein & Oxford's monthly time entry invoice for March 2021. This invoice is for \$14,600.00 but the amount due is \$13,600.00 after reducing the invoice by \$1,000.00 for the monthly retainer already paid.

Will you please review and let me know if there are any questions? If not, we would appreciate your payment of this invoice in the amount of \$13,600.00 representing the balance owed for March 2021.

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

June 16, 2021

INVOICE #: 50125 **HOIV**
Billed through: March 31, 2021
Client/Matter #: WSHD 87250

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

RE: Winnie-Stowell Hospital District

PROFESSIONAL SERVICES RENDERED

03/01/21	HOIV	Worked with staff to gather information and order equipment authorized by the Board for SVDP's computers, printers, and monitors.	2.50 hrs
03/01/21	HOIV	Read and reviewed correspondence from staff to certain nursing facility Managers advising of Trust Fund violations and findings.	0.30 hrs
03/01/21	HOIV	Read and reviewed five (5) e-mails between staff and Hospital regarding the deadline to complete filings for UC DY5 Withheld IGT Notification.	0.40 hrs
03/02/21	HOIV	Worked with staff and CPA to assist in the preparation of the annual D&O Insurance spreadsheet in response to questioner.	2.70 hrs
03/02/21	HOIV	Read and reviewed FHL Bank Irrevocable Standby Letter of Credit for Allegiance Bank and responded to six (6) e-mails regarding the same.	1.00 hrs
03/04/21	HOIV	Read, reviewed, and approved Liability Insurance Coverage Certification submitted by THHS and approved President's signature of the Certification.	0.30 hrs
03/05/21	HOIV	Received e-mail from Board President regarding Clairmont cost report, reviewed the reports, and then exchanged ten (10) e-mails with Manager, staff, LTC, and representatives of the HHSC regarding the cost report issues and to clarify that correspondence needed to be submitted to the District Administrator.	1.50 hrs
03/08/21	HOIV	Received e-mail from LTC requesting additional facilities in QIPP Year 5; gathered information; and submitted requested information to LTC in an e-mail exchange consisting of (4) e-mails.	1.10 hrs
03/09/21	HOIV	Prepared draft Model Healthcare Provider Agreement to be utilized by physicians and other healthcare professions other than the Winnie Community Hospital and UTMB and submitted to client for review.	6.00 hrs
03/09/21	HOIV	Read reviewed and commented on final changes to D&O Insurance application.	0.30 hrs
03/10/21	HOIV	Read, reviewed, and responded to eleven (11) e-mails with counsel for Salt Creek Capital regarding final interest payment and loan payment for Loans 17a and 17b.	1.20 hrs
03/10/21	HOIV	Reviewed final D&O Insurance application and responded to six (6) e-mails	0.80 hrs

with staff and CPA to answer questions by CPA.

03/11/21	HOIV	Reviewed proposed changes to the Model Healthcare Agreement by staff and staff's Short Form Agreement; modified and accepted recommendations for Model Agreement; exchanged four (4) e-mails with staff and Indigent Care Committee explaining the need for a comprehensive agreement.	2.00 hrs
03/11/21	HOIV	Read and reviewed ten (10) e-mails between Staff and Prescription Glasses representative regarding details surrounding contractual agreements.	0.70 hrs
03/11/21	HOIV	Received and reviewed Public Information Request from the Dallas Morning News regarding nursing facilities owned by the District and the QIPP Program; exchanged four (4) e-mails and three (3) conference calls with staff, LTC, and President Murrell regarding the same; and began gathering documents to respond to the request.	3.60 hrs
03/12/21	HOIV	Began drafting minutes for the February 17, 2021 Regular Meeting.	2.60 hrs
03/12/21	HOIV	Worked with Indigent Care Director to make changes to model services agreements and responded to four (4) e-mails to address questions raised.	1.00 hrs
03/12/21	HOIV	Gathered information to provide to reporter for Dallas Morning News in an e-mail to introduce the District and QIPP program; modified model spreadsheet to assist reporter understand the program; participated in conference call with reporter; prepared follow up e-mail after conference call to provide additional information and to clarify the documents to provide per the conference call; and prepared e-mail to Board with a status updated.	4.40 hrs
03/15/21	HOIV	Prepared extensive e-mail to lawyer for HMG requesting documents necessary to respond to Dallas Morning News Public Information request; and exchanged four (4) e-mails regarding the status of documents.	0.70 hrs
03/15/21	HOIV	Continue to gather and combine documents for proposed response to Dallas Morning News and submitted to LTC for a review prior to submitting to the Board.	1.60 hrs
03/17/21	HOIV	Read and reviewed announcement about CHIRPS deadline and forwarded the request to auditor to inquire whether this deadline applied to the single audit for nursing facilities.	0.40 hrs
03/21/21	HOIV	Prepared extensive e-mail to Board advising of HMG to request to fund a portion of CHOW for new eleven (11) homes and gave an opinion on the request.	1.30 hrs
03/21/21	HOIV	Finalized draft set of minutes for the February 17, 2021 Regular meeting and distributed to the Board for review.	0.80 hrs
03/21/21	HOIV	Prepared e-mail to Dallas Morning News reporter to provide response to FOIA request.	0.60 hrs
03/22/21	HOIV	Prepared and exchanged seven (7) e-mails with Salt Creek Capital and First Financial Bank regarding status of executed Loan 17b documents.	0.70 hrs
03/23/21	HOIV	Received and reviewed e-mail sent to President Murrell regarding AR Request for Information; and exchanged eight (8) with HHSC, Caring Healthcare, and staff to discuss contact persons and plan of action to provide	0.90 hrs

the requested information.

03/23/21	HOIV	Received and reviewed CHOW for Silver Springs, and exchanged two (2) e-mails with HMG counsel regarding suggested changes to the CHOW.	0.80 hrs
03/24/21	HOIV	Prepare for and attend Regular Monthly meeting.	2.70 hrs
03/24/21	HOIV	Assisted staff with finalizing Treasurer's Report and prepared Board Binder for distribution to Board.	2.60 hrs
03/24/21	HOIV	Prepared e-mails to Lenders and Managers to provide copy of 2019 Audit.	0.30 hrs
03/24/21	HOIV	Prepared e-mail to Salt Creek Capital with Treasurer's report to demonstrate funds in bank and plan on repaying Loan 17a and 17b at the end of the month.	0.30 hrs
03/26/21	HOIV	Received and briefly reviewed FMV appraisals for Willowbrook, College Station, Silver Springs, and Cimarron Place; and exchanged three (3) e-mails with HMG regarding payment for the appraisals.	0.60 hrs
03/26/21	HOIV	Worked with staff, Allegiance Bank, and HMG's counsel to provide documents necessary to open DAISA and DACA accounts at Allegiance Bank for Willowbrook, Cimarron Place, Silver Springs, and College Station by providing Secretary Certificates and DBAs by exchanging eight (8) e-mails and multiple conference calls.	2.80 hrs
03/26/21	HOIV	Drafted e-mail to Allegiance Bank to provide DACA and DAISA agreements for Willowbrook, College Station, Silver Springs, and Cimarron Place and to explain the reason for changes in previously provided agreements.	1.30 hrs
03/26/21	HOIV	Read, reviewed, and checked QIPP, Year 5 enrollment forms to be submitted by LTC on behalf of the District.	0.80 hrs
03/30/21	HOIV	Worked with staff, counsel for HMG, and HMG to generate and have executed Operations Transfer Agreements for eleven new homes; fix Bank Account Resolution and Secretary Certificate by reviewing documents; multiple conference calls and e-mails.	3.40 hrs
03/30/21	HOIV	Exchanged five e-mails with Caring Healthcare and LTC to verify Golden Villa and Rose Haven were enrolled in QIPP Year 5.	0.40 hrs
03/31/21	HOIV	Gathered documents; reviewed documents; and participated in conference call with Dallas Morning News to answer questions.	3.00 hrs
		Total fees for this matter	\$14,600.00

BILLING SUMMARY:

Oxford, IV Hubert	58.40 hrs @	\$250.00 /hr	\$14,600.00
TOTAL FEES			\$14,600.00
TOTAL CHARGES FOR THIS INVOICE			\$14,600.00
RETAINER			\$1,000.00 CR

TOTAL BALANCE NOW DUE \$13,600.00

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

June 11, 2021

Mr. Edward Murrell
President
Winnie Stowell Hospital District
825 State Hwy 124
Winnie Texas 77665

Re: Invoice and Draft Minutes for the Regular Meeting on May 19, 2021; Our File No. 87250.

Dear President Murrell,

Attached, please find the draft minutes for the Regular Meeting on May 19, 2021. After you have had a chance to review these minutes, please let me know if there are any changes that need to be made.

Also, please allow this letter to serve as a *partial invoice* for \$1,000.00 representing the retainer for work performed in May 2021. We would request that you put this invoice in line for payment at the May 19, 2021 Regular Meeting and we will give the District credit for the \$1,000.00 payment when we submit the hourly invoice for April 2021.

If you concur, please draft a check in the amount of \$1,000.00 to Hubert Oxford, IV.

With best wishes, I am

Sincerely,
BENCKENSTEIN & OXFORD, L.L.P.

Hubert Oxford, IV

David B Sticker & Company PC2180 Eastex Freeway
Beaumont, TX 77703**Invoice**

Invoice #: 54
Invoice Date: 06/10/2021
Due Date: 06/10/2021
Project:
P.O. Number:

Bill To:

Winnie Stowell Hospital District
 PO Box 1997
 Winnie, TX 77665

Date	Description	Amount
05/05/2021	Review QIPP worksheets and cash flow projection. Discuss and assist in online debt report for State of Texas. Other misc. accounting issues. 3.50 Hrs.	
05/05/2021	Review chart of accounts and discuss need for additional accounts for grants. 1.25 Hrs.	
05/19/2021	Make adj, review bank balances vs books. Make adjustments and run reports. 3.00 Hrs.	
05/19/2021	Prepare for and attend meeting. 3.00 Hrs.	
05/25/2021	Review and approve payroll. .50 Hrs.	
05/26/2021	Review audit engagement letter. .50 Hrs. 11.75 Hrs @ \$125.00 = 1,468.75	1,468.75

Total	\$1,468.75
Payments/Credits	\$0.00
Balance Due	\$1,468.75

Technology Solutions of Texas,
L.L.C.

5725 Frost St

Beaumont, TX 77706

4095545953

ronnie@techsol-tx.com

http://www.techsol-tx.com

Invoice 1591

TECHNOLOGY
SOLUTIONS-TX

RECEIVED

JUN 07 2021

BILL TO	SHIP TO
Sherrie Norris	Sherrie Norris
Winnie Stowell Hospital District	Winnie Stowell Hospital District
538 Broadway	538 Broadway
Winnie, TX 77665	Winnie, TX 77665
United States	United States

DATE
06/15/2021

PLEASE PAY
\$75.00

DUE DATE
06/15/2021

DATE	DESCRIPTION	QTY	RATE	AMOUNT
	IT Services:MSP-Dsk MSP Support per Desktop	3	25.00	75.00

TOTAL DUE

\$75.00

THANK YOU.

Yard Service Invoice

Felipe Ojeda

RECEIVED

Invoice# 1013

558 W.LeBlanc Rd
Winnie, TX 77665
Phone: (409) 466-7105

JUN 08 2021

DATE June 8, 2021

Property Location:

Winnie-Stowell Hospital District
520 Broadway
Winnie, TX 77665

Description	AMOUNT
Yard Maintenance completed 05/11/21	\$ 125.00
Yard Maintenance completed 05/26/21	\$ 125.00
Trash Service	\$ 50.00
Mileage (.58X50 miles)-transporting filing cabinet from Beaumont on 06/04/21	\$ 29.00
TOTAL	\$ 329.00

If you have any questions concerning this invoice, Contact Felipe Ojeda, (409) 466-7105

THANK YOU FOR ALLOWING ME TO PROVIDE YARD SERVICES FOR YOUR BUSINESS!

DATE 6-15-21 NO. 08018597

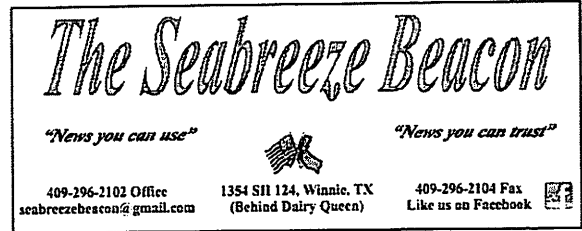
CUSTOMER'S ORDER NO.						
NAME <u>Graciela Chauz</u>						
ADDRESS <u>220 8TH ST</u>						
CITY, STATE, ZIP <u>Winnie TX 72665</u>						
SOLD BY	CASH	C.O.D	CHARGE	ONACCT.	INDSE.RETD	PAID OUT
			<input checked="" type="checkbox"/>			
QUAN.	DESCRIPTION	PRICE	AMOUNT			
1	<u>Office</u>					
2						
3	<u>Cleaning</u>	<u>\$ 100</u>				
4						
5	<u>June 1</u>					
6						
7	<u>June 15</u>					
8						
9						
10	<u>total</u>	<u>\$ 100</u>				
11						
12						
RECEIVED BY						

RECEIVED

JUN 15 2021

KEEP THIS SLIP FOR REFERENCE

The Seabreeze Beacon
PO BOX 814
WINNIE, TX 77665 US
(409)296-2102
seabreezebeacon@gmail.com



INVOICE

BILL TO
Sherrie Norris
Winnie-Stowell Hospital District
PO BOX 1997
Winnie, TX 77665

RECEIVED
JUN 01 2021

INVOICE # 5206
DATE 05/31/2021
DUE DATE 06/15/2021
TERMS Net 15

ACTIVITY	QTY	RATE	AMOUNT
Display Ad Graduation Special Edition Sponsor Display Ad Footer Color 5/25	1	250.00	250.00

*Monthly invoices will be mailed the third week of the month.
*Invoice dates will be the last day of the month with a due date 15 days later.

BALANCE DUE

\$250.00

Please call our office at 409-296-2102 if you have any questions or concerns about your invoice.

Edward Murrell
Travel Reimbursement Request

Date	Description	Amount		
		Rate	Miles	Total
05/30/21	Mileage to Dallas Court Appearance	0.56	307	\$171.92
06/01/21	Mileage from Dallas Court Appearance	0.56	307	\$171.92
		0.56		\$0.00
		0.56		\$0.00
		0.56		\$0.00
		0.56		\$0.00
		0.56		\$0.00
Total	\$343.84			

Edward Murrell
Board President

Billing terms

Policy The program

Term The policy length

Product Identifies PHLV niche product group

Bill plan Full or interval payment plan applied to this policy. For Surety bonds, only Fixed Annual bill plan will be available

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

Premium applied Payments or adjustments made to date

Current installment amount Divided portion of premium invoiced this month based on the Bill Plan

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

Payment / credits Payments or adjustments made for the current month

Current balance due Total amount currently due

Notice A \$5.00 monthly installment fee may be included. If payment is received after the invoice due date, a \$25.00 late fee will be incurred (some states may vary)

RECEIVED
JUN - 9 2021

 **PHILADELPHIA INSURANCE COMPANIES**

A Member of the Tokio Marine Group
PO Box 70251 Philadelphia PA 19176-0251

Winnie-Stowell Hospital District
PO Box 1997
Winnie TX 77665-1997

Invoice Number:	2003346482
Account Number:	80026218 <input type="checkbox"/>
Billing Date:	06/07/2021
Amount Due:	\$5,834.00

Remittance Amount: \$

PHILADELPHIA INSURANCE COMPANIES
PO BOX 70251
PHILADELPHIA PA 19176-0251



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

PHLY.com

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

June Invoice

Winnie-Stowell Hospital District
Account number 80026218

➤ Invoice number: 2003346482 Date: 06/07/2021

\$5,834.00
ACH / Check Total

\$6,038.19
Credit Card Total*

* Includes Convenience Fee

➤ Amount reflects both Past Due
and Current Balance

Please pay \$5,834.00

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

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

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

Managing your policy

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

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

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

Balance breakdown

Amount	Due date
\$5,834.00	06/28/2021
\$0.00	Past due Pay immediately
\$5,834.00	Total due

Your account summary

Current month breakdown

Product	Policy	Term / Bill plan	Premium charged (\$)	Premium applied (\$)	Current installment amount (\$)	Taxes / surcharge (\$)	Fees (\$)	Payment / credits	Current balance due (\$)
80026218 Winnie-Stowell Hospital District									
D & O Flexi Plus	PHSD1627552	05/07/21 - 22 25% Down & 3 Monthly Installments	11,658.00	0.00	5,829.00 1 of 3	0.00	0.00	0.00	5,829.00
Fees									
	Installment Fee		20.00	-15.00	0.00	0.00	5.00	0.00	5.00
			11,678.00	-15.00	5,829.00	0.00	5.00	0.00	5,834.00
Payments will be allocated towards these charges first									
									Total Balance: 5,834.00

RMC Generator
General Turbine Systems, Inc:
Approved Price \$109,531.20

Date	Check Number	Amount
March 30, 2021	62203	\$21,906.24
April 19, 2021	62378	\$43,000.00
May 7, 2021	62569	\$44,624.96
		<u>\$109,531.20</u>

GENERAL TURBINE SYSTEMS, INC.			Customer #:	Check #: 62203	Check Date: 03/30/21	
Inv. Date	Invoice No	Description		Gross	Discount	Net
03/30/21	11200	GENERATOR		21,906.24		21,906.24

	21,906.24	0.00	21,906.24
--	-----------	------	-----------

WINNIE COMMUNITY HOSPITAL, LLC

GENERAL TURBINE SYSTEMS, INC.			Customer #:	Check #: 62203	Check Date: 03/30/21	
Inv. Date	Invoice No	Description		Gross	Discount	Net
03/30/21	11200	GENERATOR		21,906.24		21,906.24

	21,906.24	0.00	21,906.24
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DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX



WINNIE COMMUNITY HOSPITAL, LLC
 538 BROADWAY AVENUE • WINNIE, TX 77665

First Financial Bank NA
 88-112/1113

	DATE	AMOUNT
--	------	--------

TWENTY-ONE THOUSAND NINE HUNDRED SIX AND 24 / 100 Dollars

	03/30/21	***** 21,906.24
--	----------	-----------------

PAY TO THE ORDER OF:
 GENERAL TURBINE SYSTEMS, INC.
 2100 WEST LOOP S, SUITE 1600
 Houston TX 77027

VOID IF NOT PRESENTED FOR PAYMENT WITHIN 180 DAYS FROM DATE HEREOF

AUTHORIZED SIGNATURE



GENERAL TURBINE SYSTEMS, INC.			Customer #:	Check #: 62569	Check Date: 05/07/21	
Inv. Date	Invoice No	Description		Gross	Discount	Net
03/30/21	11200	GENERATOR		44,624.96		44,624.96

44,624.96	0.00	44,624.96

WINNIE COMMUNITY HOSPITAL, LLC

GENERAL TURBINE SYSTEMS, INC.			Customer #:	Check #: 62569	Check Date: 05/07/21	
Inv. Date	Invoice No	Description		Gross	Discount	Net
03/30/21	11200	GENERATOR		44,624.96		44,624.96

44,624.96	0.00	44,624.96

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX



WINNIE COMMUNITY HOSPITAL, LLC
 538 BROADWAY AVENUE • WINNIE, TX 77665

First Financial Bank NA
 88-112/1113

DATE	AMOUNT
------	--------

FORTY-FOUR THOUSAND SIX HUNDRED TWENTY-FOUR AND 96 / 100 Dollars

05/07/21	***** 44,624.96
----------	-----------------

PAY TO THE ORDER OF:
 GENERAL TURBINE SYSTEMS, INC.
 2100 WEST LOOP S, SUITE 1600
 Houston TX 77027

VOID IF NOT PRESENTED FOR PAYMENT WITHIN 180 DAYS FROM DATE HEREOF

AUTHORIZED SIGNATURE



WINNIE COMMUNITY HOSPITAL, LLC

U02370

GENERAL TURBINE SYSTEMS, INC.

Customer #:

Check #: 62378 Check Date: 04/19/21

Inv. Date	Invoice No	Description
03/30/21	11200	GENERATOR

Gross	Discount	Net
43,000.00		43,000.00

43,000.00	0.00	43,000.00
-----------	------	-----------

WINNIE COMMUNITY HOSPITAL, LLC

062378

GENERAL TURBINE SYSTEMS, INC.

Customer #:

Check #: 62378 Check Date: 04/19/21

Inv. Date	Invoice No	Description
03/30/21	11200	GENERATOR

Gross	Discount	Net
43,000.00		43,000.00

43,000.00	0.00	43,000.00
-----------	------	-----------

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX

062378



WINNIE COMMUNITY HOSPITAL, LLC
538 BROADWAY AVENUE • WINNIE, TX 77665

First Financial Bank NA
88-112/1113

DATE AMOUNT

FORTY-THREE THOUSAND AND 00 / 100 Dollars

04/19/21 ***** 43,000.00

PAY TO THE ORDER OF:

GENERAL TURBINE SYSTEMS, INC.
2100 WEST LOOP S, SUITE 1600

VOID IF NOT PRESENTED FOR PAYMENT
WITHIN 180 DAYS FROM DATE HEREOF

Houston TX 77027

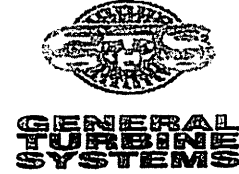
AUTHORIZED SIGNATURE

⑈062378⑈ ⑆111301122⑆

⑈125110005126⑈



GTS of Texas, Inc.



Genral Turbine Systems (GTS)
2100 West Loop S, Suite 1600
Houston TX. 77027
Sajjad Chaudhry 713-208-3781 (direct)
saj@gtsenergyinc.com
<http://www.gtsenergyinc.com/>

PROPOSAL 11200: Riceland Healthcare TURN-KEY INSTALLATION EMERGENCY STANDBY GENERATOR

February 26, 2021

Client: Riceland Healthcare Center

Steve Deatrick

(409) 781-0867

sdeatrick@Ricelandhealthcare.com

538 Broadway Winnie, Texas 77665

EQUIPMENT: Quantity 1 – Caterpillar/Cummings engine-driven generator, 6 cylinder 14.2L engine, consisting of the following features and accessories:

SPECS:

Stationary Emergency-Standby rated

- 200 kW Rating, wired for 120/208 VAC three phase, 60 Hz
- Permanent Magnet Excitation
- With upsized K0250124Y21 alternator
- Standard Weather Protective Enclosure, Steel
- PLC Digital Control Panel for Single or multiple Generators
 - o Meets NFPA 99 and 110 requirements
 - o Temp Range -40 to 70 degrees C
 - o Humidity 2 – 95% (Non Condensing)
 - o IEC801 (Radiated Emissions, Susceptibility, and Surge Immunity)
 - o 7" Resistive Color Touchscreen
 - Built-in Wi-Fi, Bluetooth, and Webserver
 - IP65 (front)
 - Auto/Manual/Off key switch, Alarm Indication, Not in Auto Indication, audible alarm, emergency stop switch
 - o Dual Core Digital Microprocessor
 - RS485, Ethernet and CANbus ports
 - o All engine sensors are 4-20ma for minimal interference
- Sensors: Oil Pressure, optional Oil Temp, Coolant Temp and Level, Fuel Level/Pressure (where applicable), Engine Speed, DC Battery Voltage, Run time Hours, Generator Voltages, Amps, Frequency, Power, Power Factor
 - Alarm Status: Low or High AC Voltage, Low or High Battery Voltage, Low or High Frequency, Pre-low or Low Oil Pressure, Pre-high or High Oil Temp (optional), Low Water Level and Temp, Pre-high or High Engine Temp, High, Low, and Critical-low Fuel Level/Pressure (where applicable), Overcrank, Over and Under Speed, Unit Not in Automatic
 - Programmable I/O
 - Built-in PLC for special applications
 - o Engine function monitoring and control:
 - Full range standby operation; programmable auto crank, Emergency Stop, Auto Off-Manual switch
 - Isochronous Governor
- 0.25% digital frequency regulation with: soft-start ramping - adjustable, gain - adjustable, overshoot limit - adjustable
 - 3 Phase RMS Voltage Sensing
- +/-0.5% digital voltage regulation with: soft-start voltage ramping - adjustable, loss of sensing protection - adjustable, negative power limit

- adjustable, Hi/Lo voltage limit - adjustable, V/F slope and gain - adjustable, fault protection
 - o Service reminders, trending, fault history (alarm log)
 - o I2T function for full generator protection
 - o Selectable low-speed exercise
 - o 2-wire start controls for any 2-wire transfer switch
- Annunciator - Surface
- Remote Emergency Stop Switch, Surface-Mount, shipped loose
- Natural Gas fuel system
- 225 AH, 1155 CCA Group 8D Batteries, with rack, installed
- Standard MLCB, 80% rated thermal-magnetic
 - o 800 Amp
- Air Filter Restriction Ind
- Battery Charger, 10 Amp, NFPA 110 compliant, installed
- Coolant Heater, 2000W, 240VAC
- AC/DC Enclosure Interior LED Lighting Kit
- Owner's Manuals
- 120V GFCI and 240V Outlet
- Alternator Strip Heater
- Baseframe Bottom Cover Plates, Aluminum, for rodent protection and airflow control
- Flex Fuel Line
- Flush Mount Annunciator Kit
- Oil Temp Sender
- Standard 2-Year Limited Warranty
- SG0200GG20142S18PPYYE

Quantity (1) ASCO Series 300 Non Service Rated Automatic Transfer Switch, 208V 3Ø NEMA3, 4 wire 3 pole

- ORGANIZATION:** • Obtain all necessary permits and HOA approvals for installation of the equipment • Schedule, coordinate & manage work
- Provide necessary specified materials, equipment & labor
 - Remove all construction debris and leave site in a clean state

SITE GROUND WORK: • Form and pour a concrete generator pad and a concrete transfer pad • Deliver, set and anchor generator and transfer switch to their pads • All trenching or boring required for installation of the underground conduits • Generator is to be located at the edge of the grassy area bordering the parking lot and between the two buildings.

ELECTRICAL: • Coordinate and schedule an outage on the AC units with the with the customer • Install 800A 208V 3Ø non-service rated Transfer Switch next to the disconnect and connect to the disconnect and AC load.

- Install approximately 50' of conduit and wire from the transfer switch to the generator.
- Install a breaker on a din rail in the ATS and connect to the load lugs and low voltage requirements in the generator (battery charger and block heater)

PLUMBING: • Install approximately 360' of 2" gas plumbing conduit from the existing gas meter to the generator.

- Install new shut off valve, regulator, test t, and sediment trap at the generator. **START-UP:**
- Perform start-up, testing, calibration and commissioning of equipment. • Provide Customer orientation of generator system, warranty and maintenance requirements.

EXCLUSIONS:

- Survey or site plan.
- Removal, repair, relocation or replacement of any existing utility, underground line, irrigation, drainage, cable, internet, telecommunication or security systems.
- Removal, repair, relocation or replacement of any guttering, fencing or landscaping.
- Approval, alteration or waiver from HOA for deed, noise or other restrictions.
- Pre-existing electrical or gas problems.

NOTES:

- Changes to original "Scope of Work" may increase construction time & cost.
- If concealed, unforeseen or changed conditions are discovered once work has commenced that were not visible at the time proposal was estimated, Customer will be liable for additional costs.
- Requested alterations or changes to the "Scope of Work" require a signed and executed "Work Change Order" prior to any modifications.

CONTRACT PRICE DISCOUNTED FOR PAYMENT WITH CASH OR CHECK ONLY:

Total Contract Price : \$109,531.20

-
- ~~The "Proposal" prices and conditions are satisfactory and are hereby accepted.~~ • General Turbine Systems is authorized to begin work.
 - Payment will be made as outlined above.
-

PAYMENT TERMS/SCHEDULE:

- 20% down-payment
 - 40% on release of the Equipment from the factory
 - 40% balance due upon installation
- Payments not received by the due date will be subject to late fees up to 3% of the outstanding balance.
- Any payment made with a credit card will be charged a 3% processing fee.

Sajjad Chaudhry

General Turbine Systems, Inc.

_____ **X - Client Signature (Riceland Healthcare)**

_____ **X – Contractor Signature (General Turbine Systems)**

TERMS AND CONDITIONS

CLARIFICATIONS AND CUSTOMER RESPONSIBILITIES:

- Any deed restrictions or noise restrictions are the responsibility of the Customer to notify GTS prior to submission of permits, HOA approvals and installation.
- Price is contingent upon acceptance of the submitted scope to the jurisdictional authorities.
- Flood Certificate or Elevation Survey for equipment located in a flood zone is the responsibility of the Customer if required by permitting authority.
- Proposal assumes that your existing gas meter has deliverable to add this generator to the service. Any upgrades to the gas meter will be the responsibility of the Owner/Customer

WORK HOURS:

- This Proposal provides for work to be performed during "normal" business hours defined as Monday thru Friday from 8am to 5pm and excluding Federal holidays. • Any required work performed outside of "normal" business hours will be an additional charge and is excluded from this Proposal.

CANCELLATION/TERMINATION:

-
- Contract may be terminated by Customer only upon payment of cancellation charges which include but not limited to: cost for any materials or equipment purchased or ordered, costs to bid the project, mobilization and demobilization costs, anticipated profit on the project, costs for work performed but not paid, overhead costs and winding-down costs.
 - Any allegations or claims by Customer must be made in writing and GTS requires up to 60 days from date received to address any valid issue.

SHIPPING DATES:

- Any shipment date given is approximate. GTS will not be liable for any loss or damage for delays or non-delivery due to acts of civil or military action, acts of the Customer, for reasons of force majeure inability to secure materials or equipment. Any delay resulting from such causes shall extend the delivery and installation date accordingly.
- GTS shall not be liable for special, direct, indirect or consequential damages that may or may not arise from delays, irrespective of the reason. • Receipt of the equipment by Customer shall constitute acceptance of delivery and waiver of any claims due to delays.

WARRANTY:

- Installed equipment comes with the Manufacturers standard 2-year warranty.

MAINTENANCE:

- Annual Maintenance Agreement with two (2) scheduled visits is available at the time of installation for an additional \$500.00

BONDS ELLIS EPPICH SCHAFFER JONES LLP
ATTORNEYS & COUNSELORS

Winnie-Stowell Hospital District
c/o Hubert Oxford, IV
Benckenstein & Oxford, L.L.P.
3535 Calder Avenue, Suite 300
Beaumont, TX 77706
Abri Health Services, LLC and Senior Care Centers, LLC

Statement Date:
Statement No.:
Account No.:
Page:

[REDACTED]

[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED] | [REDACTED]

[REDACTED]

	[REDACTED]								
05/26/2021	[REDACTED]								
	[REDACTED]								
	[REDACTED]								
	[REDACTED]								
05/27/2021	[REDACTED]								
	[REDACTED]								
	[REDACTED]								
05/28/2021	[REDACTED]								
	[REDACTED]								
	[REDACTED]								
	[REDACTED]								
	[REDACTED]								
	[REDACTED]								
	[REDACTED]								
	[REDACTED]								

Total Current Fees and Expenses 22,735.00

Total Balance Due \$22,735.00

Please Remit \$22,735.00

Payment is due 30 days from statement date

We appreciate your business

Wire/ACH Information
UMB Bank
777 Main Street, Fort Worth Texas 76102
ABA 101000695 Account Number 9872279662

EXHIBIT “B”



06.16.21 WSHD Regular Board Meeting Indigent Care Report

1) Active Client Count:

- a) Indigent Clients – 52
- b) Youth Counseling – 8
- c) Irlen Services – 5

2) Pharmacy:

- a) Pharmacy expense **was DOWN by \$2.6K, from \$3,318.15.** The **decrease** of was due to: 1) Wilcox failed to submit their invoice for payment, and 2) Additional clients being approved for the Prescription Assistance Program, which has increased savings for the District to **\$4,730.52 for May 2021.**

3) Riceland Hospital & Clinics:

- a) Riceland Contracted Reimbursement Rate Amount was **UP by \$2.4K, from \$24,433.13**, due to increased Radiology services.
- b) There were **16** Referrals during the month of **May**, of which **15** were Approved and **1** Denied. There were **no** major expenses from those referrals. But, there are **2** Procedures for **Jun** totaling **\$2K.**

4) UTMB Hospital & Clinics:

- a) UTMB expense was significantly **UP by \$17K from \$4,818.59.** This is mainly due to **a \$6K Knee Surgery plus 3 Procedures totaling \$9 that all happened in Apr**, but were billed in **May.**

5) Youth Counseling:

- a) Youth Counseling expense was **UP by \$425 from \$595** due to **additional sessions being provided.**

6) Irlen Services:

- a) There was no Irlen Services expense for May.

7) Our over-all YTD expenditures for 2021:

- a) Total YTD Amount **Billed** was \$578,754.97. Total YTD Amount **Paid** is **\$188,578.08.** This amount includes **\$225,810.35** pre-paid to Riceland Hospital and Clinic, and of that pre-payment, RMC still has **\$140,208.53** remaining.

8) Source Code Totals for May 2021:

- a) **Riceland** was **52%** of the total expenses for **May**
- b) **UTMB** was **46%** of the total expenses for **May**
- c) **Everything else** was comparatively non-impressionable in regard to the percentage of total expenses.

9) 2020 YTD Paid Graph:

- a) **Riceland** – is trending as the highest expense for all vendors at **\$111.0K.**
- b) **UTMB** – is trending 2nd at **\$59K.**
- c) **Pharmacy** – is trending 3rd at **\$12K.**
- d) **Youth Counseling** – is trending higher at **\$3.5K.**
- e) **Irlen Services** – is trending higher at **\$2.5K**
- f) **Client Count** – Indigent Client count **remained steady** at **52**, Youth Counseling **increased** to **8** from **7**, and Irlen Services **remained steady** at **5.**

10) Additional Information:

- a) **ICAP Applications**–
 - i) For **May: 27** applications were GIVEN; **9** were APPROVED; **7** were DENIED; **4** RESCHEDULED to **Jun**; **7** did not completed the process.
- b) **County Van Report** – There was **1** WSHD Rider, and **1** WSDH related trips for the month of **May.**

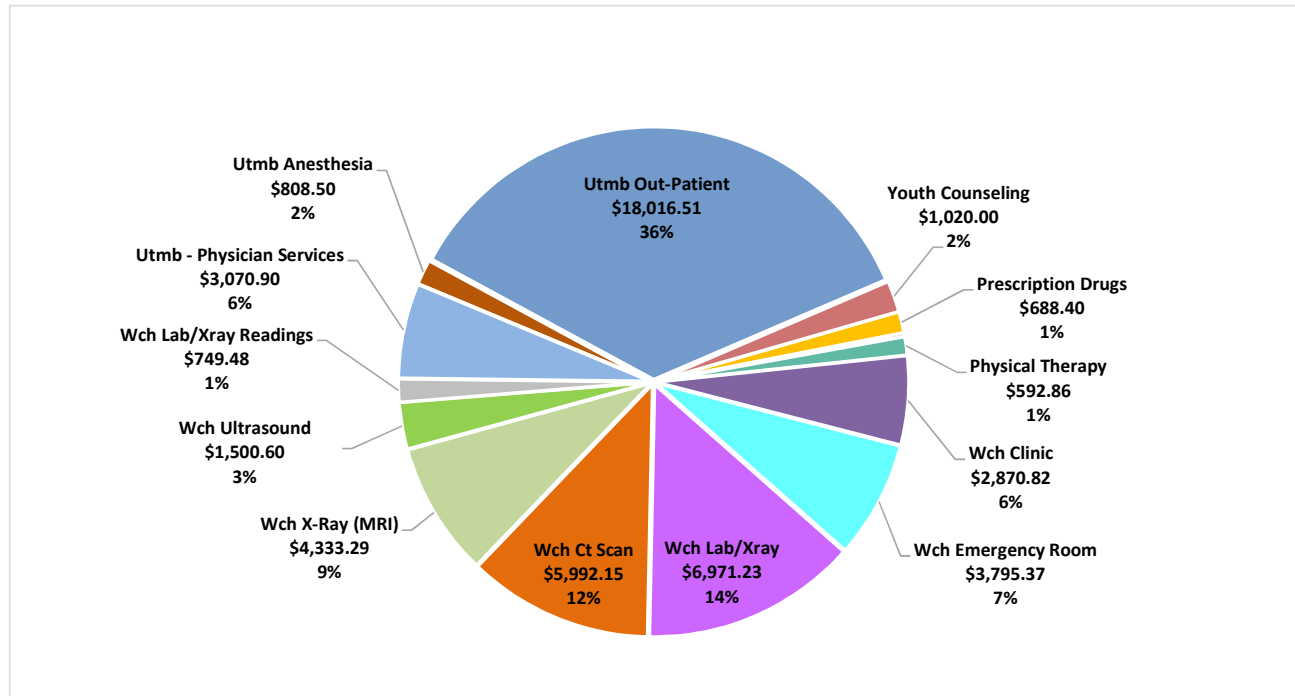
WSHD Indigent Care Director Report
2020 YTD Expenditures Worksheet

	April			May			Year to Date		
Indigent Clients:	Indigent Clients:	52		Indigent Clients:	52		Clients Enrolled:	68	47
Youth Counseling:	Youth Counseling:	7		Youth Counseling:	8		YC Enrolled:	10	6
Irlen Services:	Irlen Services:	5		Irlen Services:	5		IS Enrolled:	5	3
PROVIDER TOTALS	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid
Pharmacy									
Brookshire Brothers Pharmacy Corp	\$1,916.84	\$1,891.74	\$1,891.74	\$697.76	\$697.76	\$688.40	\$6,960.93	\$6,802.68	\$6,793.32
Wilcox Pharmacy	\$1,426.41	\$1,426.41	\$1,426.41	\$0.00	\$0.00	\$0.00	\$5,346.84	\$5,259.64	\$5,259.64
ADJUSTMENTS-Refunds/Credits									
Pharmacy Totals	\$3,343.25	\$3,318.15	\$3,318.15	\$697.76	\$697.76	\$688.40	\$12,307.77	\$12,062.32	\$12,052.96
Winnie Community Hospital									
WCH Clinic	\$9,306.00	\$3,815.46	\$3,751.91	\$7,002.00	\$2,870.82	\$2,870.82	\$32,649.00	\$13,283.18	\$11,045.81
WCH ER	\$7,618.00	\$3,123.38	\$3,123.38	\$9,257.00	\$3,795.37	\$3,795.37	\$31,661.00	\$12,981.01	\$12,981.01
WCH Lab/Xray	\$17,311.00	\$7,097.51	\$7,097.51	\$17,003.00	\$6,971.23	\$6,971.23	\$82,749.00	\$33,927.09	\$33,927.09
WCH CT Scan	\$9,425.00	\$3,864.25	\$3,864.25	\$14,615.00	\$5,992.15	\$5,992.15	\$42,705.00	\$17,509.05	\$17,509.05
WCH Xray (MRI)	\$14,633.00	\$5,999.53	\$5,999.53	\$11,571.00	\$4,333.29	\$4,333.29	\$64,574.00	\$26,064.52	\$26,064.52
WCH Lab/Xray Reading	\$1,455.00	\$596.55	\$596.55	\$1,828.00	\$749.48	\$749.48	\$8,014.00	\$3,285.74	\$3,285.74
WCH Physical Therapy	\$0.00	\$0.00	\$0.00	\$1,446.00	\$592.86	\$592.86	\$4,178.00	\$1,712.98	\$1,712.98
WCH Ultrasound	\$0.00	\$0.00	\$0.00	\$3,660.00	\$1,500.60	\$1,500.60	\$11,102.00	\$4,551.82	\$4,551.82
WCH Totals	\$59,748.00	\$24,496.68	\$24,433.13	\$66,382.00	\$26,805.80	\$26,805.80	\$277,632.00	\$113,315.39	\$111,078.02
ADJUSTMENTS-Refunds/Credits									
Balance on Contracted Amount (Lump Sum Payment of \$251,286.55)				Credit Adjustment		(\$63.55)	Credit Adjustment		(\$2,237.37)
		\$167,014.33			\$140,208.53			\$140,208.53	
UTMB									
UTMB Physician Services	\$4,466.00	\$844.30	\$844.30	\$12,351.00	\$3,070.90	\$3,070.90	\$31,384.00	\$7,194.49	\$7,194.49
UTMB Anesthesia	\$0.00	\$0.00	\$0.00	\$1,342.00	\$808.50	\$808.50	\$4,270.00	\$2,505.36	\$2,505.36
UTMB In-Patient	\$2,312.00	\$783.73	\$783.73	\$0.00	\$0.00	\$0.00	\$45,397.71	\$16,294.59	\$16,294.59
UTMB Outpatient	\$75,339.74	\$3,190.56	\$3,190.56	\$75,068.78	\$18,016.51	\$18,016.51	\$197,983.47	\$32,810.24	\$32,810.24
UTMB Lab&Xray	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,161.02	\$278.64	\$278.64
ADJUSTMENTS-Refunds/Credits									
UTMB Totals	\$82,117.74	\$4,818.59	\$4,818.59	\$88,761.78	\$21,895.91	\$21,895.91	\$280,196.20	\$59,083.32	\$59,083.32
Non-Contracted Emergency Services									
Barrier Reef (UTMB ER Physician)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,374.00	\$118.78	\$118.78
Chambers Co Public Hosp Distr ER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Winnie-Stowell EMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Contract Services Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,374.00	\$118.78	\$118.78
Youth Counseling									
Nicki Holtzman	\$425.00	\$425.00	\$425.00	\$850.00	\$850.00	\$850.00	\$2,805.00	\$2,805.00	\$2,805.00
Penelope Butler	\$170.00	\$170.00	\$170.00	\$170.00	\$170.00	\$170.00	\$680.00	\$680.00	\$680.00
Youth Counseling Totals	\$595.00	\$595.00	\$595.00	\$1,020.00	\$1,020.00	\$1,020.00	\$3,485.00	\$3,485.00	\$3,485.00
Irlen Services									
Nancy Gaudet	\$1,000.00	\$1,000.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$2,500.00	\$2,500.00	\$2,500.00
Irlen Services Totals	\$1,000.00	\$1,000.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$2,500.00	\$2,500.00	\$2,500.00
Indigent Special Services									
Dental Services	\$0.00	\$0.00	\$0.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00
Vision Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigent Special Services Totals	\$0.00	\$0.00	\$0.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00
Medical Supplies									
Alliance Medical Supply (C-PAP)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$140.00	\$140.00	\$140.00
Medial Supplies Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$140.00	\$140.00	\$140.00
Grant Totals	\$146,803.99	\$34,228.42	\$34,164.87	\$156,981.54	\$50,539.47	\$50,530.11	\$578,754.97	\$190,824.81	\$188,578.08

**WSHD Indigent Care Director Report
May 2021 SOURCE CODE REPORT**

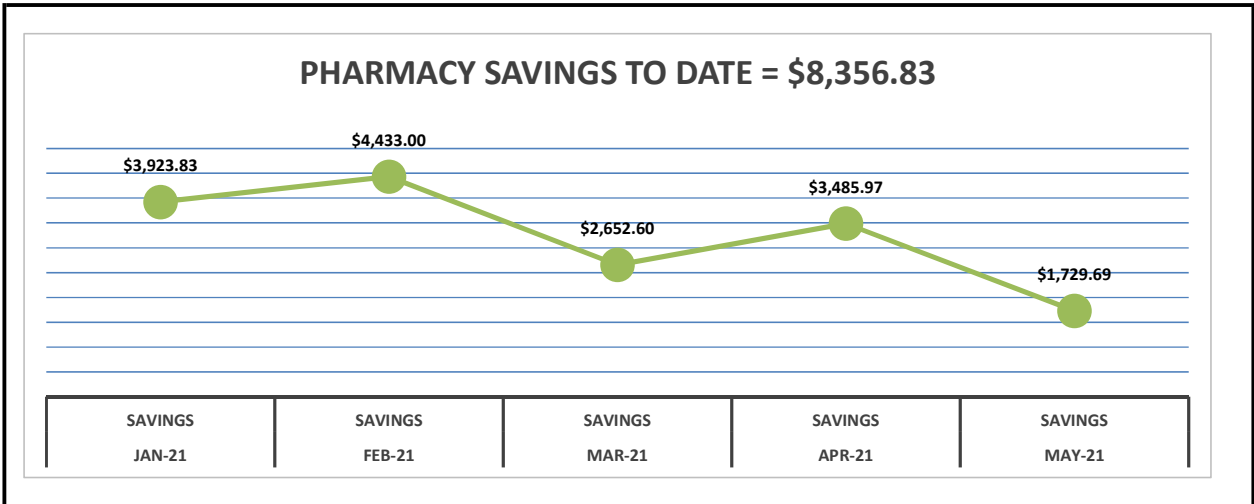
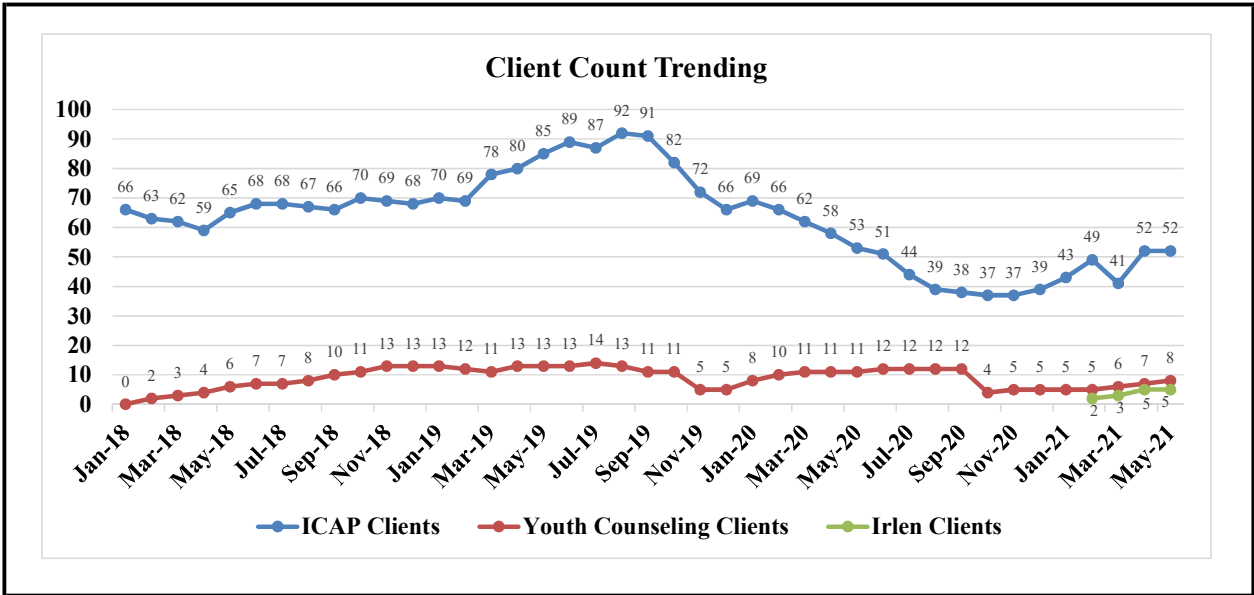
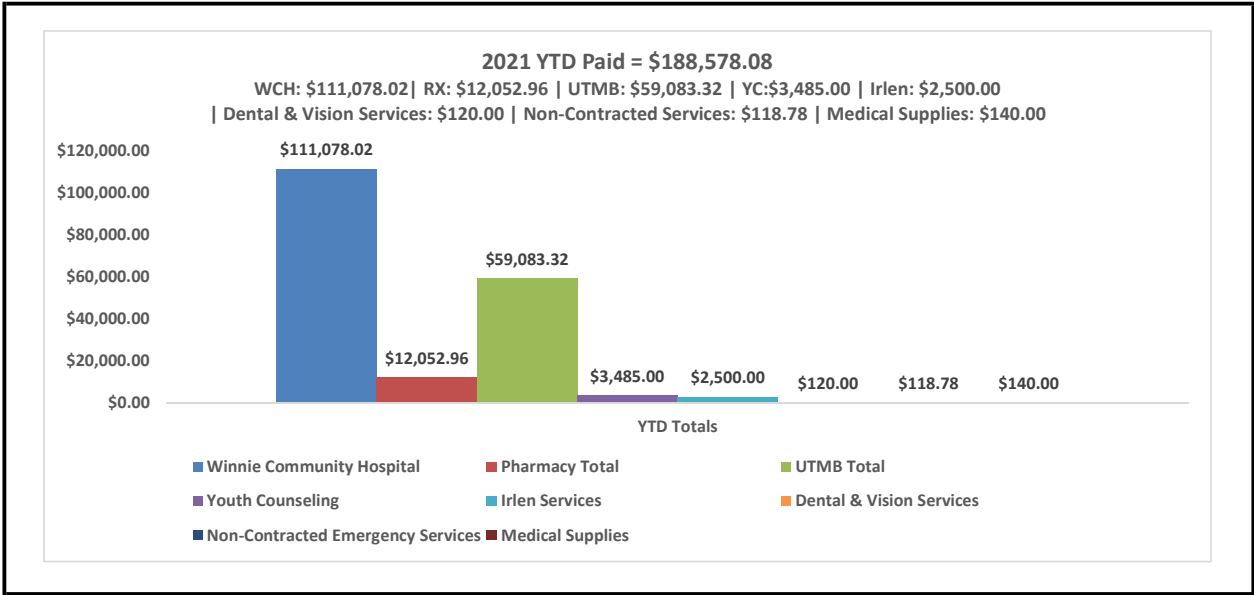
Source Totals for Batch Dates 5/01/2021 through 5/31/2021 for All Vendors

Source	Description	Amount Billed	Amount Paid	% of Total
02	Prescription Drugs	\$697.76	\$688.40	1.36%
14	Dental Services	\$120.00	\$120.00	0.24%
20	Physical Therapy	\$1,446.00	\$592.86	0.24%
21	Wch Clinic	\$7,002.00	\$2,870.82	5.68%
24	Wch Emergency Room	\$9,257.00	\$3,795.37	7.51%
25	Wch Lab/Xray	\$17,003.00	\$6,971.23	13.80%
26	Wch Ct Scan	\$14,615.00	\$5,992.15	11.86%
28	Wch X-Ray (MRI)	\$11,571.00	\$4,333.29	8.58%
29	Wch Ultrasound	\$3,660.00	\$1,500.60	2.97%
44	Wch Lab/Xray Readings	\$1,828.00	\$749.48	1.48%
31	Utmb - Physician Services	\$12,351.00	\$3,070.90	6.08%
31-1	Utmb Anesthesia	\$1,342.00	\$808.50	1.60%
34	Utmb Out-Patient	\$75,068.78	\$18,016.51	35.65%
39	Youth Counseling	\$1,020.00	\$1,020.00	2.02%
Expenditures/Reimbursements/Adjustments		\$156,981.54	\$50,530.11	0%
Grand Total		\$156,981.54	\$50,530.11	99%



WSHD Indigent Care Director Report

YTD Trending



Chambers County East Side Van Monthly Report



Commissioner PCT #1, Jimmy E Gore
 211 Broadway | PO BOX 260
 Winnie, Texas 77665
 409-296-8250

May-21

VEHICLE #1		EAST SIDE VAN #1	
TOTAL MILES DRIVEN			2119
TOTAL HOURS DRIVEN			109.92
TOTAL EXPENSES FOR MONTH			\$365.57
<i>FUEL COST</i>			\$358.57
<i>REPAIRS & MAINTENANCE COST</i>			\$7.00
<i>MISC EXPENSES</i>			
TOTAL RIDERS			14
<i>TOTAL WSHD RIDERS</i>			0
TOTAL TRIPS			31
<i>TOTAL TRIPS FOR WSHD RIDERS</i>			0

VEHICLE #2		EAST SIDE VAN #2	
TOTAL MILES DRIVEN			864
TOTAL HOURS DRIVEN			43.42
TOTAL EXPENSES FOR MONTH			\$196.14
<i>FUEL COST</i>			\$196.14
<i>REPAIRS & MAINTENANCE COST</i>			
<i>MISC EXPENSES</i>			
TOTAL RIDERS			11
<i>TOTAL WSHD RIDERS</i>			0
TOTAL TRIPS			16
<i>TOTAL TRIPS FOR WSHD RIDERS</i>			0

VEHICLE #3		VEHICLE FROM JUDGE'S FLEET	
TOTAL MILES DRIVEN			1541
TOTAL HOURS DRIVEN			65.75
TOTAL EXPENSES FOR MONTH			\$174.02
<i>FUEL COST</i>			\$174.02
<i>REPAIRS & MAINTENANCE COST</i>			
<i>MISC EXPENSES</i>			
TOTAL RIDERS			10
<i>TOTAL WSHD RIDERS</i>			1
TOTAL TRIPS			28
<i>TOTAL TRIPS FOR WSHD RIDERS</i>			1

GRAND TOTALS			
MILES DRIVEN			4524
RIDERS			35
<i>WSHD RIDERS</i>			1
TRIPS			75
<i>WSHD TRIPS</i>			1
EXPENSES			\$735.73

EXHIBIT “C”

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Average	Texas Average
Census	187	178	193	147	162	166	141	169	190	188	194	168	174	
ER Visits	9	14	17	14	10	7	6	17	21	10	14	11	13	
Conversion to Inpatient/observation	5%	8%	9%	10%	6%	4%	4%	10%	11%	5%	7%	7%	7%	
Percentage	8	14	7	13	16	11	11	8	9	12	17	12	12	
Transferred out	4%	8%	4%	9%	10%	7%	8%	5%	5%	6%	9%	7%	7%	
Percentage	80%	82%	87%	72%	57%	67%	61%	55%	66%	52%	47%	52%	65%	
ER shifts covered by doctors	83	95	69	64	75	74	60	124	90	183	201	257	115	
Number Inpatient days	1	17	27	7	1	0	0	4	6	0	0	0	5	
Number Hospice days	2	7	16	20	99	57	53	43	62	41	48	119	47	
Number Swingbed days	36	47	21	5	8	11	5	28	33	33	25	26	23	
Number Observation days	122	166	133	96	183	142	118	199	191	257	274	402	190	
Total All Inpt. Days	3,94	5,72	4,29	3,20	5,90	4,73	3,81	6,42	6,37	8,29	9,13	12,97	6,23	1,63
Average Inpatient days per day	56	71	59	39	56	48	46	57	54	80	56	60	57	
CTs	270	268	185	160	200	169	151	194	248	280	306	305	228	
Xrays	20	20	14	8	5	1	3	2	21	30	44	26	16	
Ultrasounds	637	598	591	349	360	452	383	387	524	478	539	447	479	
Encounters - Adult Clinic	275	306	221	69	95	168	178	233	279	243	256	190	209	
Encounters - Pediatric Clinic	45	44	39	0	0	0	0	0	0	0	0	0	11	
Behavioral Health patients	0	1	2	0	1	0	0	0	0	0	0	0	0	
Physical Therapy														

2020

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Average	Texas Average
Census	167	170	184	225	231								195	
ER Visits	16	17	9	14	24								16	
Conversion to Inpatient/observation	10%	10%	5%	6%	10%								8%	
Percentage	7	7	12	8	17								10	
Transferred out	4%	4%	7%	4%	7%								5%	
Percentage	74%	51%	55%	68%	48%								59%	
ER shifts covered by doctors	167	172	146	117	196								160	
Number Inpatient days	0	13	7	22	7								10	
Number Hospice days	0	50	35	20	83								38	
Number Swingbed days	31	12	18	33	35								26	
Number Observation days	198	247	206	192	321								233	
Total All Inpt. Days	6,39	8,52	6,65	6,40	10,35								7,67	1,63
Average Inpatient days per day	66	66	60	68	73								67	
CTs	248	240	309	292	250								268	
Xrays	30	42	37	39	37								37	
Ultrasounds	409	368	517	507	455								451	
Encounters - Adult Clinic	226	171	285	279	168								226	
Encounters - Pediatric Clinic	0	0	0	0	0								0	
Behavioral Health patients	0	0	0	0	0								0	
Physical Therapy	1	0	0	0	1								0	

Additional Items:

1. Generator for HVAC is operational
2. IOP, Behavior Health Program started June 2
3. Dr Andres has returned and is back on Active Medical Staff
4. Prep for Hurricane season started

EXHIBIT “D”



June 9, 2021

Lawanna Dugat
J.S. Edwards & Sherlock Insurance Agency LLP
4155 Phelan Blvd.
Beaumont, TX 77707

Insured:

Winnie Stowell Hospital District
Winnie, TX 77665

**Please confirm name and address for accuracy
and alert us of any discrepancies*

Dear Lawanna Dugat,

Thank you for your recent submission on the captioned insured. In accordance with your request for a premium indication, and based on the information on file, I am pleased to offer the following from **Corvus Insurance** on **Hudson Excess Insurance** paper.

PREMIUM BREAKDOWN

Premium:	\$11,127.00*
Surplus Lines Tax:	\$573.37
Stamping Office Fee:	\$8.87
Carrier Policy Fee	\$195.00
Policy Fee	\$500.00
Total:	\$12,404.24

***NOTE: This pricing breakdown is for informational purposes only and the indicated premium is based off of information submitted or previously on file. Please carefully review prior to presenting to the insured. The attached carrier quote supersedes this premium breakdown and all taxes and fees are subject to change.**

If you have questions or would like copies of specific coverage forms or endorsements, please contact me.

Thank you for your business.

"This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a (4.85%) tax on gross premium. "

Figure: 28 TAC 1.601(a)(2)(B)



CORVUS

Smart Cyber Insurance™ Quote

JUNE 09, 2021

NAMED INSURED

Winnie Stowell Hospital District
State: Texas

POLICY PERIOD

From 06/15/2021 to 06/15/2022

Both dates at 12:01 a.m. Standard Time at the address of the named Insured as stated herein.

RETROACTIVE DATE

None; Full Unknown Prior Acts

INSURER

Hudson Excess Insurance Company (Non-Admitted, AM Best "A" Excellent)



Third Party Insuring Agreements	Limit	Retention
<input checked="" type="checkbox"/> A. Network Security and Privacy Liability	\$1,000,000 Each Claim / Aggregate	\$10,000 Each Claim
Claims against you because of a network security or privacy breach. This may arise from a denial of service attack, malicious code, a stolen laptop, or any type of data breach.		
<input checked="" type="checkbox"/> B. Regulatory Investigations, Fines and Penalties	\$1,000,000 Each Claim / Aggregate	\$10,000 Each Claim
Defense and civil fines and penalties imposed by a governmental agency as a result of a breach of privacy regulations.		
<input checked="" type="checkbox"/> C. Media Liability	\$1,000,000 Each Claim / Aggregate	\$10,000 Each Claim
Claims against you arising from the release or display of your media material. This includes claims alleging copyright infringement, slander, libel, defamation, and other media perils.		
<input checked="" type="checkbox"/> D. PCI DSS Assessment Expenses	\$1,000,000 Each Claim / Aggregate	\$10,000 Each Claim
Forensic investigation costs, fines, penalties and assessments you are legally responsible for as a result of actual or alleged non-compliance with Payment Card Industry Data Security Standards.		
<input checked="" type="checkbox"/> E. Breach Management Expenses	\$1,000,000 Each Claim / Aggregate	\$10,000 Each Claim
Breach response costs for which you have contractually indemnified a third party for a security or privacy breach.		
First Party Insuring Agreements	Limit	Retention, Waiting Period, & Period of Indemnity
<input checked="" type="checkbox"/> A. Business Interruption See Video: www.corvusinsurance.com/bi	\$1,000,000 Each Loss / Aggregate	Waiting Period: 6 Hours Period of Indemnity: 6 Months
Business income loss and extra expenses you incur during a computer network outage.		



CORVUS

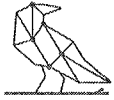
<input checked="" type="checkbox"/> B. Contingent Business Interruption See Video: www.corvusinsurance.com/bi	\$1,000,000 Each Loss / Aggregate	Waiting Period: 6 Hours Period of Indemnity: 6 Months
Business income loss and extra expenses you incur during a network outage at your outsourced service provider.		
<input checked="" type="checkbox"/> C. Digital Asset Destruction, Data Retrieval and System Restoration	\$1,000,000 Each Loss / Aggregate	\$10,000 Each Loss
Digital asset loss and related expenses you incur as a result of a security breach, privacy breach, or administrative error.		
<input checked="" type="checkbox"/> D. System Failure Coverage	\$1,000,000 Each Loss / Aggregate	Waiting Period: 6 Hours Period of Indemnity: 6 Months
Business income loss, extra expenses, and digital asset loss you incur during an unintentional or unplanned outage.		
<input checked="" type="checkbox"/> E. Social Engineering & Cyber Crime Coverage See Video: www.corvusinsurance.com/1st-party	\$250,000 Each Loss / Aggregate	\$10,000 Each Loss
Financial fraud, phishing attack loss, and telecommunications fraud loss you sustain as a result of a social engineering event or impersonation attempt.		
<input checked="" type="checkbox"/> F. Reputational Loss Coverage	\$1,000,000 Each Loss / Aggregate	Waiting Period: 2 Weeks Period of Indemnity: 6 Months
Business income loss you may suffer related to a media report arising from a privacy breach, cyber extortion threat, or phishing attack.		
<input checked="" type="checkbox"/> G. Cyber Extortion and Ransomware Coverage See Video: www.corvusinsurance.com/1st-party	\$1,000,000 Each Loss / Aggregate	\$10,000 Each Loss
Your expenses or payments to respond to a cyber extortion demand or ransomware attack.		
<input checked="" type="checkbox"/> H. Breach Response and Remediation Expenses See Video: www.corvusinsurance.com/1st-party	\$1,000,000 Each Loss / Aggregate	\$10,000 Each Loss



Your expenses to respond to a data breach incident including legal services, forensics investigation, notification, credit monitoring and public relations.		
<input checked="" type="checkbox"/> I. Court Attendance Costs	\$250,000 Each Loss / Aggregate	\$10,000 Each Loss
Expenses you incur to attend court, adjudication, mediation or other hearing in connection with a covered claim.		
Maximum Policy Aggregate Limit: \$1,000,000		

ENDORSEMENTS

	Endorsement Name	Limit
CB-107-002	Bodily Injury Claims	\$100,000
CB-108-001	Breach Response and Remediation Expenses Outside the Limit See Video. www.corvusinsurance.com/1st-party	\$1,000,000
CB-126-002	Bricking	\$1,000,000
CB-194-001	California Consumer Privacy Act	
CB-202-001	Coverage for Certified Acts of Terrorism	
CB-123-001	Criminal Reward Expenses	\$50,000
CB-155-001	Cryptojacking	
CB-109-001	Defense Expenses Outside the Limit	\$1,000,000
CB-136-001	Forensic Accounting Coverage	\$50,000
CB-111-003	GDPR Coverage	
CB-133-001	Invoice Manipulation Loss	\$250,000
CB-128-001	Loss of Funds Exclusion Carveback	
CB-120-001	Solicitation Claims	\$50,000
CB-167-001	War Exclusion Cyber Terrorism Carveback	



CORVUS

PREMIUM, TAXES & FEES

Premium	\$11,017
TRIA	\$110
Policy Fee (Fully Earned)	\$195
Total	\$11,322



Cowbell Cyber Insurance Quote - Prime 100

NAMED INSURED	Winnie Stowell Hospital District	AGENCY NAME	JS Edwards & Sherlock Insurance...
REVENUE	\$7,000,000.00	QUOTE NUMBER	QCB-100-DKXRUOFW
# OF EMPLOYEES	372		
YEAR ESTABLISHED	2004	EXPIRES ON	2021-06-17 (12:01 AM) Insured Local Time
INSURED STATE	TX		

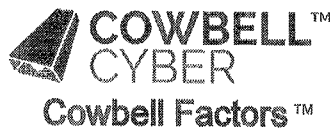
Thank you for trusting Cowbell for your cyber coverage. Below is the detail of your quoted cyber policy. After quote expiration date, underwriters generally reserve the right to revise the offered quotes. All quotes are subject to review of applicant information and loss history.

PROPOSED POLICY DETAILS

AGGREGATE LIMIT	\$1,000,000	POLICY PERIOD	06/09/2021 to 06/09/2022
DEDUCTIBLE	\$1,000	ESTIMATED ANNUAL PREMIUM	\$5,047.00
WAITING PERIOD	6 Hrs	BROKER FEES	\$50.00
RETROACTIVE PERIOD	Full Prior Acts	TOTAL AMOUNT	\$5,097.00

COVERAGES

	0 1M
<input checked="" type="checkbox"/> Security Breach Expense	1M
<input checked="" type="checkbox"/> Security Breach Liability	1M
<input checked="" type="checkbox"/> Restoration of Electronic Data	1M
<input checked="" type="checkbox"/> Extortion Threats	1M
<input checked="" type="checkbox"/> Public Relations Expense	1M
<input checked="" type="checkbox"/> Business Income & Extra Expense Sublimit \$1M	1M
<input checked="" type="checkbox"/> Computer & Funds Transfer Fraud	1M
<input checked="" type="checkbox"/> Ransom Payment Limit \$1M	1M
<input type="checkbox"/> Social Engineering Limit Deductible	1M
<input type="checkbox"/> Hardware Replacement Costs	1M
<input type="checkbox"/> Telecommunications Fraud	1M
<input type="checkbox"/> Post Breach Remediation Coverage	1M



We included below your Cowbell Factors rating which gives you visibility into your security posture, how you compare to peers, and where to improve your security. Cowbell's platform assesses your threats and risk exposure using Cowbell Factors and automatically tailors the coverage offered to your specific business needs. Scores range from 0 to 100, 100 being the highest and representing the lowest level of risk.

AGGREGATE COWBELL FACTORS

58 **COMPANY AGGREGATE**
Winnie Stowell Hospital District

Average of all the various Cowbell Factors for this company. This score ranges from 0 to 100, 100 being the highest. A company with a score of 85 represents less risk than one with a score of 64. This ACF is a good metric to benchmark a company against peers, but it is not used for underwriting.

58 **INDUSTRY AGGREGATE (622310)**
Health Care and Social Assistance, Specialty (except Psychiatric and Substance ...

Measures an industry overall cyber risk factor. This is calculated from the pool of organizations in the Cowbell database for the specific industry. This score ranges from 0 to 100, 100 being the best. An industry with a score of 80 represents less risk than one with a score of 56.

INDIVIDUAL COWBELL FACTORS

66 **NETWORK SECURITY**

Measures the strength of the organization's network infrastructure and whether security best practices are deployed such as use of encryption, secure protocols, patching frequency, and use of threat mitigation tools. This factor also checks for vulnerabilities, malware, misconfigurations and other weaknesses.

53 **FUNDS TRANSFER**

This factor tracks risk markers related to hacking of email and phishing that commonly leads to nefarious activities such as funds transfer.

58 **CLOUD SECURITY**

Measures the strength of an organization's cloud security based on its security practices and footprint on commonly used public clouds and cloud storage (i.e. AWS, Azure, GCP, Box). This factor incorporates configuration for security best practices such as the use of multi-factor authentication.

53 **CYBER EXTORTION**

Measure of an organization's potential exposure to extortion related attacks such as ransomware. This factor shares some data sources with network security and endpoint security presence of malware on the network, patching cadence, use of encryption and more.

63 **ENDPOINT SECURITY**

Measure of endpoints preparedness (servers, mobile devices, IoT endpoints) towards cyberattacks. This factor incorporates the number of endpoints as well as the level of security hygiene applied to them - patching cadence and presence of vulnerabilities or malware.

61 **COMPLIANCE**

Measures an organization's level of compliance to security standards such as CIS (Center of Internet Security) benchmarks, NIST CSF (Cyber Security Framework), CSC-20 (Critical Security Controls), HIPAA, PCI, EU GDPR and CCPA (future).

51 **DARK INTELLIGENCE**

Measure of an organization's exposure to the darknet, taking into account the type and volume of data exposed and its value for criminal activity (examples: stolen credentials, PII).



Cowbell Cyber Coverages - Prime 100



SECURITY BREACH EXPENSE

Coverage for losses and expenses directly associated with recovery activities in the aftermath of a cyber incident. This can include investigation and forensic services, notification to customers, call center services, overtime salaries, post-event monitoring services such as credit monitoring for impacted customers and more.



SECURITY BREACH LIABILITY

Coverage for third party liability directly due to a cyber incident and that the insured becomes legally obligated to pay. This includes defense expenses, compensatory damages, and settlement amounts, and fines or penalties assessed against the insured by a regulatory agency or government entity, or for non-compliance with the Payment Card Industry Data Security Standards.



RESTORATION OF ELECTRONIC DATA

Coverage for the costs to replace or restore electronic data or computer programs in the aftermath of an incident. This can also include the cost of data entry, reprogramming and computer consultation services to restore lost assets.



EXTORTION THREATS

Coverage for loss resulting from an extortion threat that is discovered during the policy period. This can include approved firms and resources that determine the validity and severity of threat, interest costs associated with borrowing for the ransom demand, reward payment that leads to conviction and arrest of party responsible, the ransom payment and other reasonable expenses.



PUBLIC RELATIONS EXPENSE

Coverage for the fees and costs to restore reputation in response to negative publicity following a cyber incident or a security breach. This includes, for example, the fees associated with the hiring of a public relations firm that handles external communications related to the breach.



COMPUTER AND FUNDS TRANSFER FRAUD

Coverage for the losses due to a fraudulent computer operation that causes money (or other property) to be transferred from an insured's account. This also covers losses incurred by a fraudulent instruction directing a financial institution to debit money from the insured's transfer account.



BUSINESS INCOME AND EXTRA EXPENSE

Coverage for the losses and costs associated with the inability to conduct business due to a cyber incident or an extortion threat. Business income includes net income that would have been earned or incurred. Note that business interruptions due to system failure or voluntary shutdown are not covered.



SOCIAL ENGINEERING

Coverage for a loss resulting from a social engineering incident where the insured is intentionally misled to transfer money to a person, place or account directly from good faith reliance upon an instruction transmitted via email by an imposter. A documented verification procedure requirement needs to have been completed in order to be provided coverage.



RANSOM PAYMENTS

Coverage for the reimbursement of the monetary value of any ransom payment made by the insured to a third party in response to a ransom demand to resolve an extortion threat.



HARDWARE REPLACEMENT COSTS

Coverage for the cost to replace computers or any associated devices or equipment operated by the insured that are unable to function as intended due to corruption or destruction of software or firmware, resulting from a cyber incident.



TELECOMMUNICATIONS FRAUD

Coverage for the cost of unauthorized calls or unauthorized use of the insured's telephone system's bandwidth, including but not limited to phone bills.



POST BREACH REMEDIATION COVERAGE

Coverage for labor costs incurred to resolve vulnerabilities or weaknesses in the insured's computer system that are identified by an independent security firm after a cyber incident. Identified upgrades or improvements must reduce the probability or potential damage of a future incident to qualify.



COWBELL CYBER RISK INSURANCE APPLICATION – PRIME 250

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE. WITH RESPECT TO INSURING AGREEMENT C. THIS POLICY PROVIDES COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED TO THE INSURER IN ACCORDANCE WITH THE TERMS OF THIS POLICY. AMOUNTS INCURRED AS FIRST PARTY EXPENSE AND FIRST PARTY LOSS UNDER THIS POLICY WILL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO DEDUCTIBLES.

IF A POLICY IS ISSUED, THIS APPLICATION WILL ATTACH TO AND BECOME PART OF THE POLICY. THEREFORE, IT IS IMPORTANT THAT ALL QUESTIONS ARE ANSWERED TRUTHFULLY AND ACCURATELY.

General Information

Named Insured: Winnie Stowell Hospital District

Website Domain(s): wshd-tx.com

Address: 520 Broadway Ave. Winnie Texas 77665

Industry: Health Care and Social Assistance (62)

Revenue (expected over the next 12 months): \$ 7,000,000

1. Security Assessment - (check appropriate box)	
1. Does the organization assign a person responsible for information security?	<input checked="" type="checkbox"/> [Yes] <input type="checkbox"/> [No]
2. Does the organization hold mandatory cybersecurity training with all employees at least annually?	<input checked="" type="checkbox"/> [Yes] <input type="checkbox"/> [No]
3. Does the organization encrypt all external communications containing sensitive information?	<input checked="" type="checkbox"/> [Yes] <input type="checkbox"/> [No]
4. Does the organization encrypt sensitive information stored on the cloud?	<input checked="" type="checkbox"/> [Yes] <input type="checkbox"/> [No]
5.a. How often does the organization perform backups of business-critical data?	<input checked="" type="checkbox"/> [Weekly] <input type="checkbox"/> [Monthly] <input type="checkbox"/> [Quarterly] <input type="checkbox"/> [Every 6 Months] <input type="checkbox"/> [Never]
5.b. How often does the organization apply updates to critical IT-systems and applications ("security patching")?	<input checked="" type="checkbox"/> [Weekly] <input type="checkbox"/> [Monthly] <input type="checkbox"/> [Quarterly] <input type="checkbox"/> [Every 6 Months] <input type="checkbox"/> [Never]