

**Somervell County Hospital District  
Finance Dashboard Indicators  
For Month Ended 08/31/17**

Type of Indicator	Hospital	Benchmark
Salaries as a % of Net Revenue	58%	<49%
Budget vs. Actual Salaries Variance	34,202	N/A
Benefits as a % of Salaries	22%	<21%
Ratio of Sal & Ben to Expenses	53%	<47%
Ratio of Sal & Ben to Net Revenue	74%	<61%
Operation Margin (Profit as % of Net Rev)	78%	>19%
Cash Coll vs. Net Revenue	93%	>98%
Days Cash on Hand	64	45+
Days in Accts Rec - Net	49	<60
Days in Accts Payable	34	<60
Debt Equities (% of Debt to Net Rev)	146%	<120%
Bad Debt (as a % of net revenue)	37%	<39%

DUE TO BOND OBLIGATION

**Somervell County Hospital District  
Finance Dashboard Indicators  
For Month Ended 08/31/16**

Type of Indicator	Hospital	Benchmark
Salaries as a % of Net Revenue	57%	<47%
Budget vs. Actual Salaries Variance	46,362	N/A
Benefits as a % of Salaries	22%	<29%
Ratio of Sal & Ben to Expenses	49%	<52%
Ratio of Sal & Ben to Net Revenue	73%	<66%
Operation Margin (Profit as % of Net Rev)	-8%	>11%
Cash Coll vs. Net Revenue	99%	>98%
Days Cash on Hand	4	45+
Days in Accts Rec - Net	72	<60
Days in Accts Payable	104	<60
Debt Equities (% of Debt to Net Rev)	135%	<120%
Bad Debt (as a % of net revenue)	41%	<33%

**DUE TO BOND OBLIGATION**



**GLEN ROSE MEDICAL CENTER PATIENT STATISTICAL REPORT**

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	2016/2017	PYTD 2015 - 2016
REVISED 1630	2016	2016	2016	2017	2017	2017	2017	2017	2017	2017	2017	2017		
<b>ACUTE ADMISSIONS:</b>														
MEDICARE	16	9	14	23	14	4	19	11	14	7	9		140	229
MEDICAID	1	1	0	0	0	0	0	0	0	1	0		3	6
COMM.INS.	5	7	9	10	11	11	8	11	5	10	8		95	149
OTHER	3	4	3	1	1	0	0	2	0	3	1		18	40
<b>TOTAL</b>	<b>25</b>	<b>21</b>	<b>26</b>	<b>34</b>	<b>26</b>	<b>15</b>	<b>27</b>	<b>24</b>	<b>19</b>	<b>21</b>	<b>18</b>	<b>0</b>	<b>256</b>	<b>424</b>
<b>ACUTE PATIENT DAYS:</b>														
MEDICARE	34	42	40	71	54	29	54	38	42	23	36		463	809
MEDICAID	3	8	0	0	0	0	0	0	0	0	5		16	21
COMM.INS.	29	16	30	31	41	33	26	25	18	19	18		286	532
OTHER	8	14	15	3	3	0	0	3	0	8	4		58	131
<b>TOTAL</b>	<b>74</b>	<b>80</b>	<b>85</b>	<b>105</b>	<b>98</b>	<b>62</b>	<b>80</b>	<b>66</b>	<b>60</b>	<b>50</b>	<b>63</b>	<b>0</b>	<b>823</b>	<b>1493</b>
<b>OCCUPANCY %</b>	<b>15%</b>	<b>17%</b>	<b>17%</b>	<b>21%</b>	<b>22%</b>	<b>13%</b>	<b>17%</b>	<b>13%</b>	<b>13%</b>	<b>10%</b>	<b>13%</b>	<b>0%</b>	<b>14%</b>	<b>26%</b>
<b>ACUTE DISCHARGES:</b>														
MEDICARE	14	11	12	22	16	6	19	10	14	7	9		140	228
MEDICAID	1	1	0	0	0	0	0	0	0	0	1		3	6
COMM.INS.	6	6	9	10	12	10	9	10	6	9	8		95	150
OTHER	3	3	4	1	1	0	0	2	0	3	1		18	40
<b>TOTAL</b>	<b>24</b>	<b>21</b>	<b>25</b>	<b>33</b>	<b>29</b>	<b>16</b>	<b>28</b>	<b>22</b>	<b>20</b>	<b>19</b>	<b>19</b>	<b>0</b>	<b>256</b>	<b>424</b>
<b>CASE MIX INDEX:</b>														
MEDICARE	0.918	1.060	0.928	0.911	0.849	0.862	1.003	1.344	1.084	0.937	1.022		0.992	1.015
MEDICAID	0.700	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	1.325		0.184	0.211
ALL PAYOR	0.959	1.040	0.919	0.886	0.902	1.024	0.949	1.357	1.159	1.114	1.020		1.030	0.991
<b>A.L.O.S.</b>														
MEDICARE	2.43	3.82	3.33	3.23	3.38	4.83	2.84	3.80	3.00	3.29	4.00	-	3.45	3.57
MEDICAID	3.00	8.00	-	-	-	-	-	-	-	-	5.00	-	5.33	1.54
COMM.INS.	4.83	2.67	3.33	3.10	3.42	3.30	2.89	2.50	3.00	2.11	2.25	-	3.04	3.63
OTHER	2.67	4.67	3.75	3.00	3.00	-	-	1.50	3.00	2.67	4.00	-	3.16	2.95
<b>TOTAL</b>	<b>3.08</b>	<b>3.81</b>	<b>3.40</b>	<b>3.18</b>	<b>3.38</b>	<b>3.88</b>	<b>2.86</b>	<b>3.00</b>	<b>3.00</b>	<b>2.63</b>	<b>3.32</b>	<b>-</b>	<b>3.23</b>	<b>3.54</b>
<b>SWINGBED:</b>														
ADMISSIONS	0	0	0	0	0	0	0	0	0	0	0		0	14
(MCR Admissions)	0	0	0	0	0	0	0	0	0	0	0		0	10
PATIENT DAYS	0	0	0	0	0	0	0	0	0	0	0		0	127
DISCHARGES	0	0	0	0	0	0	0	0	0	0	0		0	16

# Lab Outsource Income Statement

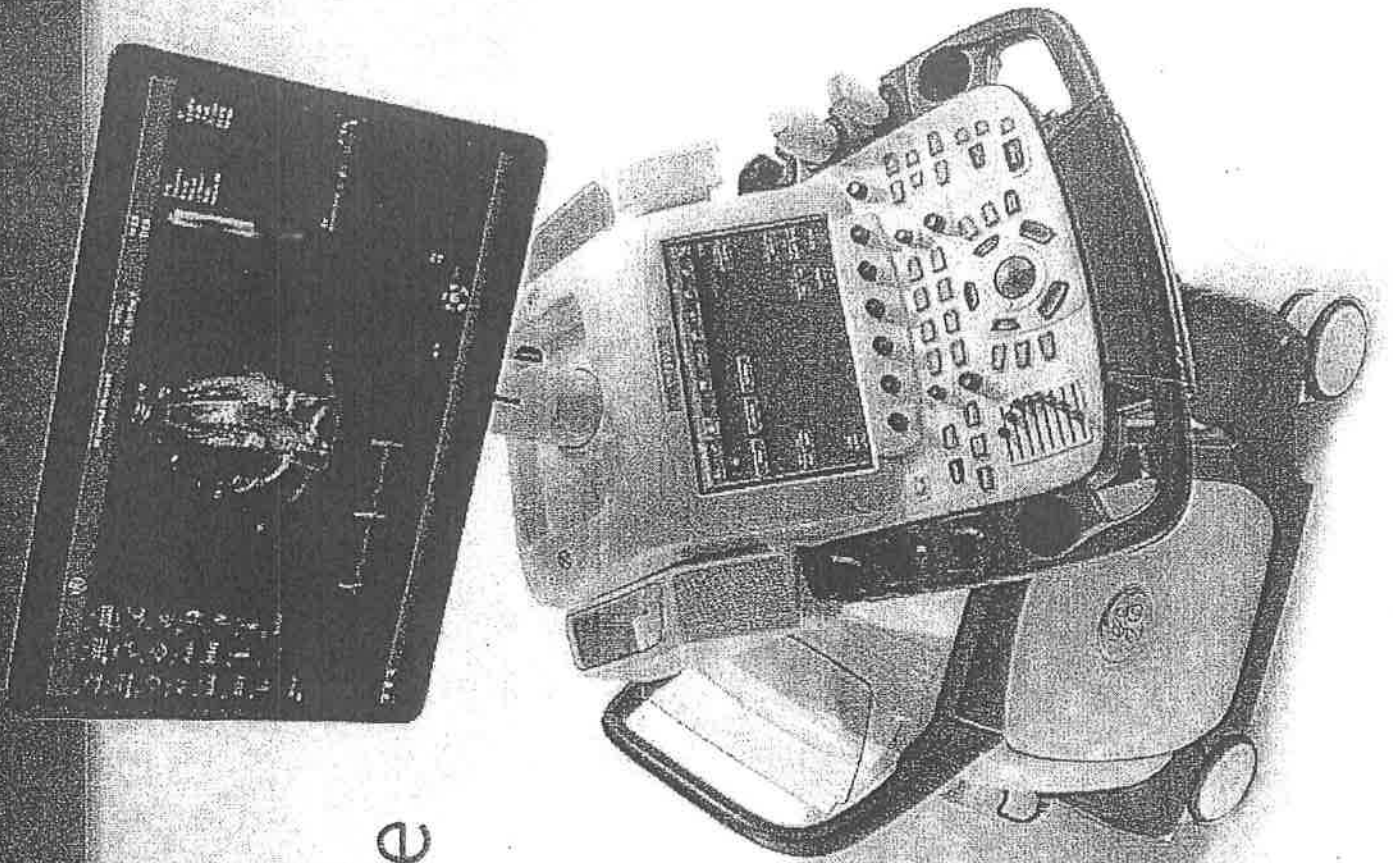
(MMP - Medical Management Professionals)

	OCTOBER 2016	NOVEMBER 2016	DECEMBER 2016	JANUARY 2017	FEBRUARY 2017	MARCH 2017	APRIL 2017	MAY 2017	JUNE 2017	JULY 2017	AUGUST 2017	FY 2017
Total Other Income	\$ 332,107	\$ 332,107	\$ 688,019	\$ 612,849	\$ 1,137,322	\$ 1,266,203	\$ 1,220,390	\$ 962,862	\$ 1,445,899	\$ 1,872,866	\$ 2,077,625	\$ 11,948,247
Salaries - Lab	\$ 1,757	\$ 1,757	\$ 1,516	\$ 2,713	\$ 3,985	\$ 4,744	\$ 4,166	\$ 4,332	\$ 7,610	\$ 8,281	\$ 13,516	\$ 54,378
Salaries - Coding	\$ 267	\$ 267	\$ 373	\$ 668	\$ 736	\$ 876	\$ 769	\$ 800	\$ 1,405	\$ 1,529	\$ 2,496	\$ 10,188
Salaries - Billing/Collecting	\$ 2,005	\$ 2,005	\$ 2,800	\$ 5,010	\$ 8,280	\$ 9,855	\$ 8,655	\$ 9,000	\$ 15,810	\$ 17,205	\$ 17,205	\$ 97,830
Analyzer expense	\$ -	\$ -	\$ -	\$ -	\$ 5,724	\$ 5,724	\$ 5,724	\$ 5,724	\$ 5,724	\$ 5,724	\$ 5,724	\$ 40,068
Water system	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,384	\$ -	\$ -	\$ -	\$ -	\$ 10,384
Orchard Interface	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,825	\$ -	\$ -	\$ 6,825
Reagent & Supply Cost	\$ 120,049	\$ 120,049	\$ 126,531	\$ 193,977	\$ 138,946	\$ 157,251	\$ 132,833	\$ 139,493	\$ 234,489	\$ 233,748	\$ 397,912	\$ 1,995,277
Total Operating Expense	\$ 124,078	\$ 124,078	\$ 131,220	\$ 202,368	\$ 157,671	\$ 178,450	\$ 162,531	\$ 159,349	\$ 271,863	\$ 256,488	\$ 436,853	\$ 2,214,950
Total Income over Expense	\$ 208,028	\$ 208,028	\$ 556,798	\$ 410,481	\$ 979,651	\$ 1,087,752	\$ 1,057,858	\$ 803,514	\$ 1,174,036	\$ 1,606,378	\$ 1,640,772	\$ 9,733,297
Payment to MMP (75%)	\$ 156,021	\$ 156,021	\$ 417,599	\$ 307,861	\$ 734,738	\$ 815,815	\$ 793,394	\$ 602,635	\$ 880,527	\$ 1,204,783	\$ 1,230,579	\$ 7,299,974
Net Income (25%)	\$ 52,007	\$ 52,007	\$ 139,200	\$ 102,620	\$ 244,912	\$ 271,938	\$ 264,464	\$ 200,878	\$ 293,509	\$ 401,594	\$ 410,193	\$ 2,433,323

GE Healthcare

# Providing crucial care

Vivid™ E90 for cardiovascular ultrasound.



**GLEN ROSE MEDICAL CENTER  
COLLECTIONS TREND**

FY 2016	YEAR END												YEARLY AVG	
	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16		TOTALS
<b>HOSPITAL</b>														
Net Revenue	1,042,522	868,904	835,441	920,089	929,968	1,180,182	929,205	873,226	974,419	766,697	795,266	948,157	11,064,075	922,006
Collections	752,558	1,021,350	905,178	862,267	903,265	1,024,828	1,002,695	933,714	973,349	934,349	788,720	859,970	11,002,244	916,854
%	76%	118%	108%	94%	97%	87%	108%	107%	100%	122%	99%	91%	99.44%	99.44%

FY 2017	YEAR END												YEARLY AVG	
	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17		TOTALS
<b>HOSPITAL</b>														
Net Revenue	1,021,331	899,362	707,311	874,619	834,897	552,223	586,318	1,036,833	792,341	777,250	845,523		9,038,009	821,637
Collections	910,256	833,561	752,475	791,323	748,285	824,854	864,902	1,000,678	714,792	917,675	789,289		9,148,090	831,645
%	89%	93%	106%	90%	90%	149%	124%	97%	90%	118%	93%	#DIV/0!	101.22%	101.22%
Collections - Lab Outsourced	274,691	642,986	592,876	757,844	1,064,002	1,443,348	1,198,009	855,084	1,577,532	2,412,655	1,863,533		12,682,659	
Total A/R Collections	1,194,947	1,476,547	1,345,351	1,549,167	1,812,287	2,268,201	2,062,912	1,855,762	2,292,423	3,330,330	2,652,822		21,830,749	





# GE HFS, LLC

September 11, 2017

GE HFS, LLC ("GEHFS"), is pleased to submit the following proposal.

**Lessee:** Glen Rose Medical Center Nursing Home, LLC  
 1021 Holden St.  
 Glen Rose, TX 76043

**Lessor:** GE HFS, LLC, or one or more of its affiliates and/or assigns

**Equipment:** 1 (One) – Vivid E90

**Equipment Cost:** \$121,472.00\* plus applicable taxes  
 \*Includes Trade-In Allowance of \$500.00 for GE Vivid 7

Option	Term	Monthly Payment
Capital Lease (\$1.00 Out)*	60 Months	1 Payment @ \$ 500.00 (Trade-In Allowance) 59 Payments @ \$ 2,405.15 (Plus Applicable Taxes)

\*All monthly payments are in Arrears and are subject to increase for any and all applicable taxes.

End of Lease Options:

**Capital Lease (\$1 Out):** Lessee shall, at its option, either purchase all (but not less than all) of the Equipment for \$1.00, plus applicable taxes, renew the lease or return the Equipment to GEHFS.

**Rates Subject to Change:** The monthly payments presented above are estimates, and are calculated using a lease rate factor (the "Lease Rate Factor"). The Lease Rate Factor is calculated, in part, using an interest rate based on our cost to acquire the funds required to purchase the Equipment as of the date of this proposal and is subject to change at any time without prior notice. Your lease contract will reflect any such change in the Lease Rate Factor (and accordingly, your monthly rental payment) and we will communicate any such change to you.

If the monthly payment is provided to Lessee on or before December 31st of any calendar year, but the lease does not commence until on or after January 1st of the following calendar year, the Lease Rate Factor may be adjusted by GEHFS to preserve its after-tax economic yields and cash flows and GEHFS will notify Lessee of any such adjustments.

**Documentation Fee:** A documentation fee of \$375.00 will be charged to Lessee to cover document preparation, document transmittal, credit write-ups, lien searches and lien filing fees. The documentation fee is due with the first payment and is non-refundable. This fee is based on execution of our standard documents substantially in the form submitted by us. In the event significant revisions are made to our documents at your request or at the request of your legal counsel or your landlord or mortgagee or their counsel, the documentation fee will be adjusted accordingly to cover our additional costs and expenses.

This proposal does not constitute a credit approval or commitment to lend on behalf of GE Healthcare Financial Services. All pricing is subject to final investment and credit approval.

This proposal and all of its terms shall expire on October 11, 2017 if GEHFS has not received Lessee's signed acceptance hereof by such date. Subject to the preceding sentence, this proposal and all of its terms shall expire on November 11, 2017 if the lease has not commenced by such date.

The summary of proposed terms and conditions set forth in this proposal is not intended to be all-inclusive. Any terms and conditions that are not specifically addressed herein would be subject to future negotiations. Moreover, by signing the proposal, the parties acknowledge that: (i) this proposal is not a binding commitment on the part of any person to provide or arrange for financing on the terms and conditions set forth herein or otherwise; (ii) any such commitment on the part of GEHFS would be in a separate written instrument signed by GEHFS following satisfactory completion of GEHFS' due diligence, internal review and approval process (which approvals have not yet been sought or obtained); (iii) this proposal supersedes any and all discussions and understandings, written or oral between or among GEHFS and any other person as to the subject matter hereof; and (iv) GEHFS may, at any level of its approval process, decline any further consideration of the proposed financing and terminate its credit review process. Lessee hereby acknowledges and agrees that GEHFS reserves the right to



syndicate (via a referral, an assignment or a participation) all or a portion of the proposed transaction to one or more banks, leasing or finance companies or financial institutions (a "Financing Party"). In the event GEHFS elects to so syndicate all or a portion of the proposed transaction (whether before or after any credit approval of the proposed transaction by GEHFS) and is unable to effect such syndication on terms satisfactory to Lessee and/or GEHFS, GEHFS may, in its discretion, decline to enter into, and/or decline any further consideration of, the proposed financing. Lessee hereby further acknowledges and agrees that, in connection with any such syndication, GEHFS may make available to one or more Financing Parties any and all information provided by or on behalf of Lessee to GEHFS (including, without limitation, any third party credit report(s) provided to or obtained by GEHFS).

Except as required by law, neither this proposal nor its contents will be disclosed publicly or privately except to those individuals who are your officers, employees or advisors who have a need to know as a result of being involved in the proposed transaction and then only on the condition that such matters may not be further disclosed. Nothing herein is to be construed as constituting tax, accounting or legal advice by GEHFS to any person.

You hereby authorize GEHFS to file in any jurisdiction as GEHFS deems necessary any initial Uniform Commercial Code financing statements that identify the Equipment or any other assets subject to the proposed financing described herein. If for any reason the proposed transaction is not approved, upon your satisfaction in full of all obligations to GEHFS, GEHFS will cause the termination of such financing statements. You acknowledge and agree that the execution of this proposal and the filing by GEHFS of such financing statements in no way obligates GEHFS to provide the financing described herein. By signing below, you hereby consent to and authorize GEHFS to perform all background, credit, judgment, lien and other checks and searches as GEHFS deems appropriate in its sole credit judgment. We look forward to your early review and response. If there are any questions, we would appreciate the opportunity to discuss this proposal in more detail at your earliest convenience. Please do not hesitate to contact me directly at 615-603-0863.

Sincerely yours,

*Paul Vernich*

Paul Vernich  
Senior Program Manager  
GE HFS, LLC  
T 615-603-0863  
E paul.vernich@ge.com

Acknowledged and Accepted:

\_\_\_\_\_  
(Legal name)

Date \_\_\_\_\_

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

Fed ID #: \_\_\_\_\_

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

Ray and Becky:

Here are the pay-off amounts due as of Friday, September 29, 2017 on each of the two notes:

#20066903	Principal	\$165,436.80
	Interest	<u>514.69</u>
		\$165,951.49

#20081258	Principal	\$293,123.00
	Interest	<u>7,381.00</u>
		\$300,504.00

Please let me know if you need anything additional.

Sincerely,  
Mark

**Mark Martin**

Executive Vice President

Central Texas President

Mark.Martin@interbank.com | www.interbank.com

P.O. Box 1157

150 N Harbin Dr.

Stephenville, TX 76401

Phone: 254-552-5301

ShoreTel: 222-301

 **InterBank**

September 7, 2017

Somervell Co. Hospital District  
C/O: Ray Reynolds  
1021 Holden Street  
Glen Rose, Texas 76043

Dear Ray Reynolds,

An election will be held this coming December to determine who will serve on the Board of Directors for the Central Appraisal District of Somervell County for the years 2018 and 2019. The board consists of five members.

In accordance with Section 6.03(d) of the Texas Property Tax Code, we have calculated the number of votes to which each taxing unit in our district is entitled. As indicated on the calculation enclosed, Somervell Co. Hospital District is entitled to 397 votes. Please submit the name(s) of any nominee(s) (up to five persons), by resolution adopted by your governing body, to me on or before October 15, 2017. (A sample resolution is enclosed). Legislation prohibits nominations received after this date from appearing on the ballot.

I will then prepare a ballot listing the candidates, and deliver a copy of the ballot to you before October 30, 2017. Your governing body will then determine its vote by resolution and submit it to me on or before December 15, 2017. At the time, I will count the votes, declare the results to you and to the candidates prior to December 31, 2017

As you can see, timeliness is very important. Please let me know if you have any questions regarding this matter.

Sincerely,

Wes Rollen, RPA, RTA, CCA  
Chief Appraiser

## BOD ELECTION CALENDAR

### DEADLINE

- October 1, 2017**                      **Deliver written notice of voting entitlement to taxing units entitled to vote.**
- (1) County**
    - (a) county judge**
    - (b) each commissioner**
  - (2) Cities**
    - (a) mayor**
    - (b) city manager**
    - (c) city secretary (if no city manager)**
  - (3) School Districts**
    - (a) president of school board**
    - (b) superintendent**
- October 15, 2017**                      **Presiding officer of governing body of taxing units to submit names of their nominees to chief appraiser.**
- October 30, 2017**                      **Chief appraiser to deliver copy of ballot to presiding officer of taxing units.**
- December 15, 2017**                      **Taxing units to determine vote by resolution and submit it to chief appraiser.**
- December 31, 2017**                      **Chief appraiser to count votes, declare the 5 candidates receiving largest number of votes elected, and submit results to governing body of each taxing unit and to candidates.**

CALCULATION OF VOTES OF BOARD OF DIRECTORS FOR 2018-2019

<u>TAXING ENTITY</u>	<u>2015 LEVY</u>	<u>PORTION OF TOTAL LEVY IN DISTRICT</u>	<u>X 1000 X 5 SEATS = NUMBER OF VOTES</u>
GLEN ROSE ISD	\$22,048,486.00	0.5679	2840
SOMERVELL COUNTY	\$10,132,591.00	0.2610	1305
SOMERVELL COUNTY WATER DISTRICT	\$2,748,677.00	0.0708	354
SOMERVELL COUNTY HOSPITAL DISTRICT	\$3,084,583.00	0.0795	397
CITY OF GLEN ROSE	\$653,740.00	0.0168	84
GRANBURY ISD	\$110,679.00	0.0029	14
THREE WAY ISD	\$38,031.00	0.0010	5
WALNUT SPRINGS ISD	\$5,195.00	0.0001	1
<b>TOTAL ALL TAXING UNITS</b>	<b>\$38,821,982.00</b>	<b>1.0000</b>	<b>5000</b>

NOTE: IT REQUIRES AT LEAST 834 VOTES TO SECURE ONE  
NOMINEE TO A POSITION ON THE BOARD.

(SAMPLE RESOLUTION)

RESOLUTION BY \_\_\_\_\_ AFFIRMING THE  
NOMINATION(S) FOR CANDIDATE(S) FOR THE BOARD OF DIRECTORS  
FOR THE SOMERVELL CENTRAL APPRAISAL DISTRICT, TEXAS.

This is to affirm that \_\_\_\_\_ on this the \_\_\_\_\_ day  
of \_\_\_\_\_, 2017, did move and approve the following nomination(s).  
Furthermore, said candidate(s) is(are) eligible for election to the Board of Directors  
of the Somervell Central Appraisal District for the 2018-2019 term.

NOMINATION(S)

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VOTING FOR:

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VOTING AGAINST:

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Said resolution was moved and approved on this the \_\_\_\_\_ day of  
\_\_\_\_\_, 2017.

Certified by:

Attest:

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