

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Beatriz Vasquez, PhD, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

Finance Committee
Meeting Agenda

December 2nd, 2020 – 10:30 am

Due to COVID-19 shelter in place orders and under the authority of the Governor's Executive Order N-29-20, this meeting will be conducted entirely by teleconference. No physical location will be available. Members of the public can attend and provide public comment via teleconference at the following link and number:

Zoom Meeting: [LINK](#)

Zoom Call In Number: 1 669 900 9128, Meeting ID: 977 9641 3387

In observance of the Americans with Disabilities Act, please notify us at 530-336-5511, ext 1264 at least 48 hours in advance of the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations. The District will make every attempt to accommodate your request.

Attendees

Abe Hathaway, Chair, Board Member
Allen Albaugh, Board Member
Louis Ward, CEO
Travis Lakey, CFO

1 CALL MEETING TO ORDER

2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS

**Approx.
Time
Allotted**

3 APPROVAL OF MINUTES

3.1	Regular Meeting – October 28, 2020	<i>Attachment A</i>	Action Item	2 min.
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4 DEPARTMENT REPORTS:

4.1	Director of Nursing - Acute	<i>Attachment B</i>	Report	2 min.
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5 FINANCIAL REVIEWS/BUSINESS

5.1	October 2020 Financials	<i>Attachment C</i>	Action Item	5 min.
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5.2	Accounts Payable (AP)/Accounts Receivable (AR)	Action Item	5 min.
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5.3	Board Quarterly Finance Review: recommendation for Approval at regular Board Meeting	<i>Attachment D</i>	Action Item	5 min.
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5.4	Independent Audit		Information	5 min.
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5.5	Cost Report		Information	5 min.
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6 ADMINISTRATIVE REPORT

Report 10 min.

7 OTHER INFORMATION/ANNOUNCEMENTS

Information

8 ADJOURNMENT: Next Regular Meeting –January 27, 2020

Posted 11/27/2020

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Directors documents are available online at www.mayersmemorial.com.

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**Board of Directors
Finance Committee
Minutes**

October 28, 2020 – 10:30 am
Teleconference Call – FULLY Remote

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

1	CALL MEETING TO ORDER: Abe Hathaway called the meeting to order at 10:32 am on the above date.		
	BOARD MEMBERS PRESENT: Abe Hathaway, Committee Chair Allen Albaugh, Board Member		STAFF PRESENT: Candy Vculek, CNO Travis Lakey, CFO Louis Ward, CEO Ryan Harris, COO Jessica DeCoito, Board Clerk Diana Groendyke, DON SNF Libby Mee, HR Director
	ABSENT:		
2	CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS - None		
3	APPROVAL OF MINUTES		
	3.1	A motion/seconded carried; committee members accepted the minutes of August 26 th , 2020.	Albaugh, Hathaway Albaugh – Y Hathaway – Y
	3.2	A motion/seconded carried; committee members accepted the minutes of September 30 th , 2020.	Albaugh, Lakey Albaugh – Y Hathaway - Y
4	DEPARTMENT REPORTS:		
	Radiology: Not receiving referrals from MVHC. Where's the disconnect? – Louis to hold meeting with MVHC.		
	Director of Human Resources: HIPPA updates through Relias have been a priority for staff. 2 LVN's hired in SNF for Burney. New COVID 19 Sick Pay for employees. Clinic Staffing – working on job descriptions. Lists of folks are coming in for those that are interested in applying for job with the Burney Clinic.		
	Director of Nursing – SNF: Revenue is up. CNAs classes are going well. Average census is 81 compared to 75 last year. Discussion on rate increases coming up. Recommendation to look at memory care staffing vs. SNF staffing. Keep up the good work and thank you to the staff.		
5	FINANCIAL REVIEWS		
	5.1	September 2020 Financials: Cash on Hand 256. Still trying to figure out CARES Act and the guidance. Looks like we will know by July 2021. MMHD has only grown by 10 employees since 2001 yet our net revenue has grown exponentially.	Albaugh, Hathaway Albaugh – Y Hathaway - Y
	5.2	Accounts Payable (AP) & Accounts Receivable (AR): AR Days 65	
6	NEW BUSINESS		
	6.1	Burney Clinic Electronic Health Records Program: a good program for both users and administrators. A recommendation to send to full Board for approval was moved, seconded and carried. The full Board will review the Draft Pricing and Information Packet for full approval.	Albaugh, Hathaway Albaugh – Y Hathaway - Y
6	ADMINISTRATIVE REPORT – approximately 2 positives coming out each day for COVID. Our Lab is keeping very busy with performing tests on potentially COVID positive individuals. We have set up a testing pyramid for staff to follow that guidelines the who and what symptoms, etc. We can test everyone and are open to testing everyone.		
7	OTHER INFORMATION/ANNOUNCEMENTS: no announcement		
8	ADJOURNMENT – 11:38 AM		
	Next Finance Committee Meeting: December 2 nd , 2020		

Acute Care Finance Board Report-Nov. 2020

- Average Daily Census for FY 2020
 - Acute—1.48
 - Swing—2.28

- Average Length of Stay (LOS):
 - 2018 the average LOS was 12.68
 - 2019 the average LOS was 12.49
 - 2020 the average LOS was 9.7
 -

- In review with Travis Lakey, CFO; our total Revenue was down 987,209.39 and Total Expenses were up by 296,815. The pandemic has had a negative effect on Acute Med/Surg since March. Revenue minus expenses is 1.2 million less than the prior year.

- Staffing
 - Registry Costs FYE19-\$807,844 and FYE20 520,000.
 - Increased staffing for COVID surge plan utilizing 2-13 week contract RN's during surge plan.
 - Currently we are staffed with 6 FTE RN's, 1-FTE LVN (continues to work towards his RN upgrade), 3 per diem RN's. Due to the leave of 1FTE and COVID quarantine, we are utilizing 2-travlers. 1-Acute Assistant Mgr, 2-FTE CNA's (one on medical LOA and one on maternity leave). 2-Ward Clerks (one of which is a WC/CNA).
 - Several of our nurses continue to float to OPS every other week.
 - FT OPM RN will be going out on maternity leave the first of the year, which will require fulltime use of either an Acute RN or Registry.

Submitted by Theresa Overton, RN, BSN
Director of Nursing-Acute Services

Finance Notes October FY 21

Summary of Financial Ratios			
Ratios	Period	YTD or Average where Applicable	
Cash on Hand	246	165	Average PY
Net Income	183,162	295,868	Average Monthly FY 19
Current Ratio	12.2		N/A
AR Days	66	55	Average PY
AP	451,423	546,822	Average PY
Daily Gross Revenue YE	113,957	106,397	Average PY
% of Gross Revenue Collected	59%	61%	PY Year End

1. I wanted to recognize Allen's contributions on the Board and Finance Committee with some key statistics from when he started about 12 years ago to now. I started 11 years ago and those first few years were really difficult financially and the board had to be very hands on to keep the hospital afloat. He's a huge part of the strides we've made in that time.

Key Stats	01/31/2008	10/31/2020
Cash on Hand	0.67	245.66
Total Current Assets	\$ 2,867,112	\$ 31,739,040
Total Current Liabilities	\$ 4,560,045	\$ 2,698,106
Total Assets	\$ 9,302,100	\$ 59,638,955
Fund Equity	\$ (804,906)	\$ 32,683,728
Current Ratio	0.63	12.20

2. We've turned in Medicare and Hospice Cost Reports. We needed to ask for an extension for Medi-Cal as they require a completed audit. The Medicare Cost Report will generate a 1.5 million dollar receivable which isn't surprising considering the drop in visits and cost increases due to Covid.
3. We are still working on the audit which is challenging as the guidance on the Cares Act is in constant flux. Some of the latest updates have been positive because they include hazard pay and excluding payments from different periods. We received a lot of supplemental payments for prior years which has been detrimental in comparing

20 to 19 for revenue loss. Supposedly the first report to CMS regarding the Cares Act expenses and reduction in revenue is due at the end of January but they haven't released any guidance on what is expected in the report so there's a strong possibility that this will be delayed.

4. In mid-December we are transferring 1.5 million in IGT funds to the state for the Rate Range program. The 1.5 and the match should be returned by mid-March. We also have the QAF IGT that I'm still waiting on the timing so we will probably need to draw some funds from LAIF over the next 6 months.
5. I just requested for our last draw from CHFFA as we are 75% done with the clinic project.
6. I'm working with the new clinic manager on the charges we need to create before the clinic opens. I had some of my counterparts send me their chargemasters so we aren't starting from scratch.
7. We are working with Experian to make sure we meet the January 1st timeline of pricing transparency. It's a decent size project that involves our Chargemaster and our insurance contracts.
8. The initial five years of the Prime Program ended on June 30th and there are attempts to approve a six month bridge program that would get us to a new QIP program on January 1st. There are calls every Friday to talk about the metrics and progress on getting the program approved.
9. We turned in all the paperwork for the PPP Loan forgiveness and supposedly we will have an answer back within 90 days.
10. I met with representatives from Fitch and our Bond rating was moved up to BBB from the BBB- it's been since we were originally rated in 2011. I've included the report if anyone wants to read it.
11. With our November Pay Request we have 713K left to draw on our USDA loan. It's an attachment with the packet if anyone wants to review over the costs.
12. Below is a report from DHLF for a return on investment for our membership dollars. It's a good example of the importance of being involved in groups like, DHLF, CHA and CCAHN. I just included the top of the list far enough down to show the biggest district and a rural non critical access hospital for comparison. The CEO John McCormick at Oak Valley used to do some CFO consultant work here at Mayers.

District Hospitals

Return on Investment (Dues)

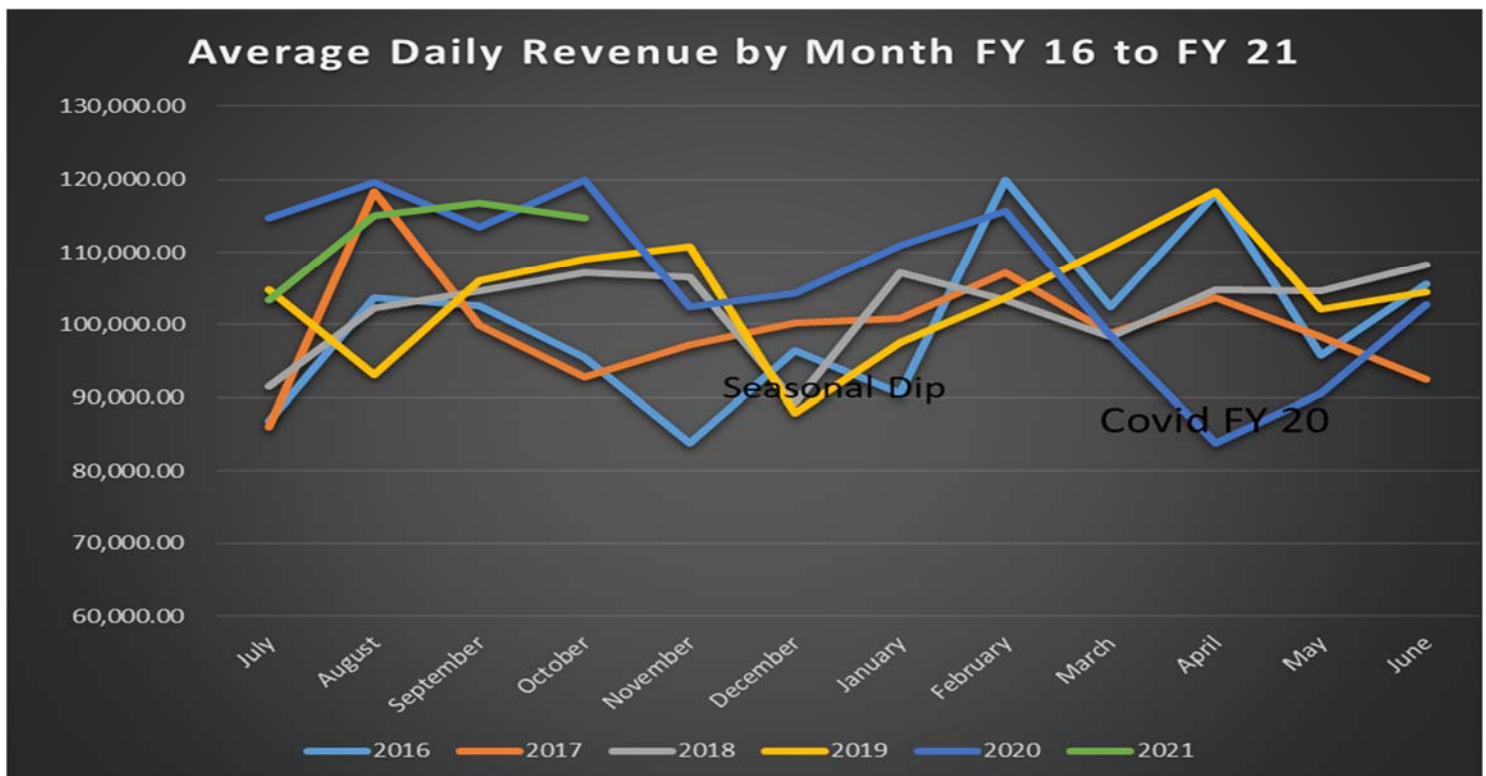
	2020 Dues	Total Benefit - Supplemental Payment Programs	Benefit to Dues
Mayers Memorial Hospital	\$ 9,137	\$ 7,287,475	798
Northern Inyo Hospital	\$ 9,137	\$ 7,028,491	769
Tahoe Forest Hospital District	\$ 9,137	\$ 6,834,553	748
Hazel Hawkins Memorial Hospital	\$ 9,137	\$ 6,528,571	715
Trinity Hospital	\$ 9,137	\$ 6,350,407	695
Modoc Medical Center	\$ 9,137	\$ 6,325,020	692
Mountains Community Hospital	\$ 9,137	\$ 6,008,374	658
Eastern Plumas Healthcare District	\$ 9,137	\$ 5,389,984	590
Healdsburg District Hospital	\$ 9,137	\$ 5,291,872	579
Mammoth Hospital	\$ 9,137	\$ 4,927,173	539
Plumas District Hospital	\$ 9,137	\$ 4,670,098	511
John C Freemont Healthcare District	\$ 9,137	\$ 4,601,794	504
Jerold Phelps	\$ 9,137	\$ 4,129,197	452
Kaweah Delta Health Care District	\$ 136,913	\$ 47,467,133	347
Oak Valley Hospital	\$ 39,442	\$ 12,072,715	306

Stats

1. One thing to consider when we compare year to year stats is that there wasn't Covid in the beginning of last fiscal year. This is going to negatively affect our stats until probably March where we are comparing Covid stats to the same period with Covid.
2. Acute Days are down 33.6% with fewer discharges.
3. Swing is up 7.8% due to a longer average length of stay. This year's length of stay is more in line with FY 19. Patients have 100 Swing days available.
4. The SNF daily census has remained strong 6 patients ahead of last year's average.
5. Surgery is 10 visits behind last year's pace.
6. ER visits are 12.5% down from prior year.
7. Lab visits are up but it's a little misleading as we are testing employees and residents on a regular basis.
8. Radiology is down 7.5% which isn't surprising given the drop in ER visits.
9. PT visits are down 8.2%.
10. Telemedicine continues its upward trajectory. Amanda has done an amazing job with a department that traditionally floundered.
11. FTEs are up to 223.66 for the month. FTEs are up in every category compared to last year.

Income Statement

1. October Revenue is falling in line with the averages through the first quarter of FY 21.
2. Skilled Nursing Revenue remains strong due to the census they've maintained.
3. Average Daily Revenue historically dips for a few months during the winter so expect that over the next few reports.



4. Contractuals may be reduced in upcoming months but I'm unsure of the timing on a Rate Range payment that might show up next year so I'm skewing conservative on my estimates.
5. Productive Salaries and benefits are up as we had three pay periods and more FTEs than prior years.
6. Supplies are up due to increasing lab supplies to keep up with Covid testing demands.
7. Acute/Swing are Travelers are well under last year's average of 43K.
8. SNF Travelers are about 2K over last year's average of 177K as we've had some staffing issues.
9. Ancillary Travelers are 34K under the prior year average.
10. Rental Lease is still up but the beds are ordered so we'll be able to replace the rentals and this should decrease over the next couple of reports.
11. Net Income was 183K which isn't bad considering expenses were up due to wages and supplies.

Balance Sheet

1. Cash is down as we contributed our Prime IGT funds.
2. AR is up. We've gotten Dr Watson relinked so AR is coming back down.

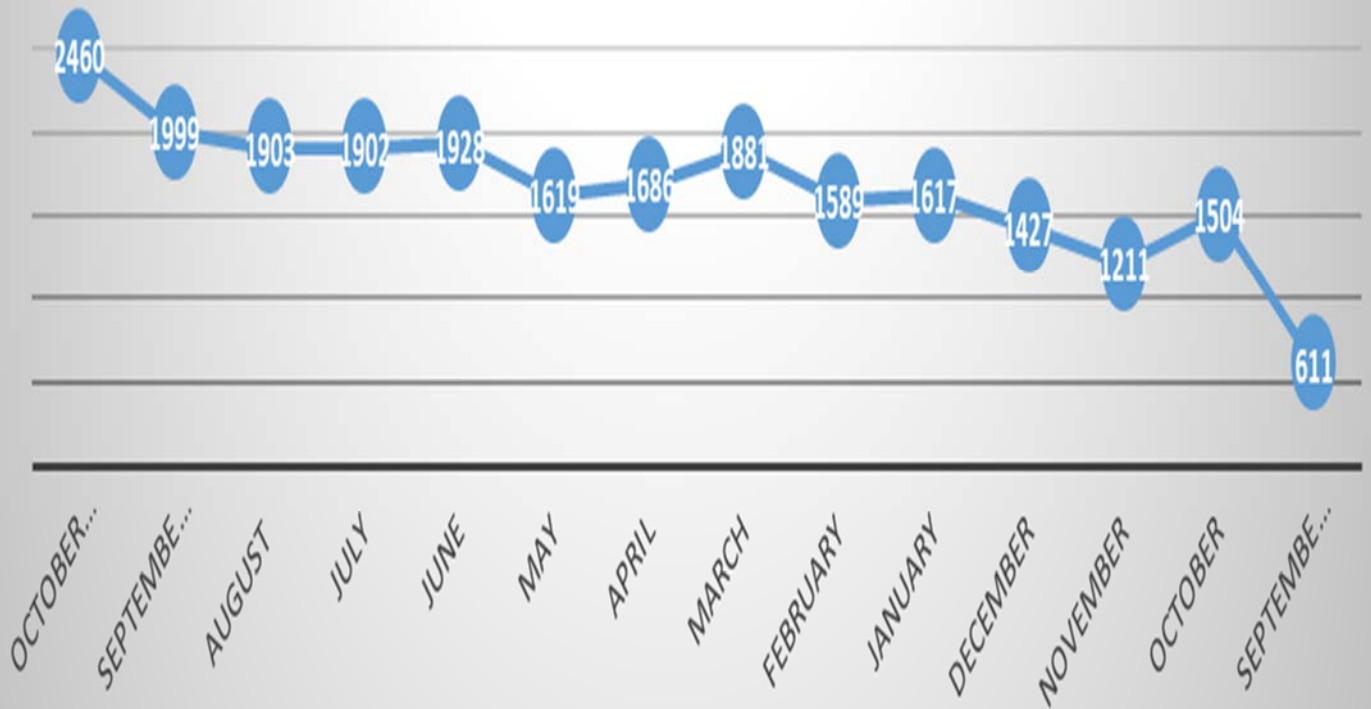
Report Date: 11/14/2020		MAYERS MEMORIAL HOSPITAL DISTRICT	
		A/R Days	
Criteria: All Plans, All Charges			
Date	A/R Days		
11/14/2020	59.94		
10/17/2020	61.87		
09/19/2020	60.48		
08/22/2020	64.20		
07/25/2020	62.25		
06/27/2020	59.13		

3. Inventories are up as supplies are up as discussed above.
4. CIP for the hospital expansion will move into Building and Fixed Equipment soon. Layton is still doing punch list items and there's still 713K left on the USDA loan and disputes over delays which makes putting things into use difficult but I'm just going to have to enter the amounts we have and change everything later when all the dust from the lawyers settles.
5. The Prime Plan Payable is zero and that program is in flux so this may be a QIP payable in the future.
6. The Current Ratio is 12.2. This may go down in the future as depending on how all the Cares Act guidance shakes out we might have a Current Liability for some of the 4.6 million in funds we've received between FY 20 and 21.

Miscellaneous

1. We collected 59% of gross revenue which I always aim for us to be above 57% based off of historical averages. I expect this percentage to be up over the next couple of months as we get payments in from Watson being unlinked. Our new biller used to link physicians at her old job so we will be picking her brain on how to make this an online process vs the paper process that's currently used.
2. Miscellaneous Patient Payments will pick up in February or March as we'll get a Rate Range payment.
3. Collections less expenses on the Collections vs Obligations spreadsheet will continue to be a negative until Rate Range and QAF are received.
4. If you look at the charts tab in the financials you will see the huge dip we took in days and visits in comparison to prior years.
5. Retail Pharmacy prescriptions filled continues to climb. See chart below.

Prescriptions Filled Retail Pharmacy



MAYERS MEMORIAL HOSPITAL

Statistical Data

Fiscal Year Ending JUNE 30, 2021

COMPARISON TO ACTUAL

2020		2020		FY 2021		FYE 2020		Variance	% Increase or Decrease
OCTOBER	SEPTEMBER	YTD	YTD	Actual	Actual				
Actual	Actual	VOLUME:		Actual	Actual				
DISCHARGES									
14	18	(4)	Acute	55	78	(23)	-29.51%		
4	9	(5)	Swing Bed	20	30	(10)	-33.31%		
3	5	(2)	Skilled Nursing Care (DISCHG)	10	20	(10)	-50.01%		
7	11	(4)	Observations	38	52	(14)	-26.91%		
PATIENT DAYS									
36	67	(31)	Acute	166	250	(84)	-33.61%		
91	100	(9)	Swing Bed	316	293	23	7.82%		
2,522	2,492	30	Skilled Nursing Care	9,988	9,208	780	8.52%		
LENGTH OF STAY									
2.57	3.72	(1)	Acute	3.02	3.21	(0)	-6.01%		
22.75	11.11	12	Swing Bed	15.80	9.77	6	61.72%		
AVERAGE DAILY CENSUS									
1.16	2.23	(1)	Acute	1.35	2.03	(1)	-33.51%		
2.94	3.33	(0)	Swing Bed	2.57	2.38	0	7.92%		
81.35	83.07	(2)	Skilled Nursing Care	81.20	74.86	6	8.52%		
ANCILLARY SERVICES									
0	0	0	Surgery Inpatient Visits	0	1	(1)	-100.01%		
17	0	17	Surgery OP/ procedure visits	74	83	(9)	-10.81%		
325	313	12	Emergency Room Visits	1331	1,522	(191)	-12.51%		
137	112	25	Outpatient Services Procedures	555	607	(52)	-8.61%		
1572	1001	571	Laboratory Visits	3900	3,063	837	27.32%		
436	417	19	Radiology Procedures	1714	1,853	(139)	-7.51%		
127	79	48	Hospice Patient Days	339	480	(141)	-29.41%		
156	198	(42)	Physcial Therapy visits	856	932	(76)	-8.21%		
202	192	10	Cardiac Rehab	895	872	23	2.62%		
33	43	(10)	Telemedicine visits	148	104	44	42.32%		
22	28	(6)	Admissions from ER	86	115	(29)	-25.21%		
30	22	8	Transfers from ER	88	47	41	87.22%		
PRODUCTIVITY:									
Productive FTE's									
16.91	20.60		Nursing - Acute	18.58	13.24				
55.68	52.34		Long Term Care	52.92	51.23				
40.77	38.46		Ancillary	40.70	37.24				
82.71	82.36		Service	83.09	82.84				
196.07	193.76		Total Productive	195.29	184.55				
27.59	23.90		Non-Productive FTE's	22.30	21.28				
223.66	217.66		Paid FTE's	217.59	205.83				
PRODUCTIVE FTE PER ADJUSTED OCCUPIED BED									
3.04	3.30			2.99	2.69				

MAYERS MEMORIAL HOSPITAL

Statement of Revenue and Expenses

Fiscal Year Ending JUNE 30, 2021

COMPARISON TO ACTUAL

2020 OCTOBER ACTUAL	2019 OCTOBER ACTUAL	Variance		FY 2021 YTD ACTUAL	FY 2020 YTD ACTUAL	Variance	Increase Decrease %
PATIENT REVENUE							
460,704	470,186	(9,482)	Acute	1,734,730.00	1,551,393.90	183,336	11.82%
1,056,767	949,841	106,926	Skilled Nursing	4,195,679	3,792,316	403,363	10.62%
			Inpatient Ancillary				
202,313	285,875	(83,562)	Acute	810,952	865,585	(54,633)	-6.31%
(51)	342	(393)	Skilled Nursing	1,179	342	837	
1,719,733	1,706,244	13,489	Total Inpatient Revenue	6,742,540	6,209,637	532,903	8.62%
1,835,959	2,045,949	(209,990)	Total Outpatient Revenue	7,449,233	8,272,663	(823,430)	-10.01%
3,555,692	3,752,193	(196,501)	Total Patient Revenue	14,191,774	14,482,301	(290,527)	-2.01%
DEDUCTIONS FROM REVENUE							
758,017	596,876	(161,142)	Contractuals - Care/Cal	3,144,557	4,055,141	910,583	
83,362	92,679	9,318	Contractuals - PPO	374,586	421,780	47,193	
-	1,767	1,767	Charity and Write Offs	26,714	42,852	16,138	
24,025	22,071	(1,955)	Admin Adjmts/Emp Discounts	159,030	139,184	(19,846)	
89,420	131,437	42,017	Provision for Bad Debts	354,085	286,322	(67,763)	
954,824	844,829	(109,995)	Total Deductions	4,058,973	4,945,279	886,306	
30,588	19,525	11,063	Other Operating Revenues	144,656	89,844	54,812	
2,631,457	2,926,890	(295,433)	Net Revenue	10,277,457	9,626,866	650,591	
OPERATING EXPENSES							
1,002,915	632,300	(370,615)	Productive Salaries	4,056,753	3,486,370	(570,383)	-16.41%
113,813	90,738	(23,075)	Non-Productive Salaries	498,558	430,029	(68,529)	-15.91%
341,700	223,467	(118,233)	Employee Benefits	1,264,190	954,477	(309,713)	-32.41%
292,478	344,833	52,355	Supplies	1,025,302	1,060,541	35,239	3.32%
148,438	140,243	(8,195)	Professional Fees	587,969	585,892	(2,076)	-.41%
19,370	68,857	49,487	Acute/Swing Travelers	42,588	229,021	186,433	81.42%
179,984	176,638	(3,346)	SNF Travelers	659,255	774,804	115,549	14.92%
63,226	106,971	43,745	Ancillary Travelers	342,618	434,348	91,730	21.12%
161,654	134,194	(27,460)	Other Purchased Services	587,618	517,941	(69,677)	-13.51%
32,489	19,594	(12,895)	Repairs	100,572	112,941	12,369	11.02%
55,329	48,331	(6,998)	Utilities	194,557	210,303	15,746	7.52%
25,419	22,191	(3,229)	Insurance	116,165	102,107	(14,058)	-13.81%
37,693	53,745	16,052	Other	198,883	187,208	(11,675)	-6.21%
63,320	66,494	3,174	Depreciation	251,583	267,968	16,385	6.12%
-	0	0	Bond Repayment Insurance	-	0	0	
17,911	17,911	0	Bond Repayment Interest	71,643	71,643	0	.02%
3,961	2,616	(1,345)	Interest	11,559	9,636	(1,923)	-20.01%
17,015	3,408	(13,607)	Rental - Lease	41,820	(44)	(41,864)	95166.72%
2,576,715	2,152,531	(424,184)	Total Operating Expense	10,051,632	9,435,185	(616,447)	-6.51%
54,742	774,359	(719,617)	Income From Operations	225,825	191,681	34,145	
NON-OPERATING REVENUE AND EXPENSE							
251,950	210,306	41,643	Non-Operating Revenue	1,171,554	1,172,561	(1,007)	
36,928	37,999	(1,071)	Interest Income	90,906	37,999	52,907	
160,457	131,612	(28,846)	Non-Operating Expense	535,575	322,828	(212,746)	
128,421	116,694	11,727	Total Non-Operating	726,886	887,732	(160,846)	
183,162	891,053	(707,890)	NET INCOME	952,711	1,079,413	(126,702)	

MAYERS MEMORIAL HOSPITAL**Balance Sheet**

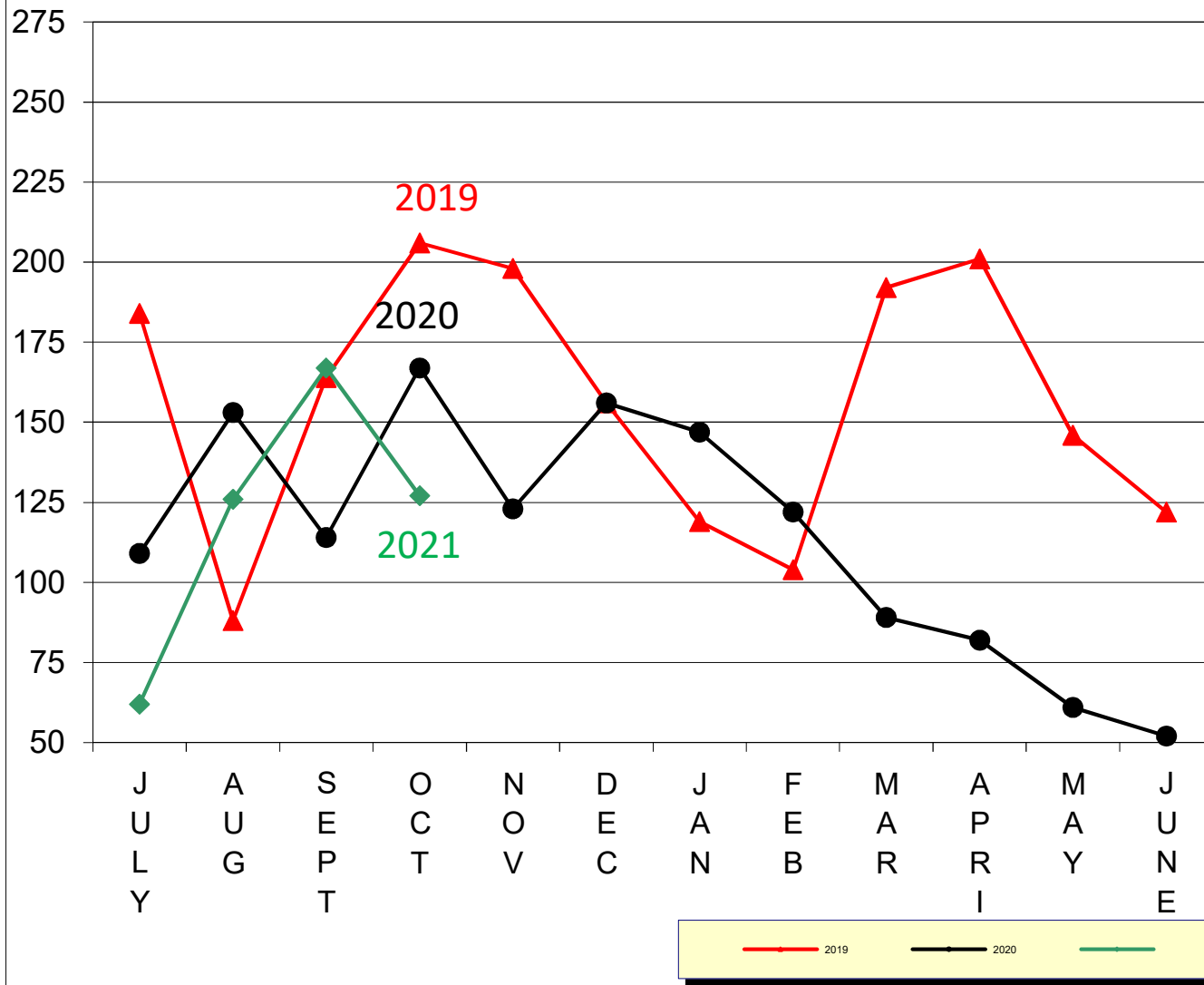
	OCTOBER 2020	SEPTEMBER 2020
CURRENT ASSETS		
Cash (General/Payroll/Petty Cash)	2,563,044	3,883,109
Reserve Cash (unrestricted)	17,354,517	17,318,028
Reserve Cash (restricted) - USDA Debt Serv / Construction	1,495,132	1,794,693
Accounts Receivable	7,583,506	7,180,153
County Treasury receivable	348,209	283,441
Less: Reserve for Uncollectibles	(920,404)	(821,617)
Reserve for Medicare/Medi-Cal	(2,090,446)	(2,008,500)
Inventories	719,069	684,497
Accounts Receivable - Other	1,268,807	970,945
Prepaid Expenses	452,526	428,288
Medicare/Medi-Cal Settlement	2,965,080	2,628,721
TOTAL CURRENT ASSETS	31,739,040	32,341,758
PROPERTY, PLANT AND EQUIPMENT		
Land	841,633	817,533
Building and Fixed Equipment	12,242,174	12,266,274
Equipment	12,669,317	12,669,317
Construction in Progress (other)	3,239,813	2,864,857
Hospital expansion	21,403,026	21,399,826
LESS: Reserve for Depreciation	(22,503,573)	(22,437,447)
TOTAL PROPERTY, PLANT AND EQUIPMENT	27,892,390	27,580,361
OTHER ASSETS (includes 2007 Bond / AP Bond / G.O. BOND)		
Bond Reserve Funds held by trustee	700	700
Unamortized Bond Discount	0	0
Unamortized Cost of Bond Defeasance	-	-
G.O. Bond - issue / discount / cost	6,826	6,826
TOTAL OTHER ASSETS	7,526	7,526
TOTAL ASSETS	59,638,955.30	59,929,644.22
CURRENT LIABILITIES		
Accounts Payable	451,423	460,063
Accrued Payroll	216,207	482,836
Accrued Payroll Taxes	(152,090)	14,522
Accrued Vacation & Holiday	665,944	665,849
Accrued Health Insurance	43,357	43,159
Accrued Interest	(859,123)	(877,034)
PRIME PLAN	0	375,000
HQAF	313,508	235,131
Rate Range	500,000	71,719
NOTES & LOANS PAYABLE	895,920	898,638
Current Portion of Medicare/Medi-Cal Settlement	527,335	778,638
TOTAL CURRENT LIABILITIES	2,602,481	3,148,520
LONG-TERM DEBT		
G.O. Bond	1,189,599	1,189,599
Capital Leases / Settlement pymt		
Leases	4,147	6,212
Notes & Loans Payable	2,395,248	2,395,248
GO BOND SERIES B & REFUNDING	20,668,127	20,668,127
TOTAL LONG-TERM DEBT	24,257,121	24,259,186
FUND EQUITY	32,683,728	32,521,938
TOTAL LIABILITIES AND FUND BALANCE	59,543,330.30	59,929,644.22
CURRENT RATIO:	11	12.20
		10.27

MAYERS MEMORIAL HOSPITAL
SUMMARY OF SERVICES - DEPOSITS - REFUNDS
- Fiscal Year 2021

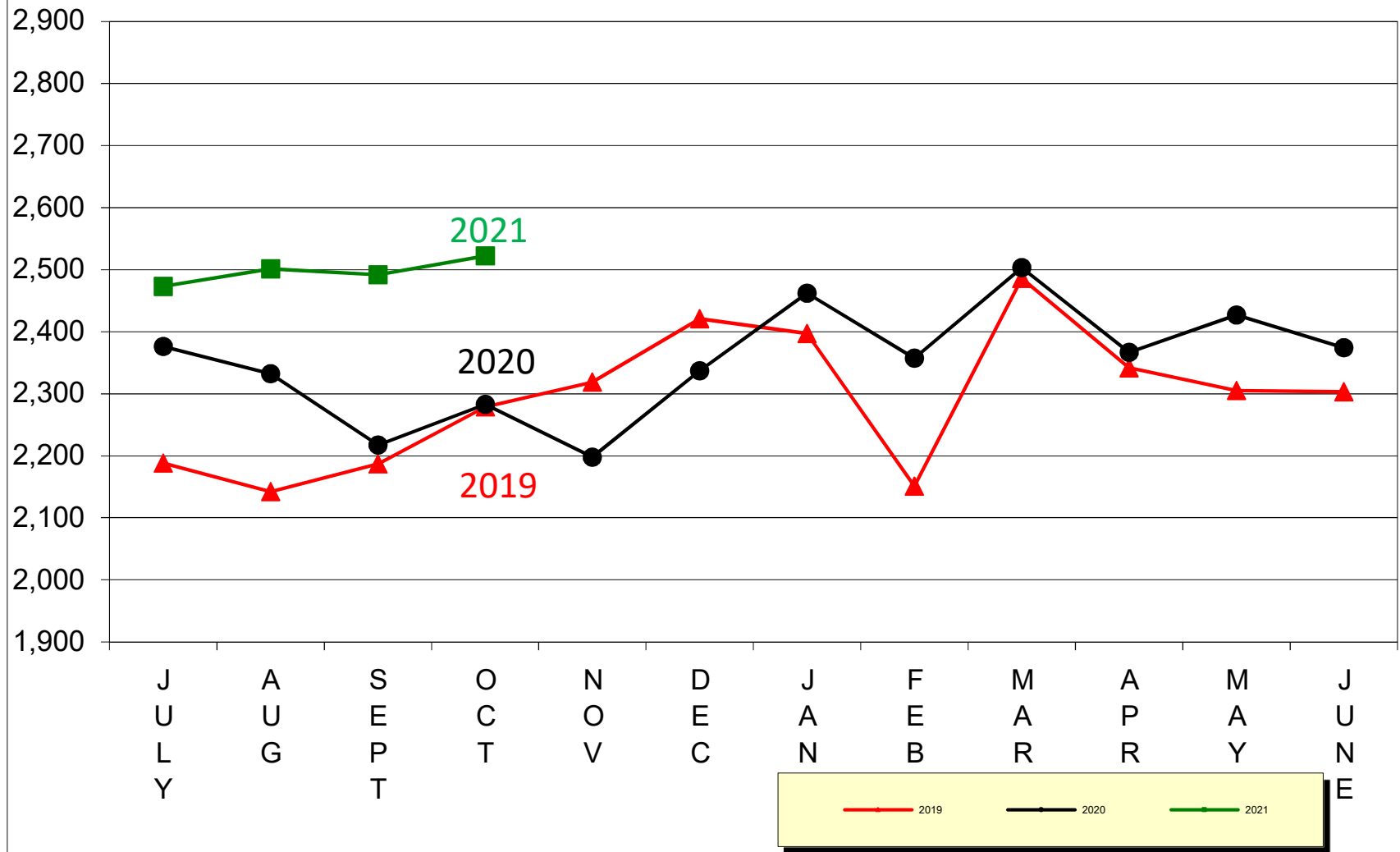
DATE:	REVENUE / SERVICES	AVERAGE DAILY REVENUE	TOTAL DEPOSITS	MISC. PAYMENTS	MISC. PYMTS PT RELATED	PATIENT PAYMENTS	ADJUSTMENT S & WRITE-OFFS	REFUNDS
July 31, 2020	3,206,828.01	103,446.06	1,721,141.25	107,164.97	15,578.00	1,598,398.28	1,274,600.67	15,524.07
August 31, 2020	3,566,316.27	115,042.46	2,266,956.33	476,865.38	-	1,790,090.95	1,169,945.29	45,898.87
September 30, 2020	3,502,869.43	116,762.31	2,267,356.01	59,885.97	103,687.50	2,103,782.54	1,348,338.98	3,153.96
October 31, 2020	3,532,668.88	113,957.06	2,152,140.02	68,833.95	15,578.00	2,067,728.07	1,223,244.73	487.96
November 30, 2020		-				-		
December 31, 2020		-				-		
January 30, 2021		-				-		
February 28, 2021		-				-		
March 31, 2021		-				-		
April 30, 2021		-				-		
May 31, 2021		-				-		
June 30, 2021		-				-		
YTD TOTAL	13,808,682.59	112,301.98	8,407,593.61	712,750.27	134,843.50	7,559,999.84	5,016,129.67	65,064.86

ACCOUNTS RECEIVABLE AGING					PAYOR MIX - YTD % OF REVENUE				
	OCTOBER \$ OUTSTANDING	OCTOBER DAYS OUT	SEPTEMBER DAYS OUT	AUGUST DAYS OUT		OCTOBER	SEPTEMBER	AUGUST	3 MONTH AVERAGE
MEDICARE	2,199,803.29	50.79	58.53	63.31	MEDICARE	37.11%	37.05%	38.57%	37.58%
MEDI - CAL	2,634,762.19	51.55	50.51	46.94	MEDI - CAL	44.28%	44.75%	44.06%	44.36%
THIRD PARTY	2,227,521.02	122.82	114.38	104.66	THIRD PARTY	16.32%	15.15%	15.74%	15.74%
PRIVATE	617,464.22				PRIVATE	2.28%	3.07%	1.64%	2.33%
LTC ONLY (INCLUDE)	1,493,317.21	46.98	48.47	48.73					
OVERALL	7,679,550.72	66.64	65.15	65.90					

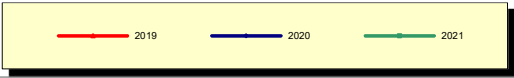
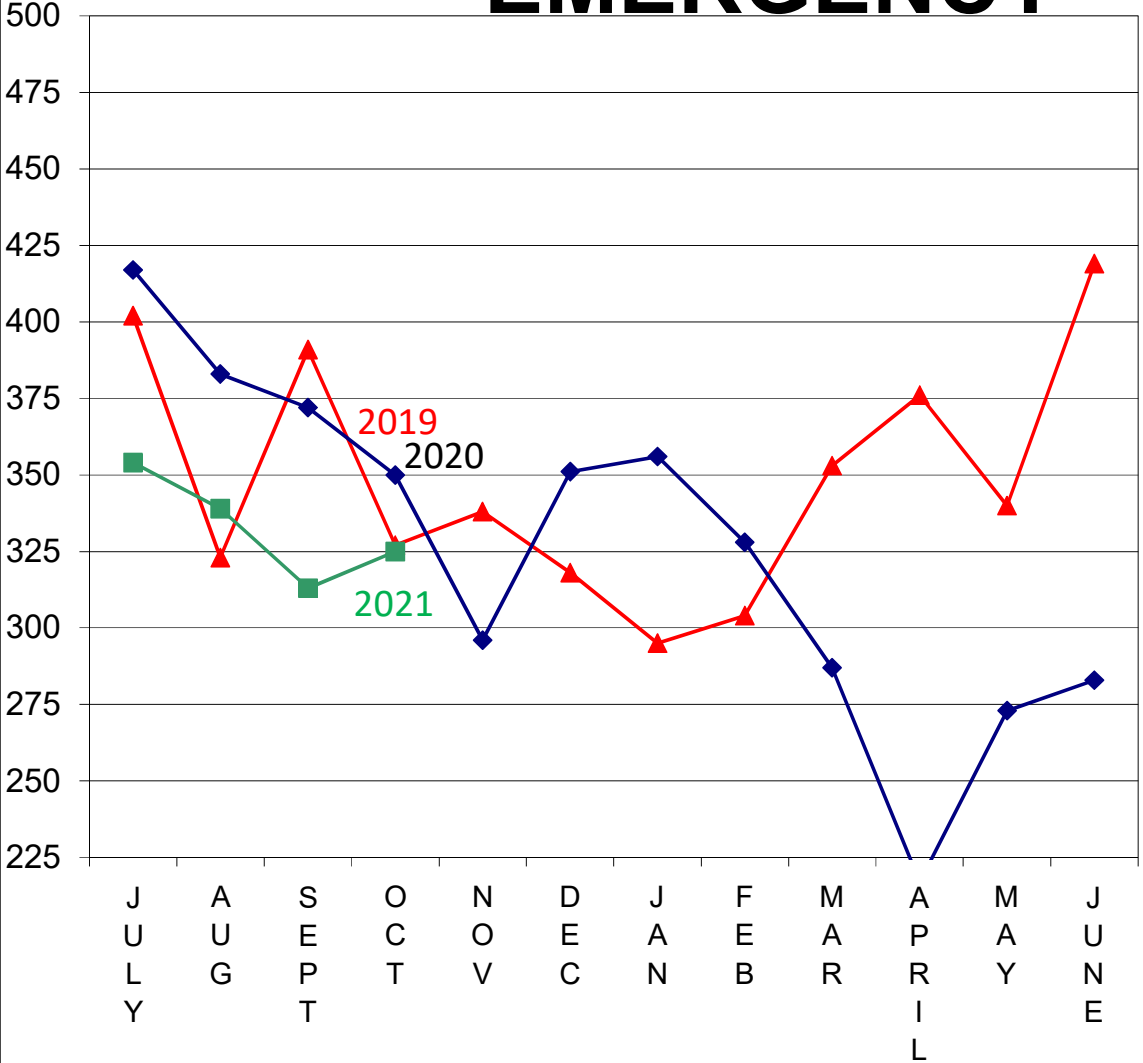
ACUTE / SWING PATIENT DAYS



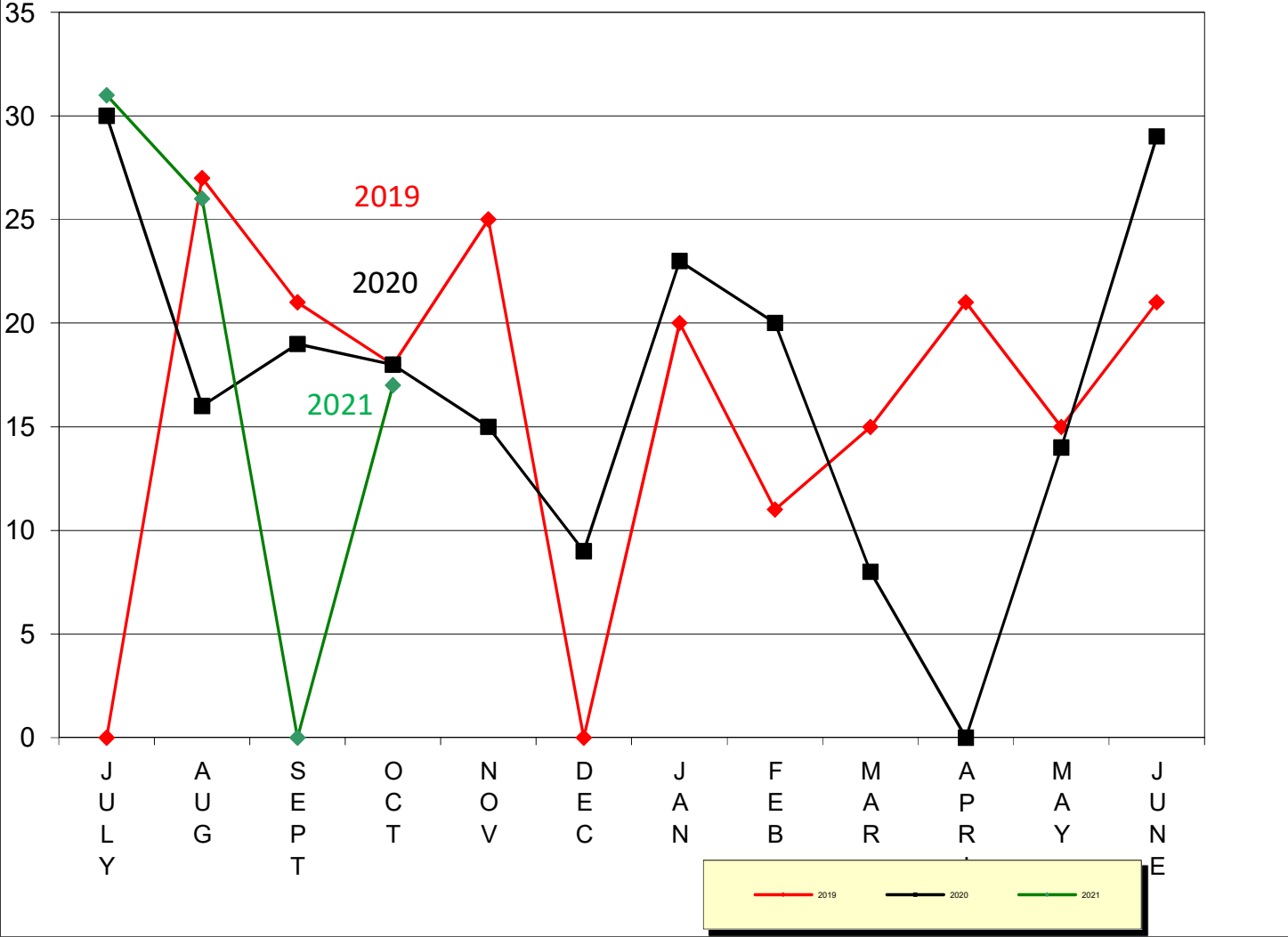
SNF PATIENT DAYS



EMERGENCY



SURGERY / OUTPATIENT PROCEDURES



**MAYERS MEMORIAL HOSPITAL
2020-2021 OPERATING ACTUAL**

	JULY	AUG	SEPT	OCT	NOV	DEC	Jan-21	FEB	MAR	APR	MAY	JUN	YTD FY 2021 ACTUAL	YTD Current Mth ACTUAL
Operating Revenue:														
Routine														
Acute	228,843.00	445,025.00	600,158.00	460,704.00	-	-	-	-	-	-	-	-	1,734,730.00	1,551,394
SNF	1,020,182.94	1,046,029.31	1,072,699.83	1,056,767.29	-	-	-	-	-	-	-	-	4,195,679.37	3,792,316
Acute Ancillary	163,379.70	179,967.20	265,292.55	202,312.50	-	-	-	-	-	-	-	-	810,951.95	865,585
SNF Ancillary	298.00	924.00	8.00	(51.00)	-	-	-	-	-	-	-	-	1,179.00	342
Outpatient	2,096,621.01	1,919,883.07	1,596,769.88	1,835,959.38	-	-	-	-	-	-	-	-	7,449,233.34	8,272,663
	3,509,324.65	3,591,828.58	3,534,928.26	3,555,692.17	-	-	-	-	-	-	-	-	14,191,773.66	14,482,301
Less Deductions:														
Contractuals - Care/Cal	917,579.99	731,408.51	737,551.82	758,017.08	-	-	-	-	-	-	-	-	3,144,557.40	4,055,141
Contractuals - PPO	76,752.99	137,171.96	77,299.96	83,361.57	-	-	-	-	-	-	-	-	374,586.48	421,780
Charity Care & Write off	26,616.86		97.40	-	-	-	-	-	-	-	-	-	26,714.26	42,852
Other Contractual write offs	32,573.28	80,169.43	22,261.64	24,025.15	-	-	-	-	-	-	-	-	159,029.50	139,184
Medicare													-	0
Medi-Cal													-	0
PPO's													-	0
Administrative & Other													-	0
Provision For Bad Debts	85,310.41	109,094.37	70,260.59	89,419.78	-	-	-	-	-	-	-	-	354,085.15	286,322
Total Deductions	1,138,833.53	1,057,844.27	907,471.41	954,823.58	-	-	-	-	-	-	-	-	4,058,972.79	4,945,279
Other Revenue	19,553.17	79,775.55	14,739.04	30,588.18	-	-	-	-	-	-	-	-	144,655.94	89,844
Net Revenue	2,390,044.29	2,613,759.86	2,642,195.89	2,631,456.77	-	-	-	-	-	-	-	-	10,277,456.81	9,626,866
														0
Operating Expenses:														
Salaries - Productive	1,015,951.27	1,071,446.64	966,440.01	1,002,914.78	-	-	-	-	-	-	-	-	4,056,752.70	3,486,370
Salaries - Non-productive	109,851.27	147,048.45	127,845.82	113,812.84	-	-	-	-	-	-	-	-	498,558.38	430,029
Employee Benefits	282,086.36	323,694.05	316,709.61	341,699.89	-	-	-	-	-	-	-	-	1,264,189.91	954,477
Supplies	225,466.78	264,039.27	243,318.37	292,477.67	-	-	-	-	-	-	-	-	1,025,302.09	1,060,541
Professional Fees	148,051.68	158,562.18	132,917.12	148,437.83	-	-	-	-	-	-	-	-	587,968.81	585,892
Acute/Swing travelers	16,933.75	2,192.00	4,091.75	19,370.44	-	-	-	-	-	-	-	-	42,587.94	229,021
SNF travelers	149,795.45	150,904.14	178,571.19	179,984.22	-	-	-	-	-	-	-	-	659,255.00	774,804
Ancillary travelers	52,799.75	129,307.03	97,285.20	63,226.25	-	-	-	-	-	-	-	-	342,618.23	434,348
Other Purchased Services	143,867.26	119,920.06	162,176.33	161,654.04	-	-	-	-	-	-	-	-	587,617.69	517,941
Repairs & Maintenance	24,809.56	22,359.64	20,914.00	32,488.90	-	-	-	-	-	-	-	-	100,572.10	112,941
Utilities	52,239.15	53,857.95	33,130.78	55,329.14	-	-	-	-	-	-	-	-	194,557.02	210,303
Insurance	25,559.13	39,766.54	25,419.38	25,419.49	-	-	-	-	-	-	-	-	116,164.54	102,107
Other Expense	39,675.05	67,946.31	53,567.84	37,693.34	-	-	-	-	-	-	-	-	198,882.54	187,208
Depreciation	62,993.54	62,954.27	62,315.52	63,319.69	-	-	-	-	-	-	-	-	251,583.02	267,968
Bond Repayment Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Bond Repayment Interest	17,910.82	17,910.82	17,910.82	17,910.82	-	-	-	-	-	-	-	-	71,643.28	71,643
Interest	2,044.95	2,124.89	3,427.40	3,961.30	-	-	-	-	-	-	-	-	11,558.54	9,636
Rent/Lease Equipment	4,907.29	7,058.68	12,839.32	17,014.55	-	-	-	-	-	-	-	-	41,819.84	(44)
Total Operating Expense	2,374,943.06	2,641,092.92	2,458,880.46	2,576,715.19	-	-	-	-	-	-	-	-	10,051,631.63	9,435,185
Net Operating Rev over Expense	15,101.23	(27,333.06)	183,315.43	54,741.58	-	-	-	-	-	-	-	-	225,825.18	191,681
														0
Non-Operating Revenue:														
Non-operating Revenue	267,332.95	381,667.46	270,604.35	251,949.56	-	-	-	-	-	-	-	-	1,171,554.32	1,172,561
Interest Income	52,947.31	605.35	425.27	36,928.32	-	-	-	-	-	-	-	-	90,906.25	37,999
Other non-operating Expense	83,624.59	141,824.80	149,668.10	160,457.16	-	-	-	-	-	-	-	-	535,574.65	322,828
Total Non-Operating Revenue	236,655.67	240,448.01	121,361.52	128,420.72	-	-	-	-	-	-	-	-	726,885.92	887,732
Net Revenue over Expense	251,756.90	213,114.95	304,676.95	183,162.30	-	-	-	-	-	-	-	-	952,711.10	1,079,413
DIFF s/b 0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DAYS CASH ON HAND (MTD)	293.71	259.88	265.39	245.66	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	YTD	815.82
AVERAGE YTD	293.71	276.80	272.99	266.16	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		

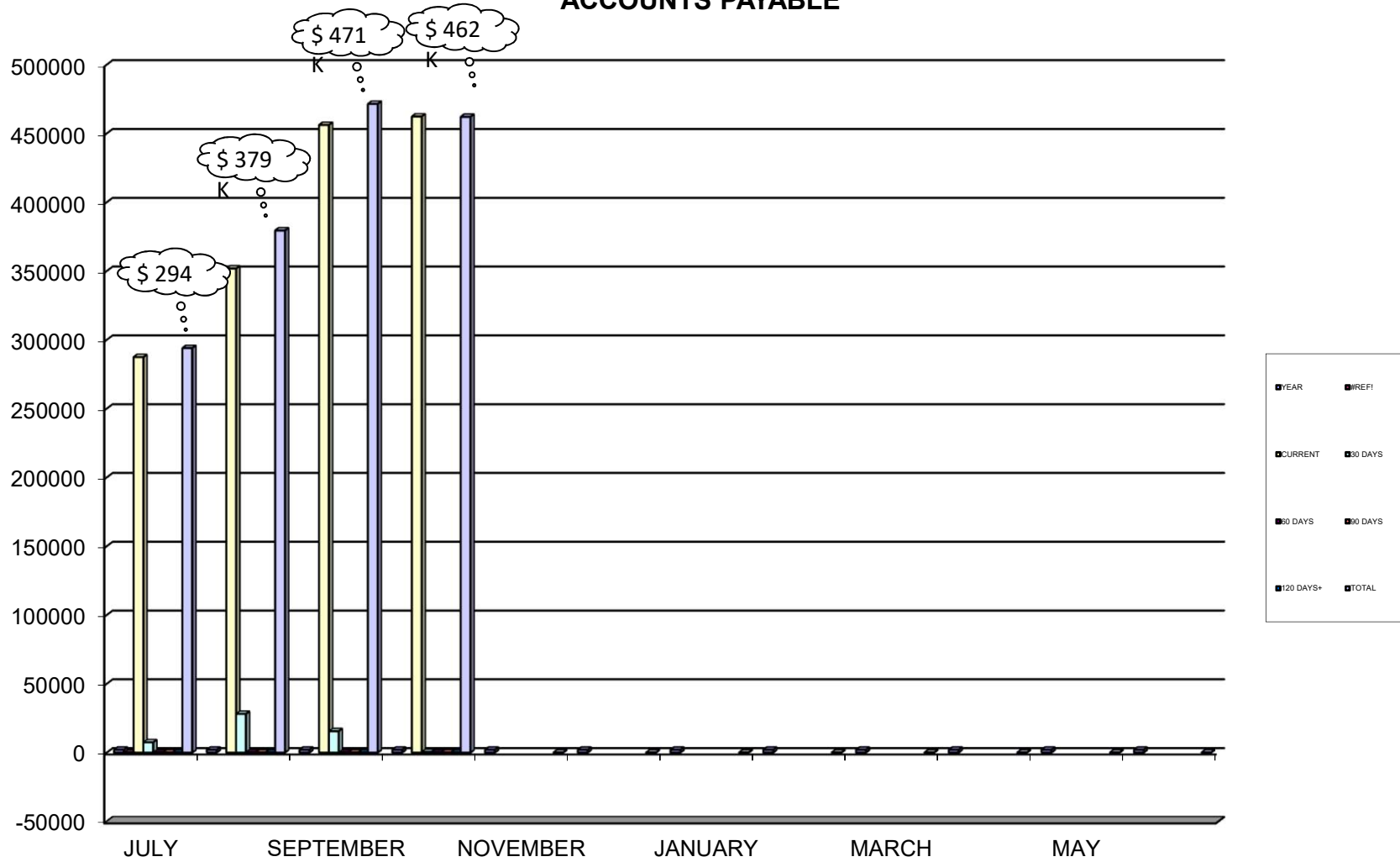
Retail Pharmacy Financials**OCTOBER**

Total Revenue			<u>131,632.09</u>
Opening Inventory 10/1/20		168,112.57	
+ Purchases			
RETAIL PHARMACY - PHARMACEUTICALS	9550-3810	91,918.29	
RETAIL PHARMACY - FREIGHT	9550-6810	29.87	
Less Closing Inventory 10/31/20		181,183.49	
Less Cost of Goods Sold			<u>78,877.24</u>
Gross Profit			<u>52,754.85</u>
Less Other Operating Expenses			
RETAIL PHARMACY - MANAGEMENT	9550-0000	12,865.46	
RETAIL PHARMACY - PHARMACIST	9550-0010	992.18	
RETAIL PHARMACY - TECH SPEC	9550-0110	7,583.02	
RETAIL PHARMACY - SICK PAY	9550-1210	-	
RETAIL PHARMACY - VAC & HOL PAY	9550-1810	-	
RETAIL PHARMACY - MEDICARE TAX	9550-0810	278.44	
RETAIL PHARMACY - FICA TAX	9550-1010	1,190.58	
RETAIL PHARMACY - WRKM'S COMP INS	9550-1610	606.19	
RETAIL PHARMACY - OTHER PURCHASED SERV	9550-6910	330.00	
RETAIL PHARMACY - REPAIRS & MAINT	9550-6210	-	
RETAIL PHARMACY - UTILITIES OTHER	9550-8010	375.42	
RETAIL PHARMACY - LICENSES & TAXES	9550-8310	6.73	
RETAIL PHARMACY - DUES & SUBSCRIP	9550-8610	-	
RETAIL PHARMACY - OUTSIDE TRAINING	9550-8710	-	
RETAIL PHARMACY - TRAVEL	9550-8810	176.60	
RETAIL PHARMACY - MILEAGE	9550-8811	-	
RETAIL PHARMACY - OTHER EXPENSES	9550-9010	-	
RETAIL PHARMACY - DEPRECIATION	9550-7410	2,806.64	
RETAIL PHARMACY - RENT / LEASE EQUIP	9550-7610	-	
RETAIL PHARMACY - IV SOLUTIONS	9550-3710	-	
RETAIL PHARMACY-340B Drug Expenses	9550-3811	40,910.28	
RETAIL PHARMACY - MEDICAL SUPPLIES	9550-4110	-	
RETAIL PHARMACY - OFFICE SUPPLIES	9550-4610	69.70	
RETAIL PHARMACY - MINOR EQUIPMENT	9550-4910	-	
RETAIL PHARMACY - NON-MED SUPPLIES	9550-5010	317.76	
RETAIL PHARMACY - OTHER PUR SERV TRAV	9550-6931	-	
Total Expenses			<u>68,509.00</u>
Net Profit (LOSS)			<u>(15,754.15)</u>
YTD Profit (LOSS)			(36,881)

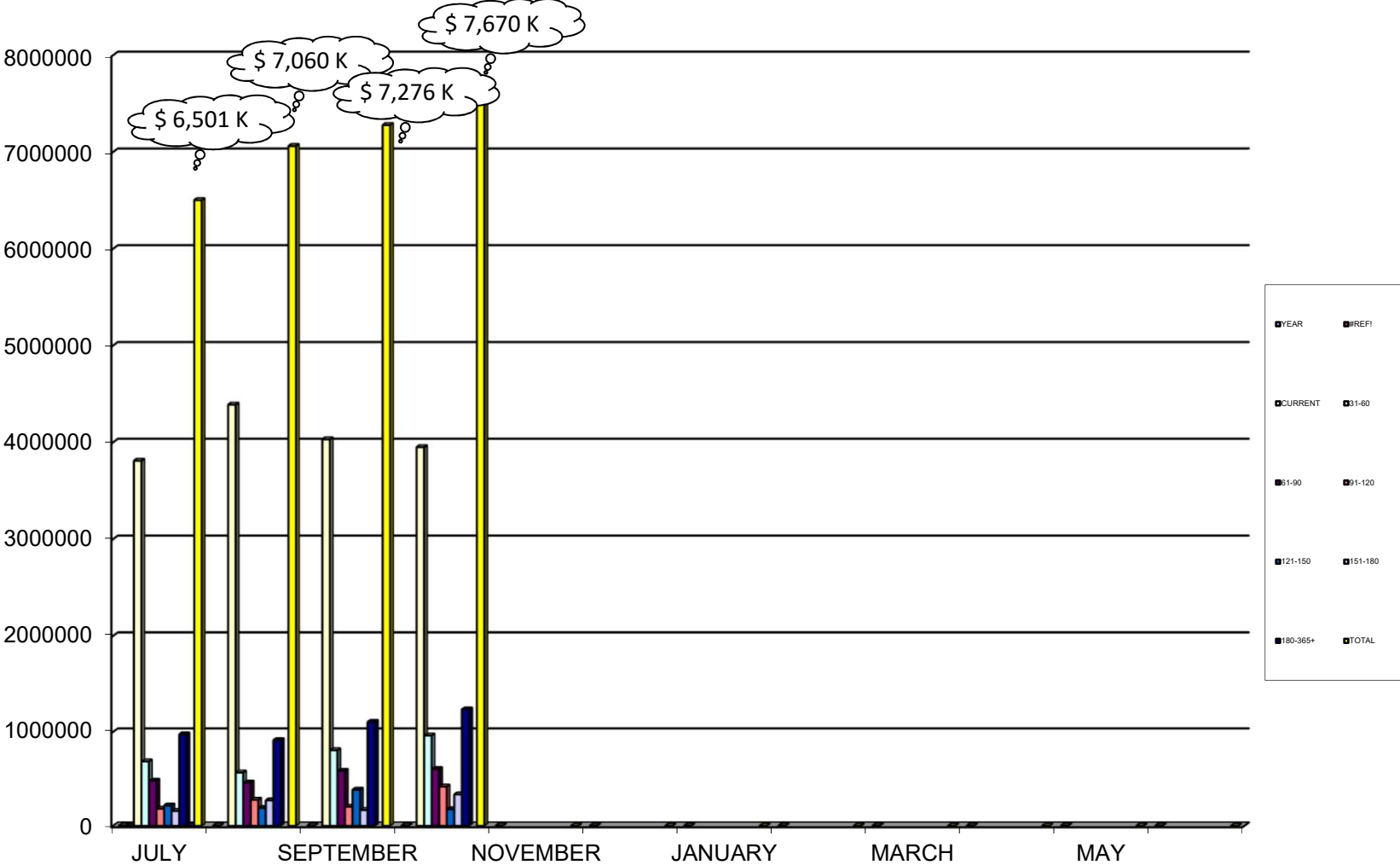
**MAYERS MEMORIAL HOSPITAL
2019-2020 OPERATING ACTUAL**

	Jul-19	AUG	SEPT	OCT	NOV	DEC	Jan-20	FEB	MAR	APR	MAY	JUN	YEAR TO DATE 6/30/2020 ACTUAL	FY YTD ACTUAL
Operating Revenue:														
Routine														
Acute	313,479	441,527	326,202	470,186	346,791	432,220	412,581	363,080	258,135	227,123	209,359	180,213	3,980,896	1,551,394
SNF	984,709	950,524	907,241	949,841	909,367	966,344	1,014,373	1,027,280	1,081,897	1,020,940	1,038,132	1,023,147	11,873,796	3,792,316
Ancillary														0
Acute	174,100	250,072	155,539	285,875	193,353	276,597	220,258	222,591	127,821	149,524	52,640	76,958	2,185,326	865,585
SNF	0	0	0	342	(2,487)	0	309	0	0	0	0	1,345	(491)	342
Outpatient	2,113,426	2,082,449	2,030,839	2,045,949	1,652,962	1,585,654	1,820,548	1,658,574	1,628,329	1,155,709	1,455,108	1,837,180	21,066,727	8,272,663
	3,585,714	3,724,572	3,419,821	3,752,193	3,099,986	3,260,815	3,468,068	3,271,525	3,096,182	2,553,296	2,755,239	3,118,843	39,106,255	14,482,301
Less Deductions:														0
Contractuals - Care/Cal	971,035	1,297,165	1,190,065	596,876	477,284	843,277	765,277	185,586	98,423	(3,523,315)	707,076	93,012	3,701,762	4,055,141
Contractuals - PPO	121,937	111,592	95,572	92,679	84,337	86,074	67,618	215,396	162,839	109,519	57,605	74,562	1,279,729	421,780
Charity Care & Write off	0	17,856	23,229	1,767	3,008	61,704	(0)	(1,364)	9,247	0	117,071	6,071	238,589	42,852
Other Contractual write offs	19,195	41,824	56,094	22,071	69,207	45,691	44,806	103,350	34,826	67,207	109,711	23,867	637,848	139,184
Provision For Bad Debts	130,441	45,088	(20,644)	131,437	58,457	(101,104)	37,267	172,762	85,040	(15,978)	(68,955)	74,124	527,934	286,322
Total Deductions	1,242,608	1,513,526	1,344,316	844,829	692,293	935,641	914,967	675,729	390,376	(3,362,567)	922,508	271,636	6,385,862	4,945,279
Other Revenue	33,527	18,084	18,708	19,525	52,038	18,991	63,317	43,229	58,616	109,901	154,377	(29,379)	560,934	89,844
Net Revenue	2,376,634	2,229,130	2,094,212	2,926,890	2,459,731	2,344,165	2,616,419	2,639,024	2,764,421	6,025,764	1,987,108	2,817,828	33,281,326	9,626,866
														0
Operating Expenses:														
Salaries - Productive	929,473	954,328	970,269	632,300	831,942	647,311	971,494	1,011,763	972,747	992,883	998,651	898,852	10,812,013	3,486,370
Salaries - Non-productive	99,188	134,399	105,704	90,738	80,226	100,770	136,688	156,696	91,150	84,521	88,893	105,344	1,274,316	430,029
Employee Benefits	251,993	250,748	228,269	223,467	224,331	233,356	250,093	274,797	298,546	270,193	260,913	273,443	3,040,149	954,477
Supplies	220,876	261,401	233,431	344,833	232,944	224,732	277,529	124,749	278,528	319,285	109,896	338,567	2,966,771	1,060,541
Professional Fees	145,243	139,362	161,045	140,243	134,589	162,455	131,880	133,609	171,414	146,500	143,783	152,257	1,762,379	585,892
Acute/Swing travelers	51,370	55,475	53,318	68,857	34,284	66,538	65,024	26,533	28,511	27,393	11,700	31,493	520,496	229,021
SNF travelers	200,578	180,861	216,727	176,638	119,779	308,370	158,349	164,041	152,163	147,535	129,502	169,649	2,124,191	774,804
Ancillary travelers	91,768	93,419	142,190	106,971	101,041	116,988	124,359	95,120	53,410	72,460	68,743	105,994	1,172,461	434,348
Other Purchased Services	91,018	147,700	145,029	134,194	128,421	160,136	191,655	160,467	204,222	102,842	141,471	167,462	1,774,618	517,941
Repairs & Maintenance	32,968	36,117	24,262	19,594	(20,077)	19,785	27,247	26,606	27,746	45,324	27,135	27,943	294,650	112,941
Utilities	47,035	53,399	61,538	48,331	53,643	55,659	57,818	59,578	54,787	53,520	48,250	70,123	663,681	210,303
Insurance	35,534	22,051	22,331	22,191	22,191	22,191	22,191	22,191	22,191	22,191	22,191	8,758	266,200	102,107
Other Expense	40,571	51,167	41,725	53,745	37,286	46,069	121,109	53,541	49,989	45,871	149,311	49,483	739,866	187,208
Depreciation	67,452	67,263	66,759	66,494	129,360	72,774	72,529	72,529	72,529	72,529	72,196	65,182	897,596	267,968
Bond Repayment Insurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bond Repayment Interest	17,911	17,911	17,911	17,911	17,911	17,911	17,911	17,911	17,911	17,911	17,911	17,911	214,930	71,643
Interest	2,225	2,382	2,413	2,616	2,517	2,091	2,204	1,991	2,353	2,491	2,398	2,045	27,726	9,636
Rent/Lease Equipment	(14,475)	6,500	4,523	3,408	2,275	4,438	4,061	7,088	8,342	8,224	5,206	8,583	48,172	(44)
Total Operating Expense	2,310,727	2,474,483	2,497,444	2,152,531	2,132,662	2,261,574	2,632,139	2,409,210	2,506,537	2,431,672	2,298,148	2,493,086	28,600,214	9,435,185
Net Operating Rev over Expense	65,907	(245,353)	(403,232)	774,359	327,068	82,592	(15,721)	229,814	257,884	3,594,092	(311,040)	324,742	4,681,112	191,681
														0
Non-Operating Revenue:														
Non-operating Revenue	655,108	148,708	158,439	210,306	580,022	775,440	252,437	225,526	264,276	762,676	4,139,811	31,860	8,204,610	1,172,561
Interest Income	0	0	0	37,999	0	0	51,936	0	0	44,183	0	0	134,118	37,999
Other non-operating Expense	6,942	103,819	80,455	131,612	99,579	106,703	121,709	132,273	102,553	162,275	140,728	124,016	1,312,665	322,828
Total Non-Operating Revenue	648,165	44,889	77,984	116,694	480,442	668,737	182,664	93,254	161,722	644,584	3,999,082	(92,155)	7,026,063	887,732
Net Revenue over Expense	714,072	(200,465)	(325,248)	891,053	807,511	751,329	166,944	323,067	419,606	4,238,676	3,688,043	232,587	11,707,175	1,079,413

ACCOUNTS PAYABLE



ACCOUNTS RECEIVABLE



ACCOUNTS RECEIVABLE

<u>MONTH</u>	<u>YEAR</u>	<u>CURRENT</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-150</u>	<u>151-180</u>	<u>180-365+</u>	<u>TOTAL</u>
JULY	2020	3,808,505.41	684,081.14	478,769.78	182,797.53	216,095.25	158,177.56	972,686.12	6,501,112.79
AUGUST	2020	4,387,751.78	566,156.56	458,532.33	276,242.35	190,206.62	270,647.64	910,740.75	7,060,278.03
SEPTEMBER	2020	4,030,146.38	803,219.40	584,507.49	202,684.14	383,397.08	168,675.77	1,104,241.44	7,276,871.70
OCTOBER	2020	3,949,311.60	960,333.45	604,173.98	418,005.43	176,858.64	333,873.33	1,236,994.29	7,679,550.72
NOVEMBER	2020								0.00
DECEMBER	2020								0.00
JANUARY	2021								0.00
FEBRUARY	2021								0.00
MARCH	2021								0.00
APRIL	2021								0.00
MAY	2021								0.00
JUNE	2021								0.00

ACCOUNTS PAYABLE (includes accrued payables)

<u>MONTH</u>	<u>YEAR</u>	<u>CURRENT</u>	<u>30 DAYS</u>	<u>60 DAYS</u>	<u>90 DAYS</u>	<u>120 DAYS+</u>	<u>TOTAL</u>
JULY	2020	287,401.93	7,427.81	50.68	0.00	(909.90)	293,970.52
AUGUST	2020	351,774.23	28,113.84	220.99	0.00	(654.90)	379,454.16
SEPTEMBER	2020	456,106.23	15,505.86	0.00	(105.75)	(94.20)	471,412.14
OCTOBER	2020	462,259.62	408.82	15.53	0.00	(654.90)	462,029.07
NOVEMBER	2020						0.00
DECEMBER	2020						0.00
JANUARY	2021						0.00
FEBRUARY	2021						0.00
MARCH	2021						0.00
APRIL	2021						0.00
MAY	2021						0.00
JUNE	2021						0.00

MONTHLY COLLECTIONS - OBLIGATIONS FISCAL YEAR 2021

	2021											
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
BEGINNING AP BALANCE	1,368,758.41	293,970.52	379,454.16	471,412.14	462,029.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BEGINNING CREDIT LINE BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>CASH COLLECTIONS</u>												
PATIENT PAYMENTS	1,665,061.10	1,965,024.61	2,125,689.76	2,103,511.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COST REPORT SETTLEMENTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DSH (Disproportionate Share)	15,578.00	0.00	0.00	15,578.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OUTPATIENT SUPPLEMENTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DPNF SUPPLEMENTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E.H.R. MCAL/MCARE INCENTIVES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
USDA FUNDING	539,674.67	127,021.99	458,180.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRIME	0.00	0.00	35,572.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IGT RATE RANGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
QIP LTC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HQAF	0.00	0.00	103,687.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2017 G.O. BOND	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SPECIAL - WINDMILL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	30,014.65	290,715.00	772.47	31,643.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RENTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
VENDING / CAFETERIA	1,487.50	1,367.12	1,633.78	1,406.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Telemed Grant (HRSA)	9,000.00	9,813.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mayers Healthcare Foundation	7,119.00	22,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MISC (REBATES/REIMB, CARES ACT ETC)	36,771.73	153,550.00	23,541.00	153.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>TOTAL COLLECTIONS</u>	2,304,706.65	2,569,491.80	2,749,077.93	2,152,293.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>EXPENSES</u>												
INCOME STATEMENT EXPENSES	2,309,904.57	2,576,013.76	2,393,137.54	2,509,434.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ASSET EXPENSES	0.00	6,000.00	39,923.21	24,100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CIP EXPENSES	318,690.83	591,238.33	916,874.32	378,155.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IGT EXPENSES / PRIME REPYMT/ HQAF	0.00	0.00	0.00	255,596.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
USDA PRIN-INT PYMTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE/MCAL REPAYMENT PLANS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CAPITAL LEASES	2,082.58	2,082.58	2,082.58	2,082.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>TOTAL EXPENSES</u>	2,630,677.98	3,175,334.67	3,352,017.65	3,169,368.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>collections less expenses</u>	(325,971.33)	(605,842.87)	(602,939.72)	(1,017,075.33)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ENDING AP BALANCE	293,970.52	379,454.16	471,412.14	462,029.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ENDING CREDIT LINE BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

average

beg balance

595,124.86
0.00

YTD total

cash collections

7,859,287.43
0.00
31,156.00
0.00
0.00
0.00
1,124,877.58
35,572.50
0.00
0.00
103,687.50
0.00
0.00
353,145.43
0.00
5,895.15
18,813.08
29,119.00
214,016.28

9,775,569.95

YTD total

expenses

9,788,490.07
70,023.21
2,204,958.99
255,596.61
0.00
0.00
8,330.32

12,327,399.20

(2,551,829.25)

average

ending balance

401,716.47
0.00

MONTHLY COLLECTIONS - OBLIGATIONS FISCAL YEAR 2020

	2019						2020						average
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	beg balance
BEGINNING AP BALANCE	464,958.41	489,204.13	565,004.61	500,949.55	606,967.36	294,555.16	460,952.68	493,266.07	242,261.91	448,978.72	469,315.46	621,654.80	457,568.88
BEGINNING CREDIT LINE BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>CASH COLLECTIONS</u>													<u>YTD total</u>
PATIENT PAYMENTS	2,054,550.07	2,023,782.09	1,774,139.24	2,276,150.54	2,077,542.19	1,980,831.00	2,008,536.70	1,980,838.09	2,068,619.51	1,896,703.33	2,036,163.31	1,612,181.31	23,790,037.38
COST REPORT SETTLEMENTS	0.00	0.00	31,219.00	0.00	0.00	0.00	0.00	0.00	0.00	948,040.00	30,836.00	513,000.00	1,523,095.00
DSH (Disproportionate Share)	17,006.00	146.65	0.00	0.00	17,005.00	0.00	17,006.03	1,203.35	0.00	15,578.00	0.00	0.00	67,945.03
OUTPATIENT SUPPLEMENTAL	54,237.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	914,187.71	78,191.08	0.00	1,046,615.87
DPNF SUPPLEMENTAL	0.00	0.00	0.00	10,661.04	44,170.42	0.00	0.00	0.00	124,129.10	1,103,896.49	0.00	0.00	1,282,857.05
E.H.R. MCAL/MCARE INCENTIVES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
USDA FUNDING	722,137.57	1,619,108.25	1,171,809.59	485,745.02	0.00	926,284.79	723,370.50	0.00	277,012.93	0.00	0.00	0.00	5,925,468.65
PRIME	0.00	0.00	0.00	0.00	675,000.00	0.00	0.00	0.00	0.00	0.00	573,750.00	0.00	1,248,750.00
IGT RATE RANGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,425,504.48	0.00	0.00	4,425,504.48
QIP LTC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HQAF	0.00	0.00	0.00	156,477.74	0.00	12,205.23	0.00	0.00	3,358,986.58	46,948.67	0.00	227,448.23	3,802,066.45
2017 G.O. BOND	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SPECIAL - WINDMILL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	20,930.11	4,147.05	837.32	29,321.61	41.71	6,636.58	386,176.88	96,141.01	16.40	0.00	295,400.87	0.00	839,649.54
RENTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
VENDING / CAFETERIA	3,564.40	3,884.73	4,564.52	2,391.97	3,204.59	2,952.59	4,534.07	4,257.74	1,139.10	0.00	0.00	850.00	31,343.71
MISC (REBATES/REIMB, CARES ACT ETC)	540,128.99	17,453.67	12,597.73	15,790.83	47,445.12	537,401.96	5,282.25	12,398.09	56,852.76	547,471.22	3,947,330.39	245,624.60	5,985,777.61
<u>TOTAL COLLECTIONS</u>	3,412,554.22	3,668,522.44	2,995,167.40	2,976,538.75	2,864,409.03	3,466,312.15	3,144,906.43	2,094,838.28	5,886,756.38	9,898,329.90	6,961,671.65	2,599,104.14	49,969,110.77
<u>EXPENSES</u>													<u>YTD total</u>
INCOME STATEMENT EXPENSES	2,241,050.00	2,404,838.00	2,428,272.00	2,083,420.82	2,000,784.87	2,186,708.20	2,557,406.62	2,336,681.35	2,431,655.70	2,356,651.67	2,223,553.92	2,425,859.21	27,676,882.36
ASSET EXPENSES	0.00	0.00	0.00	0.00	883,011.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	883,011.43
CIP EXPENSES	871,023.18	2,088,240.00	1,352,052.41	169,228.41	844,942.85	997,518.70	1,047,291.49	34,046.91	186,035.01	277,253.45	561,547.50	1,169,223.71	9,598,403.62
IGT EXPENSES / PRIME REPYMT/ HQAF	0.00	0.00	0.00	337,500.00	0.00	0.00	1,010,999.00	0.00	1,543,334.00	286,950.00	120,475.58	0.00	3,299,258.58
USDA PRIN-INT PYMTS	0.00	0.00	328,696.29	0.00	0.00	0.00	0.00	0.00	283,982.46	0.00	0.00	0.00	612,678.75
MEDICARE/MCAL REPAYMENT PLANS	0.00	0.00	31,219.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,219.00
CAPITAL LEASES	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	24,990.96
<u>TOTAL EXPENSES</u>	3,114,155.76	4,495,160.58	4,142,322.28	2,592,231.81	3,730,821.73	3,186,309.48	4,617,779.69	2,372,810.84	4,447,089.75	2,922,937.70	2,907,659.58	3,597,165.50	42,126,444.70
<u>collections less expenses</u>	298,398.46	(826,638.14)	(1,147,154.88)	384,306.94	(866,412.70)	280,002.67	(1,472,873.26)	(277,972.56)	1,439,666.63	6,975,392.20	4,054,012.07	(998,061.36)	7,842,666.07
													<u>average</u>
ENDING AP BALANCE	489,204.13	565,004.61	500,949.55	606,967.36	294,555.16	460,952.68	493,266.07	242,261.91	448,978.72	469,315.46	621,654.80	1,368,758.41	455,793.35
ENDING CREDIT LINE BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
													<u>ending balance</u>

MONTHLY COLLECTIONS - OBLIGATIONS FISCAL YEAR 2019

	2018					2019						average	
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	beg balance
BEGINNING AP BALANCE	376,923.71	272,028.97	234,986.52	406,231.17	345,087.81	254,834.80	458,399.76	636,982.41	720,959.31	192,824.43	394,889.29	211,741.55	390,377.11
BEGINNING CREDIT LINE BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
													YTD total
CASH COLLECTIONS													cash collections
PATIENT PAYMENTS	1,674,419.83	1,607,357.78	1,928,154.51	1,824,762.09	1,725,299.50	1,721,719.72	1,933,020.84	1,374,465.47	1,752,143.85	1,945,223.92	1,942,912.05	1,746,357.46	21,175,837.02
COST REPORT SETTLEMENTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	595,947.00	0.00	0.00	249,000.00	0.00	844,947.00
DSH (Disproportionate Share)	15,726.00	0.00	66,730.43	32,449.00	0.00	0.00	15,728.96	0.00	0.00	17,789.25	0.00	0.00	148,423.64
OUTPATIENT SUPPLEMENTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	760,234.86	0.00	0.00	0.00	760,234.86
DPNF SUPPLEMENTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	396,400.10	0.00	0.00	0.00	396,400.10
E.H.R. MCAL/MCARE INCENTIVES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
USDA FUNDING	543,907.84	681,735.00	154,419.86	0.00	754,603.43	8,952.95	0.00	2,306,184.28	0.00	1,123,268.29	600,322.68	0.00	6,173,394.33
PRIME	0.00	0.00	0.00	0.00	1,250,000.00	0.00	0.00	0.00	0.00	0.00	0.00	675,000.00	1,925,000.00
IGT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,082,831.92	202,794.00	4,285,625.92
QIP LTC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HQARF	0.00	206,704.81	0.00	22,485.09	223,467.90	0.00	0.00	223,467.90	0.00	9,246.71	4,695,888.93	186,775.56	5,568,036.90
2017 G.O. BOND	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SPECIAL - WINDMILL	0.00	400,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	400,000.00
TAXES	12,936.82	26,157.10	824.33	89,331.02	1,809.92	11,466.49	369,161.43	7,509.24	55,518.65	823.50	289,203.41	40,712.88	905,454.79
RENTS	4,464.00	0.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	0.00	6,696.00	0.00	2,232.00	26,784.00
VENDING / CAFETERIA	2,002.55	3,392.05	2,457.80	4,405.79	3,275.14	3,530.53	3,455.13	4,257.74	3,754.31	3,943.77	4,361.01	4,108.94	42,944.76
MISC (REBATES/REIMB ETC)	15,337.82	29,884.69	32,891.26	108,748.16	13,665.82	39,931.31	17,723.31	131,847.89	33,790.21	1,073,668.59	162,809.31	10,590.34	1,670,888.71
TOTAL COLLECTIONS	2,268,794.86	2,955,231.43	2,187,710.19	2,084,413.15	3,974,353.71	1,787,833.00	2,341,321.67	4,645,911.52	3,001,841.98	4,180,660.03	12,027,329.31	2,868,571.18	44,323,972.03
													YTD total
EXPENSES													expenses
INCOME STATEMENT EXPENSES	2,091,754.00	2,057,660.00	2,234,738.00	2,231,569.03	1,921,004.98	2,334,740.00	2,232,843.80	2,116,234.84	2,176,946.03	2,368,274.28	2,170,387.00	(72,671.53)	23,863,480.44
ASSET EXPENSES	102,330.40	11,529.08	0.00	0.00	66,348.46	43,314.13	327,117.63	0.00	0.00	66,987.64	0.00	8,168.79	625,796.13
CIP EXPENSES	503,438.88	713,227.49	81,174.16	131,966.85	786,444.04	249,334.41	282,502.70	2,052,770.19	18,360.38	2,816,412.00	618,712.47	621,416.37	8,875,759.94
IGT EXPENSES / PRIME REPYMT/ HQAF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,436,322.00	0.00	0.00	540,417.96	0.00	1,976,739.96
USDA PRIN-INT PYMTS	0.00	0.00	231,613.83	0.00	0.00	0.00	0.00	0.00	150,124.66	0.00	0.00	0.00	381,738.49
MEDICARE/MCAL REPAYMENT PLANS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CAPITAL LEASES	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	24,990.96
TOTAL EXPENSES	2,699,605.86	2,784,499.15	2,549,608.57	2,365,618.46	2,775,880.06	2,629,471.12	2,844,546.71	5,607,409.61	2,347,513.65	5,253,756.50	3,331,600.01	558,996.22	35,748,505.92
collections less expenses	(430,811.00)	170,732.28	(361,898.38)	(281,205.31)	1,198,473.65	(841,638.12)	(503,225.04)	(961,498.09)	654,328.33	(1,073,096.47)	8,695,729.30	2,309,574.97	8,575,466.12
													average
ENDING AP BALANCE	272,028.97	234,986.52	406,231.17	345,087.81	254,834.80	458,399.76	636,982.41	720,959.31	192,824.43	394,889.29	211,741.55	464,958.41	375,360.55
ENDING CREDIT LINE BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
													ending balance

MONTHLY COLLECTIONS - OBLIGATIONS FISCAL YEAR 2018

	2017					2018						average	
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	beg balance
BEGINNING AP BALANCE	491,563.75	485,512.66	639,395.06	558,925.42	355,527.91	593,900.07	461,633.94	538,591.60	498,960.16	514,902.93	436,268.36	418,115.89	499,441.48
BEGINNING CREDIT LINE BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
													YTD total
CASH COLLECTIONS													cash collections
PATIENT PAYMENTS	1,441,915.58	1,798,338.39	1,557,840.85	1,863,353.57	1,871,150.20	1,795,777.37	1,977,003.96	1,289,972.24	1,725,768.46	1,732,701.22	1,663,105.77	1,218,613.33	19,935,540.94
COST REPORT SETTLEMENTS	0.00	0.00	0.00	0.00	0.00	0.00	116,497.00	0.00	0.00	0.00	0.00	355,176.32	471,673.32
DSH (Disproportionate Share)	15,878.00	0.00	0.00	16,259.00	0.00	0.00	15,900.00	0.00	25,055.00	15,726.00	0.00	59,181.00	147,999.00
OUTPATIENT SUPPLEMENTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	619,960.00	0.00	29,168.70	33,436.42	682,565.12
DPNF SUPPLEMENTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E.H.R. MCAL/MCARE INCENTIVES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
USDA FUNDING	0.00	0.00	6,577,725.68	0.00	17,467.19	11,278.51	0.00	18,655.50	27,920.25	19,471.87	0.00	377,898.82	7,050,417.82
PRIME	0.00	0.00	0.00	0.00	0.00	750,000.00	0.00	0.00	0.00	0.00	250,000.00	0.00	1,000,000.00
IGT	0.00	0.00	0.00	1,178,883.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,903,411.98	3,082,295.82
QIP LTC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	73,178.24	0.00	73,178.24
HQARF	9,177.00	0.00	0.00	2,200,636.76	0.00	0.00	0.00	0.00	142,139.46	0.00	268,919.93	1,430,490.69	4,051,363.84
2017 G.O. BOND	0.00	0.00	0.00	0.00	0.00	0.00	0.00	366,071.95	0.00	0.00	0.00	0.00	366,071.95
TAXES	51,004.54	10,215.64	24,861.80	4,126.29	1,233.12	11,391.39	363,208.46	63,626.36	0.00	150.30	369,374.19	44,114.10	943,306.19
RENTS	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	26,784.00
VENDING / CAFETERIA	3,562.05	4,502.52	3,006.44	4,351.11	4,049.86	3,971.67	4,475.59	3,256.05	5,016.43	4,107.83	3,557.30	1,614.50	45,471.35
MISC (REBATES/REIMB ETC)	22,819.31	23,206.89	41,026.39	45,608.77	83,227.95	114,832.58	81,892.46	65,370.02	15,649.69	56,598.57	61,059.23	4,193.82	615,485.68
TOTAL COLLECTIONS	1,546,588.48	1,838,495.44	8,206,693.16	5,315,451.34	1,979,360.32	2,689,483.52	2,561,209.47	1,809,184.12	2,563,741.29	1,830,987.79	2,720,595.36	5,430,362.98	38,492,153.27
													YTD total
EXPENSES													expenses
INCOME STATEMENT EXPENSES	1,856,257.47	2,011,328.71	1,957,430.54	1,829,451.00	1,869,280.65	1,820,704.38	1,940,167.00	1,823,190.95	2,065,286.00	1,978,214.00	2,035,883.00	2,190,434.91	23,377,628.61
ASSET EXPENSES	5,857.00	172,821.38	31,902.00	22,882.00	0.00	0.00	0.00	0.00	0.00	219,993.06	27,451.12	248,929.00	729,835.56
CIP EXPENSES	24,460.24	226,686.34	133,591.91	104,236.86	6,730.76	10,775.36	45,881.66	34,139.55	34,738.65	22,586.40	58,967.41	383,532.69	1,086,327.83
IGT EXPENSES / PRIME REPYMT/ HQAF	0.00	574,768.00	0.00	0.00	0.00	375,000.00	375,000.00	0.00	1,093,035.00	125,000.00	243,256.00	0.00	2,786,059.00
USDA EXP (PAYOFF AP & GO BOND,ETC)	0.00	0.00	6,384,249.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,384,249.83
EMR LOAN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E.H.R STAGE 1 REPAYMENT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2007 REVENUE BOND	40,146.22	40,146.22	40,146.22	40,146.22	40,146.22	40,117.65	40,117.65	40,117.65	40,117.65	40,117.65	0.00	0.00	401,319.35
MEDICARE/MCAL REPAYMENT PLANS	268,003.05	0.00	0.00	0.00	0.00	0.00	95,610.00	0.00	0.00	0.00	556,000.00	0.00	919,613.05
CHFFA	12,314.72	12,314.72	12,314.72	12,314.72	12,314.72	12,314.72	12,314.72	12,314.72	12,314.72	12,314.72	0.00	0.00	123,147.20
CAPITAL LEASES	2,082.58	2,082.41	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	24,990.79
PG & E RETROFIT PAYMENT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LINE OF CREDIT Prin/Int Paymts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL EXPENSES	2,209,121.28	3,040,147.78	8,561,717.80	2,011,113.38	1,930,554.93	2,260,994.69	2,511,173.61	1,911,845.45	3,247,574.60	2,400,308.41	2,923,640.11	2,824,979.18	35,833,171.22
collections less expenses	(662,532.80)	(1,201,652.34)	(355,024.64)	3,304,337.96	48,805.39	428,488.83	50,035.86	(102,661.33)	(683,833.31)	(569,320.62)	(203,044.75)	2,605,383.80	2,658,982.05
													average
ENDING AP BALANCE	485,512.66	639,395.06	558,925.42	355,527.91	593,900.07	461,633.94	538,591.60	498,960.16	514,902.93	436,268.36	418,115.89	376,923.71	489,888.14
ENDING CREDIT LINE BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
													ending balance

MONTHLY COLLECTIONS - OBLIGATIONS FISCAL YEAR 2017

	2016					2017						<u>average</u>	
	<u>JULY</u>	<u>AUGUST</u>	<u>SEPTEMBER</u>	<u>OCTOBER</u>	<u>NOVEMBER</u>	<u>DECEMBER</u>	<u>JANUARY</u>	<u>FEBRUARY</u>	<u>MARCH</u>	<u>APRIL</u>	<u>MAY</u>	<u>JUNE</u>	<u>beg balance</u>
BEGINNING AP BALANCE	527,868.70	810,222.00	557,832.00	591,046.00	595,175.00	691,239.61	527,937.85	607,821.46	666,491.81	765,971.95	471,784.83	355,815.39	597,433.88
BEGINNING CREDIT LINE BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
													<u>YTD total</u>
<u>CASH COLLECTIONS</u>													<u>cash collections</u>
PATIENT PAYMENTS	1,806,490.48	1,651,767.47	1,974,628.45	1,851,149.13	1,780,383.29	1,828,309.48	1,874,504.56	1,689,841.39	1,835,622.31	1,602,859.88	1,616,872.18	1,780,304.70	21,292,733.32
COST REPORT SETTLEMENTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	124,388.00	0.00	0.00	0.00	0.00	124,388.00
DSH (Disproportionate Share)	229.00	11,746.00	0.00	16,771.00	27,949.00	306.00	22,384.00	0.00	0.00	45,759.50	15,878.00	69.00	141,091.50
OUTPATIENT SUPPLEMENTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	599,425.00	0.00	0.00	0.00	0.00	599,425.00
DPNF SUPPLEMENTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E.H.R. MCAL/MCARE INCENTIVES	0.00	0.00	0.00	93,471.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	93,471.28
PRIME	375,000.00	0.00	0.00	0.00	1,125,000.00	0.00	0.00	0.00	0.00	0.00	180,000.00	0.00	1,680,000.00
IGT	0.00	0.00	191,084.00	0.00	0.00	0.00	1,154,784.55	0.00	0.00	0.00	0.00	300,919.00	1,646,787.55
QIP LTC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	84,345.14	0.00	84,345.14
HQARF	0.00	27,854.38	0.00	0.00	33,528.24	0.00	1,269,333.08	462,362.80	0.00	36,308.31	0.00	486,495.96	2,315,882.77
TAXES	44,662.93	9,489.30	26,857.58	3,005.81	1,102.03	8,349.63	263,174.57	13,834.70	53,522.82	806.98	184,608.58	7,877.13	617,292.06
RENTS	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	26,784.00
VENDING / CAFETERIA	7,078.33	4,375.02	4,105.47	4,919.34	3,844.37	3,705.49	3,431.29	3,646.12	1,279.08	5,191.78	3,601.98	4,105.76	49,284.03
MISC (REBATES/REIMB ETC)	37,606.78	7,722.74	12,976.71	29,247.76	25,755.02	40,710.64	7,875.79	53,837.40	40,800.19	63,283.98	108,961.24	23,485.66	452,263.91
<u>TOTAL COLLECTIONS</u>	2,273,299.52	1,715,186.91	2,211,884.21	2,000,796.32	2,999,793.95	1,883,613.24	4,597,719.84	2,949,567.41	1,933,456.40	1,756,442.43	2,196,499.12	2,605,489.21	29,123,748.56
													<u>YTD total</u>
<u>EXPENSES</u>													<u>expenses</u>
INCOME STATEMENT EXPENSES	1,969,989.51	1,684,329.66	1,879,461.61	1,861,548.00	1,865,337.71	1,725,612.00	1,886,686.00	1,589,361.35	1,801,293.39	1,884,373.29	1,763,964.00	1,907,599.00	21,819,555.52
ASSET EXPENSES	0.00	0.00	60,467.32	24,282.99	0.00	0.00	49,049.20	203,263.75	0.00	0.00	0.00	12,175.20	349,238.46
CIP EXPENSES	25,161.34	18,249.89	15,161.34	118,820.13	171,225.00	243,250.67	83,578.56	120,645.34	149,929.59	28,310.59	175,156.00	197,468.56	1,346,957.01
IGT EXPENSES	18,750.00	104,991.00	0.00	1,143,836.00	646,050.00	0.00	0.00	0.00	0.00	0.00	165,340.00	0.00	2,078,967.00
EMR LOAN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E.H.R STAGE 1 REPAYMENT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2007 REVENUE BOND	40,763.71	40,763.71	40,763.71	40,763.71	40,763.71	40,581.92	40,581.92	40,581.92	40,581.92	40,581.92	40,581.92	40,146.22	487,456.29
MEDICARE/MCAL REPAYMENT PLANS	0.00	0.00	0.00	21,860.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,860.00
CHFFA	12,314.72	12,314.72	12,314.72	12,314.72	12,314.72	12,314.72	12,314.72	12,314.72	12,314.72	12,314.72	12,314.72	12,314.72	147,776.64
CAPITAL LEASES	13,586.73	13,586.73	13,586.73	13,586.73	13,586.73	13,586.73	13,586.73	13,586.73	9,598.42	9,598.42	2,082.58	2,082.58	132,055.84
PG & E RETROFIT PAYMENT	2,020.83	2,020.83	2,020.83	2,020.83	2,020.83	758.65	758.65	758.65	758.37	0.00	0.00	0.00	13,138.47
LINE OF CREDIT Prin/Int Paymts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>TOTAL EXPENSES</u>	2,082,586.84	1,876,256.54	2,023,776.26	3,239,033.11	2,751,298.70	2,036,104.69	2,086,555.78	1,980,512.46	2,014,476.41	1,975,178.94	2,159,439.22	2,171,786.28	26,397,005.23
<u>collections less expenses</u>	190,712.68	(161,069.63)	188,107.95	(1,238,236.79)	248,495.25	(152,491.45)	2,511,164.06	969,054.95	(81,020.01)	(218,736.51)	37,059.90	433,702.93	2,726,743.33
													<u>average</u>
ENDING AP BALANCE	810,222.00	557,832.00	591,046.00	595,175.00	691,239.61	527,937.85	607,821.46	666,491.81	765,971.95	471,784.83	355,815.39	491,563.75	594,408.47
ENDING CREDIT LINE BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
													<u>ending balance</u>

MONTHLY COLLECTIONS - OBLIGATIONS FISCAL YEAR 2016

	2015					2016						<u>average</u>	
	<u>JULY</u>	<u>AUGUST</u>	<u>SEPTEMBER</u>	<u>OCTOBER</u>	<u>NOVEMBER</u>	<u>DECEMBER</u>	<u>JANUARY</u>	<u>FEBRUARY</u>	<u>MARCH</u>	<u>APRIL</u>	<u>MAY</u>	<u>JUNE</u>	<u>beg balance</u>
BEGINNING AP BALANCE	1,403,293.12	1,013,872.08	1,132,077.05	1,305,706.83	377,638.39	645,938.98	721,352.79	598,892.07	403,865.06	547,616.67	347,724.18	323,072.08	735,087.44
BEGINNING CREDIT LINE BALANCE	0.00	0.00	0.00	3,260,000.00	619,335.86	319,335.86	69,335.83	0.00	0.00	0.00	0.00	0.00	355,667.30
<u>CASH COLLECTIONS</u>													<u>YTD total</u>
													<u>cash collections</u>
PATIENT PAYMENTS	1,883,382.57	1,616,045.61	1,590,689.00	1,787,501.58	1,682,418.83	1,972,278.35	1,168,136.67	1,736,601.26	2,001,580.43	1,657,473.88	1,801,967.04	1,750,613.13	20,648,688.35
COST REPORT SETTLEMENTS	0.00	0.00	0.00	0.00	0.00	1,674.00	0.00	0.00	0.00	0.00	0.00	0.00	1,674.00
DSH (Disproportionate Share)	8,969.00	2,781.00	0.00	10,550.00	9,978.00	781.00	0.00	16,052.00	0.00	0.00	0.00	11,155.00	60,266.00
OUTPATIENT SUPPLEMENTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	578,479.00	51,546.50	0.00	630,025.50
DPNF SUPPLEMENTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	237,831.64	14,562.76	0.00	252,394.40
E.H.R. MCAL/MCARE INCENTIVES	0.00	0.00	0.00	615,735.79	0.00	0.00	150,000.00	0.00	0.00	0.00	115,703.67	0.00	881,439.46
IGT	0.00	0.00	0.00	6,074,536.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,074,536.45
HQARF	20,534.40	20,367.44	555,742.00	0.00	0.00	29,552.61	1,945.64	29,978.39	0.00	0.00	328,291.68	0.00	986,412.16
TAXES	11,721.21	11,270.56	27,279.98	2,060.37	950.01	6,970.90	235,957.32	52,433.69	678.84	570.12	167,082.00	7,510.96	524,485.96
RENTS	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	26,784.00
VENDING / CAFETERIA	5,278.89	5,561.60	3,069.86	3,321.78	3,138.49	3,893.59	3,841.51	2,916.59	2,845.52	3,589.15	3,141.35	3,823.57	44,421.90
MISC (REBATES/REIMB ETC)	24,287.01	42,050.13	34,110.13	27,522.87	14,650.06	8,405.34	13,807.43	12,811.81	25,524.09	87,859.00	85,186.46	28,579.27	404,793.60
<u>TOTAL COLLECTIONS</u>	1,956,405.08	1,700,308.34	2,213,122.97	8,523,460.84	1,713,367.39	2,025,787.79	1,575,920.57	1,853,025.74	2,032,860.88	2,568,034.79	2,569,713.46	1,803,913.93	30,535,921.78
													<u>YTD total</u>
<u>EXPENSES</u>													<u>expenses</u>
INCOME STATEMENT EXPENSES	1,688,086.00	1,743,624.19	1,686,399.15	1,735,665.68	1,547,755.00	1,696,560.00	1,685,764.00	1,613,736.17	1,923,875.00	1,932,278.00	1,881,979.00	1,749,764.00	20,885,486.19
ASSET EXPENSES	0.00	19,760.86	0.00	20,939.89	32,000.00	0.00	0.00	0.00	47,860.72	0.00	33,575.00	8,043.88	162,180.35
CIP EXPENSES	22,821.40	15,161.34	15,161.34	24,591.10	345,987.40	15,161.34	32,440.33	15,161.34	34,904.92	28,943.43	27,595.34	37,612.70	615,541.98
IGT EXPENSES	0.00	0.00	277,871.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	277,871.00
EMR LOAN	59,773.38	59,773.38	59,773.38	1,343,911.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,523,231.28
E.H.R STAGE 1 REPAYMENT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	355,578.79	0.00	0.00	0.00	0.00	355,578.79
2007 REVENUE BOND	40,773.59	40,773.59	40,773.59	40,773.59	40,773.59	40,763.71	40,763.71	40,763.71	40,763.71	40,763.71	40,763.71	40,763.71	489,213.92
MEDICARE REPAYMENT PLANS	32,650.48	32,650.48	32,650.48	350,613.70	153,907.49	3,207.83	3,207.83	3,207.83	3,207.83	3,207.83	3,207.83	3,207.83	624,927.44
CHFFA	12,314.12	12,314.12	12,314.12	12,314.12	12,314.12	12,314.12	12,314.12	12,314.12	12,314.72	12,314.72	12,314.72	12,314.72	147,771.84
CAPITAL LEASES	9,169.03	9,169.03	9,169.03	7,515.84	7,515.84	7,515.84	7,515.84	7,515.84	11,504.15	11,504.15	11,504.15	11,504.15	111,102.89
PG & E RETROFIT PAYMENT	2,020.83	2,020.83	2,020.83	2,020.83	2,020.83	2,020.83	2,020.83	2,020.83	2,020.83	2,020.83	2,020.83	2,020.83	24,249.96
LINE OF CREDIT Prin/Int Paymts	0.00	0.00	0.00	2,662,530.31	302,414.81	250,748.14	69,565.50	0.00	0.00	0.00	0.00	0.00	3,285,258.76
<u>TOTAL EXPENSES</u>	1,867,608.83	1,935,247.82	2,136,132.92	6,200,876.20	2,444,689.08	2,028,291.81	1,853,592.16	2,050,298.63	2,076,451.88	2,031,032.67	2,012,960.58	1,865,231.82	28,502,414.40
<u>collections less expenses</u>	88,796.25	(234,939.48)	76,990.05	2,322,584.64	(731,321.69)	(2,504.02)	(277,671.59)	(197,272.89)	(43,591.00)	537,002.12	556,752.88	(61,317.89)	2,033,507.38
													<u>average</u>
ENDING AP BALANCE	1,013,872.08	1,132,077.05	1,305,706.83	377,638.39	645,938.98	721,352.79	598,892.07	403,865.06	547,616.67	347,724.18	323,072.08	216,464.14	636,185.03
ENDING CREDIT LINE BALANCE	0.00	0.00	3,260,000.00	619,335.86	319,335.86	69,335.83	0.00	0.00	0.00	0.00	0.00	0.00	355,667.30

MONTHLY COLLECTIONS - OBLIGATIONS FISCAL YEAR 2015

	2014						2015						average
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	beg balance
BEGINNING AP BALANCE	980,471.43	1,232,599.52	1,272,257.94	1,388,723.95	1,821,302.90	2,173,373.21	2,146,874.66	1,687,925.20	1,308,150.91	1,300,042.47	1,337,748.06	1,183,437.60	1,486,075.65
BEGINNING CREDIT LINE BALANCE	400,000.00	400,000.00	500,000.00	500,000.00	500,000.00	500,000.00	829,734.25	829,734.25	829,734.25	829,734.25	829,734.25	829,734.25	648,200.46
CASH COLLECTIONS													YTD total
													cash collections
PATIENT PAYMENTS	1,496,890.63	1,369,613.42	1,487,665.14	1,480,839.31	1,283,745.97	1,640,277.89	1,567,631.09	1,829,690.82	1,854,531.02	1,367,876.56	1,596,060.62	2,207,585.85	19,182,408.32
COST REPORT SETTLEMENTS	0.00	159,001.00	0.00	0.00	0.00	0.00	885,913.00	0.00	0.00	0.00	0.00	0.00	1,044,914.00
DSH (Disproportionate Share)	0.00	0.00	0.00	8,659.00	19,041.00	2,105.00	0.00	9,367.00	8,464.00	49,575.19	8,969.00	8,468.00	114,648.19
OUTPATIENT SUPPLEMENTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	84,864.00	84,864.00
DPNF SUPPLEMENTAL	0.00	537,195.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	179,442.93	716,638.49
E.H.R. MCAL/MCARE INCENTIVES	0.00	0.00	0.00	0.00	0.00	115,703.67	0.00	0.00	0.00	269,888.87	0.00	0.00	385,592.54
IGT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	323,206.00	0.00	490,098.00	813,304.00
HQARF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40,899.31	40,899.31
TAXES	7,745.59	10,737.24	26,962.07	6,286.60	896.57	184,331.99	69,955.12	47,206.96	618.41	299.67	180,006.68	36,531.31	571,578.21
RENTS	0.00	0.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	2,232.00	22,320.00
VENDING / CAFETERIA	4,124.75	3,571.84	4,412.26	4,011.64	3,583.90	3,901.37	2,492.07	3,662.87	3,436.76	3,712.85	3,543.65	3,401.46	43,855.42
MISC (REBATES/REIMB ETC)	7,785.03	11,398.02	26,222.85	15,296.51	22,749.65	68,387.58	6,367.74	27,160.62	7,180.96	34,319.81	67,120.08	253,150.24	547,139.09
TOTAL COLLECTIONS	1,516,546.00	2,091,517.08	1,547,494.32	1,517,325.06	1,332,249.09	2,016,939.50	2,534,591.02	1,919,320.27	1,876,463.15	2,051,110.95	1,857,932.03	3,306,673.10	23,568,161.57
EXPENSES													YTD total
													expenses
INCOME STATEMENT EXPENSES	1,795,254.38	1,755,225.53	1,689,257.20	1,829,618.61	1,616,226.37	1,708,118.30	1,650,989.48	1,523,669.47	1,716,187.61	1,596,779.29	1,722,460.00	1,937,571.00	20,541,357.24
ASSET EXPENSES	0.00	0.00	33,500.00	6,485.00	0.00	0.00	11,462.01	0.00	0.00	0.00	0.00	598,052.30	649,499.31
CIP EXPENSES	34,831.35	45,325.65	78,472.11	15,161.34	27,198.06	77,680.10	19,733.54	0.00	32,730.34	15,161.34	27,667.80	19,661.34	393,622.97
IGT EXPENSES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	177,586.00	0.00	0.00	0.00	0.00	177,586.00
EMR LOAN	59,773.38	59,773.38	59,773.38	59,773.38	59,773.38	59,773.38	59,773.38	59,773.38	59,773.38	59,773.38	59,773.38	59,773.38	717,280.56
2007 REVENUE BOND	41,240.21	41,240.21	41,240.21	41,240.21	41,240.21	41,238.74	41,238.74	41,238.74	41,238.74	41,238.74	41,238.74	40,773.59	494,407.08
DSH PAYMENT	17,326.08	17,326.08	17,326.08	17,326.08	17,326.08	17,326.08	17,326.08	17,326.08	17,326.08	17,326.08	17,326.08	0.00	190,586.88
MEDICARE REPAYMENT PLANS	20,208.62	20,208.62	20,208.62	20,208.62	20,208.62	20,208.62	20,208.62	20,208.62	20,208.62	20,208.62	20,208.62	32,650.48	254,945.30
CHFFA	12,314.12	12,314.12	12,314.12	12,314.12	12,314.12	12,314.12	12,314.12	12,314.12	12,314.12	12,314.12	12,314.12	12,314.12	147,769.44
CAPITAL LEASES	9,169.03	9,169.03	9,169.03	9,169.03	9,169.03	9,169.03	9,169.03	9,169.03	9,169.03	9,169.03	9,169.03	9,169.03	110,028.36
PG & E RETROFIT PAYMENT	2,020.83	2,020.83	2,020.83	2,020.83	2,020.83	2,020.83	2,020.83	2,020.83	2,020.83	2,020.83	2,020.83	2,020.83	24,249.96
LINE OF CREDIT Prin/Int Paymts	1,916.67	1,980.56	2,587.50	2,395.83	2,475.69	116,675.47	2,577.71	3,873.49	4,007.06	4,140.62	4,007.06	831,192.54	977,830.20
TOTAL EXPENSES	1,994,054.67	1,964,584.01	1,965,869.08	2,015,713.05	1,807,952.39	2,064,524.67	1,846,813.54	1,867,179.76	1,914,975.81	1,778,132.05	1,916,185.66	3,543,178.61	24,679,163.30
collections less expenses	(477,508.67)	126,933.07	(418,374.76)	(498,387.99)	(475,703.30)	(47,585.17)	687,777.48	52,140.51	(38,512.66)	272,978.90	(58,253.63)	(236,505.51)	(1,111,001.73)
													average
													ending balance
ENDING AP BALANCE	1,232,599.52	1,272,257.94	1,388,723.95	1,821,302.90	2,173,373.21	2,146,874.66	1,687,925.20	1,308,150.91	1,300,042.47	1,337,748.06	1,183,437.60	1,403,293.12	1,521,310.80
ENDING CREDIT LINE BALANCE	400,000.00	400,000.00	500,000.00	500,000.00	500,000.00	829,734.25	829,734.25	829,734.25	829,734.25	829,734.25	829,734.25	0.00	606,533.79



RATING ACTION COMMENTARY

Fitch Rates Mayers Memorial Hospital District (CA)'s Bonds 'BBB'; Outlook Stable

Wed 11 Nov, 2020 - 6:16 PM ET

Fitch Ratings - New York - 11 Nov 2020: Fitch Ratings has assigned a 'BBB' rating on the approximately \$466,000 of Mayers Memorial Hospital District's, CA (MMHD or the hospital) general obligation (GO) bonds, 2010 election, 2011 series A. In addition, Fitch has assigned the hospital a 'BBB' Issuer Default Rating (IDR).

The Rating Outlook is Stable.

SECURITY

The bonds are general obligations of the hospital, supported by an unlimited ad valorem tax pledge on all taxable property in the district.

ANALYTICAL CONCLUSION

The 'BBB' rating reflects MMHD's strong consistent operating margins, continual growth in liquidity over the past few years, and strong market share. The hospital also benefits from tax revenues that Fitch includes as additional operating cash flow, which bolster Fitch's

calculations for profitability margins, and is the primary basis for the investment grade rating. MMHD has also made sizable investments well in excess of depreciation to remain compliant with California's seismic regulatory requirements and capture more patient revenue, but ample spending capacity remains should any additional capital needs arise.

Despite MMHD's strong financial profile, which does suggest a higher rating, Fitch believes that the district's small size and various revenue streams leave it somewhat vulnerable to swings in operational performance, and therefore keeps the rating in the 'BBB' category. Total revenue was roughly \$33 million based on unaudited fiscal 2020 financials, but this includes approximately \$800,000 in tax support (it typically averages around \$1.3 million annually), as well as roughly \$12 million in Medi-Cal supplemental payments. Fitch neither believes the tax support will dissipate nor expects supplemental funding to cease in the near future. However, tax revenue plus supplemental payments total roughly 38% of fiscal 2020 total revenue, which amounts to a sizable subsidization of profitability each year. Any negative changes to either revenue source could put downward pressure on the rating.

The coronavirus pandemic has had little impact on MMHD's operations. As a result of trying to minimize the virus' spread, patient revenues were down due to a decrease in lab and ER visits. Surgeries did not comprise a large portion of the district's utilization and cash flow generation, and management reports they were largely stable throughout fiscal 2020. Volumes are still slightly down overall, but not dramatically, and expenses have escalated due to purchases of PPE and increased testing. MMHD has not implemented any layoffs and has benefitted from receiving a \$2.4 million PPP loan and roughly \$4.5 million of CARES Act stimulus payments. Even if the PPP loan is not forgiven, the stimulus funds are more than enough to offset both the decline in revenue and increases in pandemic-related costs.

KEY RATING DRIVERS

Revenue Defensibility: 'bb'

High Self-Pay and Medicaid, but Strong Market Position

Driven by the rural area in which the hospital resides, self-pay and Medicaid reimbursement consistently account for more than 40% of gross revenues going back to at least fiscal 2016. However, MMHD maintains strong market share and its nearest

competitor is roughly 75 miles away. The district is geographically large but sparsely populated, with economic concentration in natural resources, including timber and energy production, food processing and other land-based enterprises.

Operating Risk: 'a'

Strong Profitability Supported by External Revenue Streams; Manageable Capital Needs

MMHD has had consistently strong operating EBITDA margins for the last five years, averaging a 16.2% operating EBITDA margin between audited fiscal 2016 and unaudited fiscal 2020. The hospital benefits from tax revenues that average roughly \$1.3 million per year, which boosts their operating EBITDA margin close to 5% annually. In addition, management reports that the hospital receives significant supplemental payments from the Medi-Cal program, which has increased net patient revenues by an average of about \$11 million over the last three fiscal years.

MMHD does not have the ability to levy taxes and would need voter approval to make any significant changes to the amount of tax revenue it receives. Management also reports that Medi-Cal supplemental payments can be somewhat volatile since they are based on the availability of pooled funds accrued by the state, which vary each year. As a result, MMHD has increased its cash reserves in case the program weakens or the state eliminates it. Fitch will continue to monitor the financial health of the Medi-Cal program, but does not believe there is any immediate risk that the program loses funding.

Management has also made an intensive effort to build up cash reserves in case Medi-Cal payments and tax revenues dissipate, but has also not neglected to reinvest in its plant over the last few years. Over the last three years, capex to depreciation has averaged more than 400% and average age of plant is expected to fall to about 14 years once depreciation for the new projects is incorporated into the financials. To remain compliant with California's seismic requirements, the hospital began constructing an approximately \$15 million hospital wing, financed with a combination of fundraising and bond proceeds from a USDA financing that closed in FY18. In addition, MMHD raised another \$1.5 million in bond proceeds through the California Health Facilities Financing Authority to finance the construction of a new outpatient clinic. The new wing for seismic compliance is expected to

be completed next Spring and management does not anticipate any other significant capex plans over the next few years.

Financial Profile: 'a'

Strong Financial Profile; Improving Liquidity

Including Medi-Cal supplemental payments and tax revenues, MMHD has consistently posted strong operating metrics, grown its unrestricted liquidity and maintained a manageable debt load. The new wing for seismic compliance is expected to be completed next Spring and management does not anticipate any other significant capex. The consistent rise in unrestricted liquidity (unrestricted cash and investments grew by 63% between FY19-20), manageable capital spending and modest debt will allow the hospital to improve net leverage metrics over the next few years. Moreover, the hospital's consistently strong cash flow generation will allow it to comfortably cover debt service.

ASYMMETRIC ADDITIONAL RISK CONSIDERATIONS

No asymmetric additional risk considerations were applied in the rating determination.

RATING SENSITIVITIES

Factors that could, individually or collectively, lead to positive rating action/upgrade:

--Completion of ongoing capital projects that both satisfy immediate state regulatory requirements and diversify the hospital's sources of revenue;

--Successful implementation of any new strategic plans that further grow and diversify MMHD's revenues, thereby decreasing its dependence on tax support and Medi-Cal supplemental payments.

Factors that could, individually or collectively, lead to negative rating action/downgrade:

--A material decline in core hospital operating profitability;

--While Fitch does not believe this is likely in the near-term, any material declines in Medi-Cal supplemental payments or weakening of the district's tax base and/or economy that result in a decrease in the hospital's operating EBITDA margin to approximately 10%;

--If economic conditions decline further than expected from Fitch's current expectations for economic contraction or if a second wave of infections and longer lockdown periods across the parts of the country occur, Fitch expects to see an even larger GDP decline and a weaker recovery in 2021, which could pressure the overall sector.

BEST/WORST CASE RATING SCENARIO

International scale credit ratings of Sovereigns, Public Finance and Infrastructure issuers have a best-case rating upgrade scenario (defined as the 99th percentile of rating transitions, measured in a positive direction) of three notches over a three-year rating horizon; and a worst-case rating downgrade scenario (defined as the 99th percentile of rating transitions, measured in a negative direction) of three notches over three years. The complete span of best- and worst-case scenario credit ratings for all rating categories ranges from 'AAA' to 'D'. Best- and worst-case scenario credit ratings are based on historical performance. For more information about the methodology used to determine sector-specific best- and worst-case scenario credit ratings, visit [<https://www.fitchratings.com/site/re/10111579>].

Mayers Memorial Hospital District spans the upper northeast corner of Shasta County, CA approximately 70 miles northeast of Redding, with portions in adjoining Modoc and Lassen Counties. The district has a population of approximately 14,000 and encompasses 8,000 square miles, an area larger than several states. The district operates a 16-bed critical access hospital and long-term care facility with 99 skilled nursing beds.

In addition to the sources of information identified in Fitch's applicable criteria specified below, this action was informed by information from Lumesis.

REFERENCES FOR SUBSTANTIALLY MATERIAL SOURCE CITED AS KEY DRIVER OF RATING

The principal sources of information used in the analysis are described in the Applicable Criteria.

ESG CONSIDERATIONS

Unless otherwise disclosed in this section, the highest level of ESG credit relevance is a score of '3'. This means ESG issues are credit-neutral or have only a minimal credit impact on the entity, either due to their nature or the way in which they are being managed by the entity. For more information on Fitch's ESG Relevance Scores, visit

www.fitchratings.com/esg

RATING ACTIONS

ENTITY/DEBT	RATING			PRIOR
Mayers Memorial Hospital District (CA)	LT IDR	BBB Rating Outlook Stable	New Rating	WD
● Mayers Memorial Hospital District (CA) /General Obligation - Unlimited Tax/1 LT	LT	BBB Rating Outlook Stable	New Rating	WD

[VIEW ADDITIONAL RATING DETAILS](#)

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APPLICABLE CRITERIA

[U.S. Not-For-Profit Hospitals and Health Systems Rating Criteria \(pub. 27 Nov 2019\)](#)
(including rating assumption sensitivity)

[Public Sector, Revenue-Supported Entities Rating Criteria \(pub. 27 Mar 2020\)](#) (including rating assumption sensitivity)

APPLICABLE MODELS

Numbers in parentheses accompanying applicable model(s) contain hyperlinks to criteria providing description of model(s).

FAST Not-For-Profit Hospitals - Fitch Analytical Stress Test Model, v1.4.2 (1)

ADDITIONAL DISCLOSURES

[Dodd-Frank Rating Information Disclosure Form](#)

[Solicitation Status](#)

Endorsement Policy

ENDORSEMENT STATUS

Mayers Memorial Hospital District (CA)

EU Endorsed

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US Public Finance Healthcare and Pharma North America United States



Rural Development

Alturas Field Office

221 W. 8th Street
Alturas, CA
96101-3211

Voice 530.233.4137
Fax 844.206.6796

November 4, 2020

Mr. Travis Lakey, CFO
Mayers Memorial Hospital District
PO Box 459
Fall River Mills, CA 96028

Subject: Hospital Expansion Project
Partial Payment Estimate No. 41A

Dear Mr. Lakey:

Enclosed is a copy of the accepted Form RD 1924-18, Partial Payment Estimate No. 41A, reflecting total "Other Costs" of \$96,356.07 for the period of 8/1/2020 through 8/31/2020 as itemized on the attached Outlay Report.

Please let this letter serve as authorization to issue payments in the amount of \$96,356.07 from the project account.

The sources of funds for this payment are as follows:

Mayers Memorial Hospital District	\$96,356.07
USDA Loan Funds:	\$.00

If you have any questions or need further information, please do not hesitate to contact me at (530) 233-4137, ext. 112 or mike.colbert@ca.usda.gov.

Sincerely,

J. Michael Colbert
Community Programs Specialist

Enclosures

Form RD 1924-18 (Rev. 6-97)	UNITED STATES DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT FARM SERVICE AGENCY PARTIAL PAYMENT ESTIMATE	CONTRACT NO. PARTIAL PAYMENT ESTIMATE NO. 41A PAGE 1 of 1 PERIOD OF ESTIMATE FROM 8/1/2020 TO 8/31/2020
OWNER: MAYERS MEMORIAL HOSPITAL DISTRICT	"NON-CONTRACTOR COSTS"	

CONTRACT CHANGE ORDER SUMMARY					
NO.	Agency Approval Date	Amount			
		Additions	Deductions		
2	02/08/19		\$13,273.65	1. Original Contract	\$10,704,586.10
3	05/20/19	\$29,228.81		2. Change Orders	\$159,819.74
1-A	06/05/19		\$10,992.62	3. Revised Contract (1+2)	\$10,864,405.84
4-10	08/14/19		\$302,519.04	4. Work Completed*	\$10,590,298.47
11-16	10/03/19		\$53,219.29	5. Stored Materials*	
18	10/23/19		\$6,172.64	6. Subtotal (4+5)	\$10,590,298.47
20-24	02/27/20	\$340,561.15	\$25,689.46	7. Retainage*	
25-32	06/22/20	\$4,118.29	\$100,612.96	8. Previous Payments	\$10,493,942.40
TOTALS		\$373,908.25	\$512,479.66	9. Amount Due (6-7-8)	\$96,356.07
NET CHANGE			-\$138,571.41	* Detailed breakdown attached	

CONTRACT TIME					
Original (days)	390		___ Yes	Starting Date	6/11/2018
Revised		On Schedule	_X_ No	Projected Completion	7/6/2019
Remaining	-422				

APPROVED BY OWNER Owner <u></u> By <u>CFO</u> Date <u>11/4/2020</u>	ACCEPTED BY AGENCY The review and acceptance of this estimate does not attest to the correctness of the quantities shown or that the work has been performed in accordance with the contract documents. By <u></u> Title <u>Community Programs Specialist</u> Date <u>11/4/2020</u>
---	---

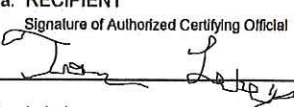
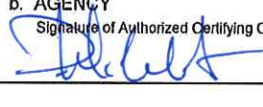
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OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS (See Instructions on Back)		OMB Approval No. 0348-0002		Page 1 of 1	
3. Federal Sponsoring Agency USDA Rural Development		1. Type of Request Final Partial <input checked="" type="checkbox"/> X		2. Basis of Request x Cash Accrual	
6. Employer ID Number 04-045-754413938		4. Federal Grant ID Number		5. Partial Payment Request No. 41A & 42	
9. Recipient Organization Name: Mayers Memorial Hospital District No. and Street: PO Box 459 City, State and Fall River Mills, CA Zip Code: 96028		10. Payee Name: Mayers Memorial Hospital District No. and Street: PO Box 459 City, State and Fall River Mills, CA Zip Code: 96028			
11. STATUS OF FUNDS					

CLASSIFICATION	PROGRAMS		FUNCTIONS		ACTIVITIES		TOTAL
	ORIGINAL BUDGET	REVISED BUDGET	COSTS THIS PERIOD	ACCUM TO DATE			
a. Administrative & Legal Expenses	\$ 100,000.00	\$ 185,533.57	\$ 32,755.00	\$ 185,533.57	\$	\$ -	
b. Land & Right-of-Ways	\$ 10,000.00	\$ 10,289.32	\$ -	\$ 10,289.32	\$	\$ -	
c. Bond Issuance Fees	\$ 130,000.00	\$ 74,700.00	\$ -	\$ 74,700.00	\$	\$ -	
d. Moving Expenses	\$ 25,000.00	\$ -	\$ -	\$ -	\$	\$ -	
e. OSHPD Fees	\$ 250,000.00	\$ 256,561.87	\$ -	\$ 256,561.87	\$	\$ -	
f. Consultants - Speciality - Project Management	\$ 145,120.00 \$ 254,880.00	\$ 61,405.28 \$ 1,220,976.35	\$ - ## \$ 1,080.00	\$ 61,405.28 \$ 1,220,976.35	\$	\$ -	
g. Special Inspection & IOR	District USDA \$ 505,000.00	\$ 75,206.74 \$ 463,163.19	\$ 13,262.00 \$ -	\$ 75,206.74 ## \$ 463,163.19	\$	\$ -	
h. County & Local Fees, Testing	District \$ 200,000.00	\$ 1,343.30 \$ 242,376.99	\$ - \$ -	\$ 1,343.30 \$ 242,376.99	\$	\$ -	
i. Pre-Design Architectural Seismic Demolition/Misc		\$ 99,323.10 \$ 222,512.40	\$ - \$ 42,112.11	\$ 99,323.10 \$ 222,512.40	##	\$ -	
j. Equipment	District \$ 1,804,000.00	\$ 1,581,486.10	\$ 217.33	\$ 1,307,378.73		\$ 274,107.37	
k. Refinance Debt	2011 COP \$ 1,848,832.00 2011 GO Bond \$ 4,632,668.00	\$ 1,709,484.20 # \$ 4,599,365.63	\$ - ## \$ -	\$ 1,709,484.20 \$ 4,599,365.63		\$ -	
l. Landscaping - District Forced Account	District	\$ -	\$ -	\$ -		\$ -	
m. Miscellaneous	District	\$ 36,895.80 \$ 23,782.00	\$ 6,929.63 \$ -	\$ 36,895.80 \$ 23,782.00		\$ -	
n. Contingencies	\$ 2,222,706.00	\$ -	\$ -	\$ -		\$ -	
TOTAL SOFT COSTS	\$ 12,128,206.00	\$ 10,864,405.84	\$ 96,356.07	\$ 10,590,298.47		\$ 274,107.37	
Design Build Contract - Design	\$ 1,080,000.00	\$ 1,239,760.00	\$ 16,287.75	\$ 1,169,797.56		\$ 69,962.44	
- Construction	\$ 9,596,894.00	\$ 11,995,581.00	## \$ 70,023.03	\$ 11,309,710.27		\$ 685,870.73	
- Change Orders		\$ 155,381.96	\$ 107,550.45	\$ 117,593.45		\$ 37,788.51	
- Contingency		# \$ 306,662.00	## \$ -	\$ 306,662.00		\$ -	
TOTAL DESIGN-BUILD COSTS	\$ 10,676,894.00	\$ 13,697,384.96	\$ 193,861.23	\$ 12,903,763.28		\$ 793,621.68	
o. TOTAL CUMULATIVE COSTS	\$ 22,805,100.00	\$ 24,561,790.80	\$ 290,217.30	\$ 23,494,061.75		\$ 1,067,729.05	
p. Applicant Contributions	\$ 1,000,100.00	\$ 2,756,791.20	\$ 96,356.07	\$ 2,402,073.48		\$ 354,717.72	
q. NET CUMULATIVE COSTS	\$ 21,805,000.00	\$ 21,804,999.60	\$ 193,861.23	\$ 21,091,988.27		\$ 713,011.33	
r. Federal loan to date	97-01 \$ 9,900,000.00 97-02 RF \$ 4,300,000.00 97-03 RF \$ 4,574,000.00 97-04 B \$ 7,605,000.00	\$ 9,900,000.00 \$ 1,709,484.20 \$ 2,590,515.80 # \$ 3,031,000.00	\$ 193,861.23 \$ - \$ - \$ -	\$ 9,467,543.04 \$ 1,709,484.20 \$ 2,309,961.43 \$ 4,574,000.00		\$ 432,456.96 \$ - \$ 280,554.37 \$ -	
TOTAL FEDERAL SHARE TO DATE	\$ 21,805,000.00	\$ 21,805,000.00	\$ 193,861.23	\$ 21,091,988.67		\$ 713,011.33	
s. Federal payments previously requested	\$ 21,805,000.00	\$ 21,805,000.00		\$ 20,898,127.44			
t. Amount requested for reimbursement	\$ 21,805,000.00	\$ 21,805,000.00	\$ 193,861.23	\$ 21,091,988.67		\$ 713,011.33	
u. Percentage of physical completion	100%		1.18%	95.65%			

12. CERTIFICATION

I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.

a. RECIPIENT Signature of Authorized Certifying Official  Date 11/4/2020	b. AGENCY Signature of Authorized Certifying Official  Date 11/4/2020
Travis Lakey (Typed or Printed Name and Title)	J. Michael Colbert (Typed or Printed Name and Title)
530.336.7512 (Telephone)	530.233.4137 X 112 (Telephone)

MAYERS MEMORIAL HOSPITAL DISTRICT
 43563 STATE HIGHWAY 299E
 FALL RIVER MILLS, CA 96028

Vendor #917
 LOUIS WARD

N^o

33024

P.O. NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
	07/14/2020	AOC JUNE 2020	150.00	.00	150.00
Totals:			150.00	.00	150.00

PAYMENT AMT: 150.00

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 FALL RIVER MILLS, CA 96028
 PH: 530-338-5511

TRI COUNTIES BANK
 FALL RIVER MILLS, CA 96028
 90-3504/1211

33024 33024

07/16/2020 \$ 150.00

One Hundred Fifty And 00/100 Dollars

LOUIS WARD

LOUIS WARD
 27198 PITTSVILLE TOTTEN
 MCARTHUR, CA 95056

⑈033024⑈ ⑆121135045⑆

161900150⑈

MAYERS MEMORIAL HOSPITAL DISTRICT
 43563 STATE HIGHWAY 299E
 FALL RIVER MILLS, CA 96028

Vendor #917
 LOUIS WARD

N^o

33547

P.O. NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
	08/27/2020	AOC JULY 2020	150.00	.00	150.00
Totals:			150.00	.00	150.00

PAYMENT AMT: 150.00

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 PH: 530-336-5511

TRI COUNTIES BANK
 FALL RIVER MILLS, CA 96028
 90-3504/1211

33547

33547

08/27/2020

\$**150.00**

One Hundred Fifty And 00/100 Dollars*****

LOUIS WARD

LOUIS WARD
 27198 PITTVILLE TOTTEN
 MCARTHUR, CA 95056



[Handwritten Signature]

MAYERS MEMORIAL HOSPITAL DISTRICT
 43563 STATE HIGHWAY 299E
 FALL RIVER MILLS, CA 96028

Vendor #917
 LOUIS WARD

Nº

33960

P.O. NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
	10/01/2020	AOC AUG & SEPT 2020	300.00	.00	300.00
Totals:			300.00	.00	300.00

PAYMENT AMT: 300.00

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 PH: 530-338-5511

TRI COUNTIES BANK
 FALL RIVER MILLS, CA 96028
 90-3504/1211

33960

33960

10/01/2020

\$**300.00**

Three Hundred And 00/100 Dollars

LOUIS WARD

LOUIS WARD
 27188 PITTVILLE TOTTEN
 MCARTHUR, CA 95058



[Handwritten Signature]

⑈033960⑈ ⑆121135045⑆

161900150⑈

MAYERS MEMORIAL HOSPITAL DISTRICT
 43563 STATE HIGHWAY 299E
 FALL RIVER MILLS, CA 96028

Vendor #917
 LOUIS WARD

Nº

34364

P.O. NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
	11/02/2020	AOC OCTOBER 2020	150.00	.00	150.00
Totals:			150.00	.00	150.00

PAYMENT AMT: 150.00

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 PH: 530-336-5511

TRI COUNTIES BANK
 FALL RIVER MILLS, CA 96028
 90-3504/1211

34364

34364

11/05/2020

\$**150.00**

One Hundred Fifty And 00/100 Dollars*****

LOUIS WARD

LOUIS WARD
 27198 PITTVILLE TOTTEN
 MCARTHUR, CA 95056



[Handwritten signature]

⑈034364⑈ ⑆121135045⑆ 161900150⑈

✓ 917



MAYERS MEMORIAL HOSPITAL DISTRICT CHECK REQUEST

Please complete the entire form
Please attach receipts, if applicable

63171

Amount of Check: _____ \$150.00

Name of person requesting check: Lisa Simons

Payable to: Louis Ward

Are you an Employee? Yes No

<input type="checkbox"/> Check mailed to you:	<input type="checkbox"/> Check mailed to Vendor/Business/other person:
_____	_____
_____	_____
_____	_____

Attach with Paycheck

Reason for Check Request: AOC phone line for October 2020.

TEAM Fund - Department: _____

Department expensed to: 8610-6900

Signature of person requesting check: *Lisa Simons* Date: 11/02/2020

Signature of Department Head: _____ Date: _____

Administrative Authorization: _____ Date: _____

Updated 12-27-2018 LZ

MAYERS MEMORIAL HOSPITAL DISTRICT
 43563 STATE HIGHWAY 299E
 FALL RIVER MILLS, CA 96028

Vendor #112
 BETA HEALTHCARE GROUP

N^o

32943

P.O. NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
	08/29/2020	0004685	180.00	.00	180.00
Totals:			180.00	.00	180.00

PAYMENT AMT: 180.00

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 PH 930-338-5511

TRI-COUNTIES BANK
 FALL RIVER MILLS, CA 96028
 90-3504/1211

07/16/2020 \$ 180.00
 One Hundred Eighty And 00/100 Dollars

BETA HEALTHCARE GROUP
 BETA HEALTHCARE GROUP
 1443 DANVILLE BOULEVARD
 ALAMO, CA 94507-1973

32943 32943

⑈03 2943⑈ ⑆121135045⑆ 161900150⑈



✓ 112
8610-2300-180.⁰⁰

Claims Deductible Invoice

60319

Invoice For: Mayers Memorial Hospital District (MAYERS2)

Invoice Number: 0004695

Invoice Date: June 29, 2020

Due Date: July 14, 2020

Claim Number	Case Name	Coverage Type	Year	Claims Representative	Amount Due (Credited)
19-001160	Boggs v. MAYERSZ	HCL	2019	Kevin Dwyer	\$180.00
Subtotal Due (or Credited):					\$180.00
Advance Payment Applied to this Invoice:					\$0.00
Total Due (or Credited):					\$180.00

Instructions for Payment

Please make check payable to BETA Healthcare Group, 1443 Danville Boulevard, Alamo, CA 94507.
Please send a copy of this invoice with your check to ensure proper allocation of deductible funds. Thank you.

For invoice questions, please contact Yen Bach of our claims department at yen.bach@betahg.com or 1-800-838-4111.

MAYERS MEMORIAL HOSPITAL DISTRICT
 43563 STATE HIGHWAY 299E
 FALL RIVER MILLS, CA 96028

Vendor #112
 BETA HEALTHCARE GROUP

Nº
 33283

P.O. NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
	08/05/2020	0004823	2,687.50	.00	2,687.50
Totals:			2,687.50	.00	2,687.50


PAYMENT AMT: 2,687.50

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<p>08/13/2020</p>			<p>\$**2,687.50**</p>
<p>Two Thousand Six Hundred Eighty Seven And 50/100 Dollars*****</p>			
<p>BETA HEALTHCARE GROUP</p>			
<p>BETA HEALTHCARE GROUP 1443 DANVILLE BOULEVARD ALAMO, CA 94507-1973</p>			



⑈033283⑈ ⑆121135045⑆ 161900150⑈



✓ 112
8610-2300-2,687.50

61019

Claims Deductible Invoice

Invoice For: Mayers Memorial Hospital District (MAYERS2)

Invoice Number: 0004823

Invoice Date: August 05, 2020

Due Date: August 20, 2020

Claim Number	Case Name	Coverage		Claims Representative	Amount Due (Credited)
		Type	Year		
19-001160	Boggs v. MAYERS2	HCL	2019	Kevin Dwyer	\$2,687.50
Subtotal Due (or Credited):					\$2,687.50
Advance Payment Applied to this Invoice:					\$0.00
Total Due (or Credited):					\$2,687.50

Instructions for Payment

Please make check payable to BETA Healthcare Group, 1443 Danville Boulevard, Alamo, CA 94507.
Please send a copy of this invoice with your check to ensure proper allocation of deductible funds. Thank you.

For invoice questions, please contact Yen Bach of our claims department at yen.bach@betahg.com or 1-800-838-4111.

MAYERS MEMORIAL HOSPITAL DISTRICT
 43583 STATE HIGHWAY 299E
 FALL RIVER MILLS, CA 96028

Vendor #112
 BETA HEALTHCARE GROUP

Nº
 33482


P.O. NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
	08/27/2020	BL-200042005	14,297.16	.00	14,297.16
Totals:			14,297.16	.00	14,297.16

PAYMENT AMT: 14,297.16

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08/27/2020			\$**14,297.16**
Fourteen Thousand Two Hundred Ninety Seven And 16/100 Dollars			
BETA HEALTHCARE GROUP			
BETA HEALTHCARE GROUP 1443 DANVILLE BOULEVARD ALAMO, CA 94507-1973			

⑆033482⑆ ⑆121135045⑆ 161900150⑆

MAYERS MEMORIAL HOSPITAL DISTRICT
 43563 STATE HIGHWAY 299E
 FALL RIVER MILLS, CA 96028

Vendor #112
 BETA HEALTHCARE GROUP

N^o

33812

P.O. NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
	09/23/2020	BL-200042006	14,297.16	.00	14,297.16
Totals:			14,297.16	.00	14,297.16

PAYMENT AMT: 14,297.16

Signature for Purchase • 833-862-3600

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MAYERS MEMORIAL HOSPITAL DISTRICT

43563 HWY 299E
 PO BOX 459
 FALL RIVER MILLS, CA 96028
 PH: 530-336-5511

TRI COUNTIES BANK
 FALL RIVER MILLS, CA 96028
 90-3504/1211

33812

33812

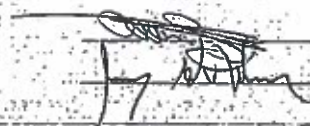
09/24/2020

\$**14,297.16**

Fourteen Thousand Two Hundred Ninety Seven And 16/100 Dollars

BETA HEALTHCARE GROUP

BETA HEALTHCARE GROUP
 1443 DANVILLE BOULEVARD
 ALAMO, CA 94507-1973



⑆033812⑆ ⑆121135045⑆ 161900150⑆



V 112

1443 Danville Boulevard, Alamo, CA 94507-1911
925-838-6070 MAIN 925-838-6088 FAX
www.betahg.com

Invoice

62114

To: Mayers Memorial Hospital District
Invoice Number: BL-200042006
Invoice Date: June 24, 2020

Due Date: October 01, 2020

Late Date: October 15, 2020

CERTIFICATE NUMBER	COVERAGE CONTRACT	TOTAL COVERAGE LIMITS/AGGREGATE	EFF. DATE	EXP. DATE	RETRO DATE
HCL-20-042	Healthcare Entity Comprehensive Liability	\$5,000,000/\$15,000,000	07/01/20	07/01/21	07/01/04

ITEM	DESCRIPTION	AMOUNT DUE
1	Monthly Contribution: HCL. For the period of 10/01/2020 to 11/01/2020	\$14,297.16

Total Invoice	\$14,297.16
----------------------	--------------------

Please make check payable to "BETA Healthcare Group" and reference invoice # on check

Payment received after 10/15/2020 will be assessed a 5% late fee

\$15,012.02 is due if payment is not received by 10/15/2020

If you would like to submit contributions to us via ACH transfer, please use the following ACH instructions

Bank: **CITIBANK** Routing number: **321171184**
Account name: **BETA Healthcare Group** Account number: **601204688**

If you have any question regarding ACH transfers, please call us at 925-838-6070.

MAYERS MEMORIAL HOSPITAL DISTRICT
 43563 STATE HIGHWAY 299E
 FALL RIVER MILLS, CA 95028

Vendor #112:
 BETA HEALTHCARE GROUP

N^o

34064

P.O. NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
	09/17/2020	0004880	2,511.15	.00	2,511.15
	10/15/2020	0004904	1,170.00	.00	1,170.00
Totals:			3,681.15	.00	3,681.15

PAYMENT AMT: 3,681.15

Signature for Business • 800-882-3070

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<p>MAYERS MEMORIAL HOSPITAL DISTRICT 43563 HWY 299E PO BOX 459 FALL RIVER MILLS, CA 95028 PH: 530-338-5511</p> <p>10/15/2020</p> <p>Three Thousand Six Hundred Eighty One And 15/100 Dollars</p> <p>BETA HEALTHCARE GROUP</p> <p>BETA HEALTHCARE GROUP 1443 DANVILLE BOULEVARD ALAMO, CA 94507-1973</p>	<p>TRI COUNTIES BANK FALL RIVER MILLS, CA 95028 80-3504/1211</p> <p>34064 34064</p> <p>\$**3,681.15**</p> <p><i>Signature</i></p>
---	--

⑈034064⑈ ⑆121135045⑆

161900150⑈



V 112
8610-2300-2,511.¹⁵

Claims Deductible Invoice

62562

Invoice For: Mayers Memorial Hospital District (MAYERS2)

Invoice Number: 0004880

Invoice Date: September 02, 2020

Due Date: September 17, 2020

Claim Number	Case Name	Coverage		Claims Representative	Amount Due (Credited)
		Type	Year		
19-001160	Boggs v. MAYERS2	HCL	2019	Kevin Dwyer	\$2,511.15
Subtotal Due (or Credited):					\$2,511.15
Advance Payment Applied to this Invoice:					\$0.00
Total Due (or Credited):					\$2,511.15

Instructions for Payment

Please make check payable to BETA Healthcare Group, 1443 Danville Boulevard, Alamo, CA 94507.
Please send a copy of this invoice with your check to ensure proper allocation of deductible funds. Thank you.

For invoice questions, please contact Yen Bach of our claims department at yen.bach@betahg.com or 1-800-838-4111.



V 112
8610-2300-1,170.⁰⁰

Claims Deductible Invoice

62563

Invoice For: Mayers Memorial Hospital District (MAYERS2)
 Invoice Number: 0004904
 Invoice Date: September 30, 2020 Due Date: October 15, 2020

Claim Number	Case Name	Coverage		Claims Representative	Amount Due (Credited)
		Type	Year		
19-001160	Boggs v. MAYERS2	HCL	2019	Kevin Dwyer	\$1,170.00
Subtotal Due (or Credited):					\$1,170.00
Advance Payment Applied to this Invoice:					\$0.00
Total Due (or Credited):					\$1,170.00

Instructions for Payment

Please make check payable to BETA Healthcare Group, 1443 Danville Boulevard, Alamo, CA 94507.
 Please send a copy of this invoice with your check to ensure proper allocation of deductible funds. Thank you.

For invoice questions, please contact Yen Bach of our claims department at yen.bach@betahg.com or 1-800-838-4111.

MAYERS MEMORIAL HOSPITAL DISTRICT
 43563 STATE HIGHWAY 299E
 FALL RIVER MILLS, CA 96028

Vendor #112
 BETA HEALTHCARE GROUP

N^o
 34214

P.O. NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
	10/29/2020	BL-200042007	14,297.16	.00	14,297.16
Totals:			14,297.16	.00	14,297.16

PAYMENT AMT: 14,297.16

Solutions for Business • 800-862-3690

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MAYERS MEMORIAL HOSPITAL DISTRICT

43583 HWY 299E
 PO BOX 459
 FALL RIVER MILLS, CA 96028
 PH: 530-336-5511

TRI COUNTIES BANK
 FALL RIVER MILLS, CA 96028
 90-3504/1211

34214

34214

10/29/2020

\$**14,297.16**

Fourteen Thousand Two Hundred Ninety Seven And 16/100 Dollars*****

BETA HEALTHCARE GROUP

BETA HEALTHCARE GROUP
 1443 DANVILLE BOULEVARD
 ALAMO, CA 94507-1973



[Handwritten Signature]

⑈034214⑈ ⑆121135045⑆ 161900150⑈

MAYERS MEMORIAL HOSPITAL DISTRICT
 43583 STATE HIGHWAY 289E
 FALL RIVER MILLS, CA 96028

Vendor #181
 CAHHS-UID ACCOUNTING

N^o
 33567

P.O. NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
	08/18/2020	UTF20088	1,665.00	.00	1,665.00
Totals:			1,665.00	.00	1,665.00

PAYMENT AMT: 1,665.00

Business Solutions for Business • 800-882-5890

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MAYERS MEMORIAL HOSPITAL DISTRICT
 43583 HWY 289E
 PO BOX 459
 FALL RIVER MILLS, CA 96028
 PH: 530-336-5511

TRI COUNTIES BANK
 FALL RIVER MILLS, CA 96028
 90-3504/1211

33567

33567

09/03/2020

\$**1,665.00**

One Thousand Six Hundred Sixty Five And 00/100 Dollars*****

CAHHS- UID ACCOUNTING

CAHHS- UID ACCOUNTING
 1215 K STREET, #800
 SACRAMENTO, CA 95814



[Handwritten Signature]

⑈033567⑈ ⑆121135045⑆ 161900150⑈




Unemployment
Insurance
Division

✓ 181

Mayers Memorial Hospital District
Attn: Anna Sanchez, Controller
43563 Highway 299E
Fall River Mills CA 96028-0459

Invoice # UTF20088
Date 8/18/2020
ID # 0118
Terms Net 30

<u>Quantity</u>	<u>Description</u>	<u>Amount</u>
1	July - Oct. 2020 Unemployment Insurance Services	\$1,665.00
<p>8880-1100 - 1,665, ⁰⁰ 61489</p> 		
Remit to: CAHHS - Unemployment Insurance Div. Attn: Accounting Department 1215 K Street, Suite 800 Sacramento, CA 95814		Subtotal \$1,665.00 Misc \$0.00 Tax \$0.00 Freight \$0.00 Total \$1,665.00
Please enclose copy of invoice with payment		

A program of the California Association of Hospitals and Health Systems to serve health care employers.
Affiliated with the California Hospital Association.
P.O. Box 7565, • Northridge, CA 91327-7565 • Telephone 818.407-3926 • Fax 818.407-3937 • Website www.cahhsui.org

VISA (TRI COUNTIES BANK) STATEMENT CODING

8/15/20-9/14/20 CLOSING STATEMENT

Received	DATE	PURCHASES	WHO'S CARD	TOTAL AMOUNT	PURCHASE		TAX		-8310 for Rtl Pharm		-6810 for Rtl Pharm		PO#	notes
					AMOUNT	GL CODING	AMOUNT	GL CODING	AMOUNT	GL CODING	DIFF			
	1	08/17/2020	DOLLAR GENERAL #16240 FALL RIVE	WARD, LOUIS	55.03	53.30	8610-5000	1.73	8610-8300				-	N/A
	2	08/20/2020	ACHD PAYME* ASSOCIATIO WWW.ACHD.	LAKEY, VAL	80.00	80.00	8610-8700						-	N/A
	3	08/20/2020	DOLLAR GENERAL #16240 FALL RIVE	WARD, LOUIS	42.62	42.62	1251-1300						-	N/A
	4	08/21/2020	MEDICAL DEVICE DEPOT 410-750-8	HARRIS, RYAN	101.63	80.00	6170-5000			21.63	6170-6800		-	
	5	08/21/2020	TITAN DISTRIBUTORS INC 800-60582	HARRIS, RYAN	171.59	159.99	7770-5000	11.60	7770-8300				-	50397055 X
	6	08/21/2020	VITALITY MEDICAL INC 180-173-3	HARRIS, RYAN	163.08	139.90	6580-5000	10.14	6580-8300	13.04	6580-6800		-	50397047 X
	7	08/21/2020	FALL RIVER HOTEL FALL RIVE	WARD, LOUIS	64.49	60.81	8610-5000	3.68	8610-8300				-	N/A
	8	08/21/2020	APMS 866-36574	LAKEY, TRAVIS	250.00	250.00	8750-5000						-	N/A
	9	08/25/2020	MONOPRICE INC. 877-271-2	HARRIS, RYAN	68.23	55.24	8485-5000	4.00	8485-8300	8.99	8485-6800		-	50397069 X
	10	08/25/2020	4IMPRINT 877-44677	WARD, LOUIS	996.38	897.50	8610-5000	65.07	8610-8300	33.81	8610-6800		-	N/A
	11	08/26/2020	CALLCARE 717-393-9	HARRIS, RYAN	12.90					12.90	6580-6200		-	50397065 X
	12	08/26/2020	CALLCARE 717-393-9	HARRIS, RYAN	56.00	56.00	6580-6200						-	50397065 X
	13	08/27/2020	FALL RIVER HOTEL FALL RIVE	LAKEY, VAL	41.72	41.72	8610-5000						-	N/A
	14	08/27/2020	IN *SUPREME GRAPHICS 530-70800	LAKEY, VAL	886.47	886.47	8630-7000						-	N/A
	15	08/27/2020	4ALLPROMOS 866-732-3	HARRIS, RYAN	610.42	530.00	8390-5000	38.43	8390-8300	41.99	8390-6800		-	50396983 X
	16	08/27/2020	AAAWHOLESA 650-997-0880 ca	HARRIS, RYAN	215.62	215.62	1250-0507						-	50397084 X
	17	09/03/2020	WF* WAYFAIR 3378737027 HTTPSWWW.	HARRIS, RYAN	123.33	114.99	8610-5000	8.34	8610-8300				-	50397117 X
	18	09/04/2020	JW WOOD CO INC REDDING	HARRIS, RYAN	858.80	800.75	8450-5000	58.05	8450-8300				-	N/A
	19	09/04/2020	CALIF SHINGLE AND SHAK REDDING	HARRIS, RYAN	566.34	528.06	8450-5000	38.28	8450-8300				-	N/A
	20	09/04/2020	PLANGRID HTTPSWWW.	HARRIS, RYAN	708.00	708.00	8450-5000						-	N/A
	21	09/04/2020	WF* WAYFAIR 3406707977 HTTPSWWW.	HARRIS, RYAN	70.77	65.99	8610-5000	4.78	8610-8300				-	50397137 X
	22	09/08/2020	WF* WAYFAIR 3378737027 866263832	HARRIS, RYAN	(104.00)	(104.00)	8610-5000						-	N/A
	23	09/08/2020	S OREGON FOOD AND BEV CAVE JUNC	WARD, LOUIS	7.00	7.00	6170-5000						-	N/A
	24	09/08/2020	USPS PO 0546200056 MCARTHUR	WARD, LOUIS	4.10	4.10	8610-5000						-	N/A
	25	09/10/2020	POSITIVE PROMOTIONS 800-63526	LAKEY, VAL	553.81	225.85	8630-7000						-	N/A
						247.50	8610-5000	58.8	8610-8300	21.66	8610-6800		-	N/A
	26	09/10/2020	AMZN Mktp US*MU3591WC1 Amzn.com/	LAKEY, VAL	30.00	27.98	8610-5000	2.02	8610-8300				-	N/A
	27	09/10/2020	CALL-EM-ALL 972-668-1	LAKEY, VAL	75.00	75	8610-5000						-	N/A
	28	09/11/2020	WALMART.COM AX 800-966-6	LAKEY, VAL	20.16	20.16	8753-5000						-	N/A
	29	09/11/2020	WALMART.COM AX 800-966-6	LAKEY, VAL	16.64	8.57	8753-5000	2.08	8753-8300	5.99	8753-6800		-	N/A
	30	09/14/2020	OTC BRANDS INC 800-22804	LAKEY, VAL	37.86	35.30	8610-5000	2.56	8610-8300				-	N/A
	31	09/14/2020	CALL-EM-ALL 972-668-1	LAKEY, VAL	35.00	35.00	8720-6900						-	N/A
	32	09/14/2020	LASSEN RV RESORT - ECO 530-336-5	WARD, LOUIS	159.08	159.08	8610-5000						-	
	33	09/14/2020	SIGNMOJO.COM SIGNMOJO.	WARD, LOUIS	781.11	723.25	6580-5000	57.86	6580-8300				-	50397163 X
					<u>7,759.18</u>									
						7,231.75		367.42		160.01			0.00	
													0.00	
						0.00								

VISA (TRI COUNTIES BANK) STATEMENT CODING		7/15/20-8/14/20 CLOSING STATEMENT						-8310 for Rtl Pharm		-6810 for Rtl Pharm			
DATE	PURCHASES	WHO'S CARD	TOTAL AMOUNT	PURCHASE AMOUNT	GL CODING	TAX AMOUNT	GL CODING	AMOUNT	GL CODING	DIFF	PO#	notes	
1	07/15/2020	TITAN DISTRIBUTORS INC 800-60582	HARRIS, RYAN	112.60	104.99	7770-5000	7.61	7770-8300		-		50396788 X	
2	07/16/2020	FALL RIVER HOTEL FALL RIVE	HARRIS, RYAN	74.25	74.25	8610-5000				-	N/A		
3	07/20/2020	Box Inc. 877-72942	HARRIS, RYAN	600.00	600.00	8610-8600				-	N/A		
4	07/20/2020	WF* WAYFAIR 2901148077 HTTPSWWW.	HARRIS, RYAN	922.34	859.99	8610-4900	62.35	8610-8300		-		50396815 X	
5	07/22/2020	DOLLAR GENERAL #16240 FALL RIVE	LAKEY, VAL	30.83	30.83	8610-5000				-	N/A		
6	07/22/2020	TNR BATTERIES 407-32130	HARRIS, RYAN	144.88	116.00	6580-6200	8.41	6580-8300	20.47	6580-6800	-	50396826 X	
7	07/24/2020	CONCORD HEALTH SPL 888-970-2	HARRIS, RYAN	4,150.00	4,150.00	7720-4900				-		50396854 X	
8	07/24/2020	ZORO TOOLS INC 855-28996	HARRIS, RYAN	159.33	148.56	8450-5000	10.77	8450-8300		-		50396848 X	
9	07/27/2020	MONOPRICE INC. 877-271-2	HARRIS, RYAN	132.03	117.51	8485-5000	8.52	8485-8300	6.00	8485-6800	-	50396874 X	
10	07/27/2020	SOURCE ORTHO 866-425-3	HARRIS, RYAN	49.23	43.98	7770-5000			5.25	7770-6800	-	50396871 X	
11	07/27/2020	CARETTA DESKS LTD 614-430-8	WARD, LOUIS	920.00	871.00	8610-5000			49.00	8610-6800	-	N/A	
12	07/29/2020	TOP QUALITY MFG 610-461-6	HARRIS, RYAN	116.37	108.50	8440-4500	7.87	8440-8300		-		50396882 X	
13	07/29/2020	DISPLAYS2GO 401-247-0	HARRIS, RYAN	349.23	323.68	8610-5000			25.55	8610-6800	-	50396855 X	
14	07/30/2020	SANITARY SUPPLY CORP 800-89304	HARRIS, RYAN	138.52	113.16	1081-0014			25.36	8400-6800	-	50396868 X	
15	07/30/2020	RAYS FOOD PLACE #52 FALL RIVE	WARD, LOUIS	24.79	24.79	8610-5000				-	N/A		
16	07/31/2020	PARTY CITY BOSS 973-453-8	HARRIS, RYAN	61.06	56.93	6585-5000	4.13	6585-8300		-		50396912 X	
17	08/03/2020	OTC BRANDS INC 800-22804	HARRIS, RYAN	314.18	292.94	6585-5000	21.24	6585-8300		-		50396911 X	
18	08/03/2020	ENV SERVICES INC 800-883-3	HARRIS, RYAN	665.00	665.00	1250-0507				-		50396904	
19	08/03/2020	THE HOME DEPOT #6682 REDDING	WARD, LOUIS	198.19	198.19	8450-5000				-	N/A		
20	08/03/2020	OPC CROS R2 PYMNT FEE 800-48745	LAKEY, TRAVIS	22.79	22.79	8890-9000				-	N/A		
21	08/03/2020	CALIFORNIA DEPARTMENT 800-50071	LAKEY, TRAVIS	991.00	991.00	8850-8300				-	N/A		
22	08/04/2020	ESUTURES.COM 708-478-3	HARRIS, RYAN	1,040.00	1,040.00	1081-0014				-		50396919 X	
23	08/04/2020	LOWES #00907* 866-483-7	HARRIS, RYAN	2,580.82	1,210.95	8510-5000	79.46	8510-8300		-	N/A		
					1,290.41	1250-0507				-	N/A		
24	08/05/2020	24HOURWRISTBANDS.COM 855-711-4	HARRIS, RYAN	277.80	277.80	1081-0014				-		50396941 X	
25	08/05/2020	SQ *OL MERC PIZZA COMP 877-417-4	HARRIS, RYAN	128.70	120.00	8610-5000	8.7	8610-8300		-	N/A		
26	08/05/2020	KUEBLER'S FURNITURE IN REDDING	WARD, LOUIS	7,310.16	7,310.16	1251-1300				-	N/A		
27	08/06/2020	DOLLAR GENERAL #16240 FALL RIVER	LAKEY, VAL	108.23	103.30	8610-5000	4.93	8610-8300		-	N/A		
28	08/06/2020	METRO SHELIVING 443-367-0	HARRIS, RYAN	1,071.56	1,071.56	1250-0507				-		50396948 X	
29	08/06/2020	DISPLAYS2GO 401-247-0	HARRIS, RYAN	285.31	242.20	8610-5000	17.56	8610-8300	25.55	8610-6800	-	50396947 X	
30	08/06/2020	BESTBUYCOM806267661557 888-BESTB	WARD, LOUIS	574.42	574.42	8610-5000				-			
31	08/06/2020	BESTBUYCOM806267661557 888-BESTB	WARD, LOUIS	171.59	171.59	8610-5000				-			
32	08/06/2020	SMK*SURVEYMONKEY.COM 971-24455	WARD, LOUIS	384.00	384.00	7843-5000				-	N/A		
33	08/07/2020	COMPLIANCESIGNS.COM 800-57812	HARRIS, RYAN	85.80	85.80	1250-0507				-		50396968 X	
34	08/07/2020	TIGER MEDICAL 877-86674	HARRIS, RYAN	229.39	229.39	1250-0507				-		50396951 X	
35	08/07/2020	NORCAL CONTAINER 530-859-2	WARD, LOUIS	1,500.00	1,500.00	1240-0030				-	N/A		
36	08/07/2020	BESTBUYCOM806267661557 888-BESTB	WARD, LOUIS	381.36	381.36	8610-5000				-			
37	08/10/2020	CALL-EM-ALL 972-668-1	LAKEY, VAL	75.00	75.00	8610-5000				-			
38	08/10/2020	CANVA* 02775-10997295 HTTPSCANVA	LAKEY, VAL	119.40	119.40	8610-8300				-			
39	08/10/2020	MARKETLAB INC 866-23737	HARRIS, RYAN	309.74	309.74	1250-0507				-		50396931 X	
40	08/10/2020	RACKMOUNT SOLUTIONS 180-035-2	HARRIS, RYAN	1,057.59	849.30	8450-9050	61.57	8450-8300	146.72	8450-6800	-	50396970 X	
41	08/10/2020	KUEBLER'S FURNITURE IN REDDING	WARD, LOUIS	5,044.99	5,044.99	1251-1300				-	N/A		
42	08/10/2020	SP * BASICBREATHRE CALGARY	WARD, LOUIS	519.80	103.96	7010-4820				-	N/A		
					103.96	6170-4820				-	N/A		
					103.96	7012-4820				-	N/A		
					207.92	6580-4820				-	N/A		
43	08/10/2020	titley .	WARD, LOUIS	49.70	49.70	8610-5000				-			
44	08/10/2020	FRGN TRANS FEE-SP * BASICBREATHRE	74083420220000005137103; 00000;	10.39	10.39	6580-4820				-	N/A		
45	08/10/2020	FRGN TRANS FEE-titley	74040060220006177278787; 00000;	0.99	0.99	8610-5000				-			
46	08/11/2020	SMILEBOX INC 888966973	LAKEY, VAL	139.99	139.99	8630-7000				-	N/A		
47	08/11/2020	CONTAINERSTORE.COM 800-733-3	HARRIS, RYAN	444.02	414.00	7010-5000	30.02	7010-8300		-		50396957 X	
48	08/11/2020	BESTBUYCOM806273842519 888-BESTB	WARD, LOUIS	1,076.49	1,076.49	8610-5000				-			
49	08/12/2020	MILLIPORE *AMERICAS 800-645-5	HARRIS, RYAN	470.29	452.00	7500-6200			18.29	7500-6800	-	50396984 X	
50	08/14/2020	COOK CONCRETE PRODUCTS REDDING	HARRIS, RYAN	410.23	410.23	1251-1300				-	N/A		
				36,034.38									
					35,379.05		333.14		322.19	0.00			
										0.00			

DEBIT CARD ACCOUNT #161014874

CARD - LOUIS WARD (LIMITS PER DAY 2500.00) PER CARD

FYE 2021

DATE	DESCRIPTION	RECV DOC	AMOUNT	BALANCE
YR 2020	BALANCE FORWARD			7,818.12
				7,818.12 <u>GL Account</u>
7/3/2020	POS PUR 6331 LA COSINA_LA COSINA MICHOCANA-FRM, CA		(192.63)	7,625.49
07/13/2020	POS PUR 6331 WF* JOSS&M_WF* JOSS&MN 2866342_HTTPSWWW.WAYF		(768.89)	6,856.60
07/13/2020	POS PUR 6331 WEBPT INC._WEBPT INC._866-221-1870 AZ		(488.00)	6,368.60
07/15/2020	POS PUR 6331 USPS STAMP_USPS STAMPS ENDICIA_310-482-5800 CA		(100.00)	6,268.60
07/20/2020	REC POS 6331 STAMPS.COM_STAMPS.COM_855-608-2677 CA		(17.99)	6,250.61
8/3/2020	CM XFER FR DDA 000161900150		10,000.00	16,250.61
8/4/2020	PO PUR 6331 WF*WAYFAI_WF*WAYFAIR 3372123_HTTPSWWW.WAYF MA		(323.46)	15,927.15
8/12/2020	POS RTN 6331 EB 2020 CA_EB2020 CALIFORNIA_8014137200 CA		465.14	16,392.29
8/13/2020	POS PUR 6331 WEBPT INC._WEBPT INC._866-221-1870 AZ		(488.00)	15,904.29
8/19/2020	REC POS 6331 STAMPS.COM_STAMPS.COM 855-608-2677 CA		(17.99)	15,886.30
8/20/2020	POS PUR 6331 Engraving_Engraving Awards & 603-5244399 NH		(427.69)	15,458.61
9/1/2020	POS PUR 6331 USPS STAMP_USPS STAMPS ENDICIA_310-482-5800 CA		(100.00)	15,358.61
9/4/2020	REC POS 6331 SMK*SURVEY_SMK*SURVEYMONKEY.CO_971-2445555 CA		(384.00)	14,974.61
9/8/2020	POS PUR 6331 OTC BRANDS_OTC BRANDS INC_800-2280475 NE		(12.37)	14,962.24
9/8/2020	POS PUR 6331 OTC BRANDS_OTC BRANDS INC_800-2280475 NE		(41.78)	14,920.46
9/14/2020	POS PUR 6331 WEBPT INC._WEBPT INC._866-221-1870 AZ		(488.00)	14,432.46
9/21/2020	REC POS 6331 STAMPS.COM_STAMPS.COM 855-608-2677 CA		(17.99)	14,414.47
9/22/2020	POS PUR 6331 Engraving_Engraving Awards & 603-5244399 NH		(71.00)	14,343.47
9/23/2020	POS PUR 6331 OMNICARD_OMNICARD 877-746-6664		(167.59)	14,175.88
9/25/2020	POS PUR 6331 USPS STAMP_USPS STAMPS ENDICIA_310-482-5800 CA		(100.00)	14,075.88
10/6/2020	POS PUR 6331 SIMPLIFY C_SIMPLIFYCOMPLIANCE_BRENTWOOD TN		(899.00)	13,176.88
10/13/2020	POS PUR 6331 WEBPT INC._WEBPT INC._866-221-1870 AZ		(488.00)	12,688.88
10/19/2020	REC POS 6331 STAMPS.COM_STAMPS.COM 855-608-2677 CA		(17.99)	12,670.89
10/23/2020	POS PUR 6331 USPS STAMP_USPS STAMPS ENDICIA_310-482-5800 CA		(100.00)	12,570.89
10/29/2020	POS PUR 6331 NBF*NATL B NBF*NATL BIZ FURNIT 800-626-6060 WI		(179.97)	12,390.92
				12,390.92
				12,390.92

MAYERS MEMORIAL HOSPITAL DISTRICT
 43563 STATE HIGHWAY 299E
 FALL RIVER MILLS, CA 96028

Vendor #1588
 GOLDEN STATE RISK MANAGEMENT AUTHORITY

No
 32965

P.O. NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
	07/14/2020	EB071520-27	157,857.00	.00	157,857.00
Totals:			157,857.00	.00	157,857.00

PAYMENT AMT: 157,857.00

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MAYERS MEMORIAL HOSPITAL DISTRICT
 43563 HWY 299E
 PO BOX 4597
 FALL RIVER MILLS, CA 96028
 PH 530-336-5511

TRI-COUNTIES BANK
 FALL RIVER MILLS, CA 96028
 90-3504/1211

32965
 32965

07/16/2020
 \$ 157,857.00

One Hundred Fifty Seven Thousand Eight Hundred Fifty Seven And 00/100 Dollars

GOLDEN STATE RISK MANAGEMENT AUTHORITY
 GOLDEN STATE RISK MANAGEMENT AUTHORITY
 PO BOX 706
 WILLOWS, CA 95988



⑈032965⑈ ⑆121135045⑆ 161900150⑈

Golden State Risk Management Authority
P.O. Box 706
Willows, CA 95988

Telephone: (530) 934-5633

Mayers Memorial Hospital District
PO Box 459
Fall River Mills, CA 96028

V 1588

1100-0020-157,857.⁰⁰

60392

Invoice

Invoice Number
EB071520-27

Invoice Date
Jul 15, 2020

Page :
1

Member Code EBMAYEMEM	Payment Terms Due and Payable Upon Receipt	Delinquent After 7/30/20
--------------------------	---	-----------------------------

Item Qty	Description	Price Each	Amount
81.00	Health - Area 2 - Silver plan - Employee Only	622.00	50,382.00
45.00	Health - Area 2 - Silver plan - Employee + 1	1,244.00	55,980.00
34.00	Health - Area 2 - Silver plan - Employee + Family	1,617.00	54,978.00
	Adjustments to prior period covering Health Plan EB charges - see detail		-3,483.00

Total Invoice Amount 157,857.00
Payment/Credit Applie
TOTAL 157,857.00

Please make checks payable to: Golden State Risk Management Authority

MAYERS MEMORIAL HOSPITAL DISTRICT
 43563 STATE HIGHWAY 299E
 FALL RIVER MILLS, CA 96028

Vendor #1588
 GOLDEN STATE RISK MANAGEMENT AUTHOF

N^o
 33421

P.O. NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
	08/15/2020	EB081520-28	172,287.00	.00	172,287.00
Totals:			172,287.00	.00	172,287.00

PAYMENT AMT: 172,287.00

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MAYERS MEMORIAL HOSPITAL DISTRICT
 43563 HWY 299E
 PO BOX 459
 FALL RIVER MILLS, CA 96028
 PH 530 336 5511

TRI COUNTIES BANK
 FALL RIVER MILLS, CA 96028
 90-3504/1211

33421

33421

08/20/2020

\$**172,287.00**

One Hundred Seventy Two Thousand Two Hundred Eighty Seven And 00/100 Dollars*****

GOLDEN STATE RISK MANAGEMENT AUTHORITY

GOLDEN STATE RISK MANAGEMENT AUTHORITY
 PO BOX 706
 WILLOWS, CA 95988



[Handwritten Signature]

⑈033421⑈ ⑆121135045⑆

161900150⑈

Golden State Risk Management Authority
P.O. Box 706
Willows, CA 95988

Telephone: (530) 934-5633

V 1588

1100-0020-172,287.⁰⁰

61150

Invoice

Invoice Number
EB081520-28

Invoice Date
Aug 15, 2020

Page :
1

Mayers Memorial Hospital District
PO Box 459
Fall River Mills, CA 96028

Member Code EBMAYEMEM	Payment Terms Due and Payable Upon Receipt	Delinquent After 8/30/20
---------------------------------	--	------------------------------------

Item Qty	Description	Price Each	Amount
85.00	Health - Area 2 - Silver plan - Employee Only	622.00	52,870.00
46.00	Health - Area 2 - Silver plan - Employee + 1	1,244.00	57,224.00
35.00	Health - Area 2 - Silver plan - Employee + Family	1,617.00	56,595.00
	Adjustments to prior period covering Health Plan EB charges - see detail		5,598.00

Total Invoice Amount	172,287.00
Payment/Credit Applie	
TOTAL	172,287.00

Please make checks payable to: Golden State Risk Management Authority

MAYERS MEMORIAL HOSPITAL DISTRICT
 43563 STATE HIGHWAY 299E
 FALL RIVER MILLS, CA 96028

Vendor #1588
 GOLDEN STATE RISK MANAGEMENT AUTHOF

Nº
 33748

P.O. NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
	09/15/2020	EB091520-28	174,030.00	.00	174,030.00
Totals:			174,030.00	.00	174,030.00

PAYMENT AMT: 174,030.00

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MAYERS MEMORIAL HOSPITAL DISTRICT
 43563 HWY 299E
 PO BOX 459
 FALL RIVER MILLS, CA 96028
 PH: 530-336-5511

TR. COUNTIES BANK
 FALL RIVER MILLS, CA 96028
 90-3504/1211

33748

33748

09/17/2020

\$**174,030.00**

One Hundred Seventy Four Thousand Thirty And 00/100 Dollars.....

GOLDEN STATE RISK MANAGEMENT AUTHORITY

GOLDEN STATE RISK MANAGEMENT AUTHORITY
 PO BOX 708
 WILLOWS, CA 95988



[Handwritten signature]

⑈033748⑈ ⑆121135045⑆ 161900150⑈

Golden State Risk Management Authority
P.O. Box 706
Willows, CA 95988

Telephone: (530) 934-5633

Invoice

Invoice Number
EB091520-28

Invoice Date
Sep 15, 2020

Page :
1

V 1588

1100-0020 - 174,030.⁰⁰

61850

Mayers Memorial Hospital District
PO Box 459
Fall River Mills, CA 96028

Member Code EBMAYEMEM	Payment Terms Due and Payable Upon Receipt	Delinquent After 9/30/20
---------------------------------	--	------------------------------------

Item Qty	Description	Price Each	Amount
84.00	Health - Area 2 - Silver plan - Employee Only	622.00	52,248.00
50.00	Health - Area 2 - Silver plan - Employee + 1	1,244.00	62,200.00
34.00	Health - Area 2 - Silver plan - Employee + Family	1,617.00	54,978.00
	Adjustments to prior period covering Health Plan EB charges - see detail		4,604.00

Total Invoice Amount 174,030.00
Payment/Credit Applie
TOTAL 174,030.00

Please make checks payable to: Golden State Risk Management Authority

MAYERS MEMORIAL HOSPITAL DISTRICT
 43563 STATE HIGHWAY 299E
 FALL RIVER MILLS, CA 95028

Vendor #1588
 GOLDEN STATE RISK MANAGEMENT AUTHOF

Nº
 34083

P.O. NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
	10/13/2020	EB101520-28	161,340.00	.00	161,340.00
Totals:			161,340.00	.00	161,340.00

PAYMENT AMT: 161,340.00

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MAYERS MEMORIAL HOSPITAL DISTRICT 43563 HWY 299E PO BOX 459 FALL RIVER MILLS CA 95028 PH: 530-336-5511	TRI COUNTIES BANK FALL RIVER MILLS CA 95028 90-3504/1211	34083	34083
10/15/2020	\$**161,340.00**		
One Hundred Sixty One Thousand Three Hundred Forty And 00/100 Dollars*****			
GOLDEN STATE RISK MANAGEMENT AUTHORITY			
GOLDEN STATE RISK MANAGEMENT AUTHORITY PO BOX 706 WILLOWS, CA 95988			

⑈034083⑈ ⑆121135045⑆

161900150⑈

Golden State Risk Management Authority
P.O. Box 706
Willows, CA 95988

Telephone: (530) 934-5633

Invoice

Invoice Number
EB101520-28

Invoice Date
Oct 15, 2020

Page
1

✓ 1588

1100-0020-161,340.⁰⁰

62578

Mayers Memorial Hospital District
PO Box 459
Fall River Mills, CA 96028

Member Code	Payment Terms	Delinquent After
EBMAYEMEM	Due and Payable Upon Receipt	10/30/20

Item Qty	Description	Price Each	Amount
84.00	Health - Area 2 - Silver plan - Employee Only	622.00	52,248.00
49.00	Health - Area 2 - Silver plan - Employee + 1	1,244.00	60,956.00
34.00	Health - Area 2 - Silver plan - Employee + Family	1,617.00	54,978.00
	Adjustments to prior period covering Health Plan EB charges - see detail		-6,842.00

Total Invoice Amount 161,340.00
Payment/Credit Applic
TOTAL 161,340.00

Please make checks payable to: Golden State Risk Management Authority

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**
 (Rev. April 2020) Department of the Treasury — Internal Revenue Service

950120
 OMB No. 1545-0029

Employer Identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2020
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<input type="text" value="227"/>
2	Wages, tips, and other compensation	2	<input type="text" value="3,267,472.95"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="327,586.82"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
		Column 1	Column 2
5a	Taxable social security wages	<input type="text" value="3,378,855.09"/>	<input type="text" value="418,978.03"/>
5a (i)	Qualified sick leave wages	<input type="text" value="."/>	<input type="text" value="."/>
5a (ii)	Qualified family leave wages	<input type="text" value="."/>	<input type="text" value="."/>
5b	Taxable social security tips	<input type="text" value="."/>	<input type="text" value="."/>
5c	Taxable Medicare wages & tips	<input type="text" value="3,378,855.09"/>	<input type="text" value="97,986.80"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text" value="."/>	<input type="text" value="."/>
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<input type="text" value="516,964.83"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text" value="."/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="844,551.65"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="."/>
8	Current quarter's adjustment for sick pay	8	<input type="text" value="."/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text" value="."/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="844,551.65"/>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<input type="text" value="."/>
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	<input type="text" value="."/>
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	<input type="text" value="."/>

▶ You MUST complete all three pages of Form 941 and SIGN it.

Next ▶▶

Name (not your trade name) MAYERS MEMORIAL HOSPITAL DISTRICT Employer Identification number (EIN) 94-1634940

Part 1: Answer these questions for this quarter. (continued)

11d Total nonrefundable credits. Add lines 11a, 11b, and 11c
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10
13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter
13b Deferred amount of the employer share of social security tax
13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1
13d Refundable portion of employee retention credit from Worksheet 1
13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d
13f Total advances received from filing Form(s) 7200 for the quarter
13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions
15 Overpayment. If line 13g is more than line 12, enter the difference

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1, Month 2, Month 3

Total liability for quarter Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

You MUST complete all three pages of Form 941 and SIGN it.

Next

Name (not your trade name)

Employer identification number (EIN)

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages / / ; also attach a statement to your return. See instructions.
- 18 If you're a seasonal employer and you don't have to file a return for every quarter of the year Check here.
- 19 Qualified health plan expenses allocable to qualified sick leave wages 19
- 20 Qualified health plan expenses allocable to qualified family leave wages 20
- 21 Qualified wages for the employee retention credit 21
- 22 Qualified health plan expenses allocable to wages reported on line 21 22
- 23 Credit from Form 5884-C, line 11, for this quarter 23
- 24 Qualified wages paid March 13 through March 31, 2020, for the employee retention credit (use this line only for the second quarter filing of Form 941) 24
- 25 Qualified health plan expenses allocable to wages reported on line 24 (use this line only for the second quarter filing of Form 941) 25

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

Anna Sanchez

Print your name here

ANNA SANCHEZ

Print your title here

CONTROLLER

Date 7 / 30 / 2020

Best daytime phone 530-336-5511 ext 1123

Paid Preparer Use Only

Check if you're self-employed

Preparer's name

PTIN

Preparer's signature

Date / /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) 9 4 - 1 6 3 4 9 4 0

Name (not your trade name) MAYERS MEMORIAL HOSPITAL DISTRICT

Calendar year 2 0 2 0 (Also check quarter)

Report for this Quarter...
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1	.	9	.	17	124,349 . 43	25	.	Tax liability for Month 1 237,367 . 66
2	.	10	.	18	.	26	.	
3	113,018 . 23	11	.	19	.	27	.	
4	.	12	.	20	.	28	.	
5	.	13	.	21	.	29	.	
6	.	14	.	22	.	30	.	
7	.	15	.	23	.	31	.	
8	.	16	.	24	.			

Month 2

1	127,016 . 06	9	.	17	.	25	.	Tax liability for Month 2 375,129 . 65
2	.	10	.	18	.	26	.	
3	.	11	.	19	.	27	.	
4	.	12	.	20	.	28	.	
5	.	13	.	21	.	29	123,220 . 48	
6	.	14	.	22	.	30	.	
7	.	15	124,893 . 11	23	.	31	.	
8	.	16	.	24	.			

Month 3

1	.	9	.	17	.	25	.	Tax liability for Month 3 232,054 . 34
2	.	10	.	18	.	26	115,828 . 31	
3	.	11	.	19	.	27	.	
4	.	12	116,226 . 03	20	.	28	.	
5	.	13	.	21	.	29	.	
6	.	14	.	22	.	30	.	
7	.	15	.	23	.	31	.	
8	.	16	.	24	.			

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter

844,551 . 65

PPE

03/28/20

	Supplemental	Regular	Total
Gross		\$471,697.10	\$471,697.10
FICA (OASDI)		\$27,775.88	\$27,775.88
Medicare		\$6,495.95	\$6,495.95
SDI		\$4,480.03	\$4,480.03
FED		\$44,474.25	\$44,474.25
STATE		\$14,401.64	\$14,401.64
Net		\$326,732.87	\$326,732.87
		\$0.00	\$0.00
Other			\$0.00

each PPE

Health + Dental =	\$23,697.23
-------------------	-------------

Taxes	Amount	Total	
FICA (OASDI)	\$55,551.87	\$113,018.02	Electronic Dated 04/06/20
Medicare (x2)	\$12,991.90		
Fed	\$44,474.25		

Taxes	Amount	Total	
SDI	\$4,480.00	\$18,881.64	Electronic Dated 04/08/20
State	\$14,401.64		

Quarter

2nd

PPE

04/11/20

	Supplemental	Regular	Total
Gross	\$42,541.64	\$487,375.54	\$529,917.18
FICA (OASDI)	\$2,637.57	\$28,734.53	\$31,372.10
Medicare	\$616.83	\$6,720.25	\$7,337.08
SDI	\$425.43	\$4,634.60	\$5,060.03
FED	\$923.07	\$46,008.05	\$46,931.12
STATE	\$266.58	\$15,004.03	\$15,270.61
Net	\$37,416.81	\$337,288.53	\$374,705.34
		\$0.00	\$0.00
Other			\$0.00

each PPE

Health + Dental =	\$23,915.13
-------------------	-------------

<u>Taxes</u>	<u>Amount</u>	<u>Total</u>	
FICA (OASDI)	\$62,744.23	\$124,349.51	Electronic Dated 04/20/20
Medicare (x2)	\$14,674.16		
Fed	\$46,931.12		

<u>Taxes</u>	<u>Amount</u>	<u>Total</u>	
SDI	\$5,060.02	\$20,330.63	04/22/20
State	\$15,270.61		

Quarter

2nd

PPE

04/25/20

	Supplemental	Regular	Total
Gross	\$43,351.45	\$478,220.10	\$521,571.55
FICA (OASDI)	\$2,687.79	\$28,186.72	\$30,874.51
Medicare	\$628.60	\$6,592.06	\$7,220.66
SDI	\$433.53	\$4,546.19	\$4,979.72
FED	\$5,063.28	\$45,762.68	\$50,825.96
STATE	\$1,978.76	\$14,738.55	\$16,717.31
Net	\$31,506.82	\$325,228.85	\$356,735.67
		\$0.00	\$0.00
Other			\$0.00

each PPE

Health + Dental =	\$23,597.03
-------------------	-------------

<u>Taxes</u>	<u>Amount</u>	<u>Total</u>	
FICA (OASDI)	\$61,748.93		
Medicare (x2)	\$14,441.32		<u>Electronic Dated</u>
Fed	\$50,825.96	\$127,016.21	05/01/20

<u>Taxes</u>	<u>Amount</u>	<u>Total</u>	
SDI	\$4,979.75		
State	\$16,717.31	\$21,697.06	05/01/20

Quarter

2nd

PPE

05/09/20

	Supplemental	Regular	Total
Gross	\$40,616.40	\$482,297.77	\$522,914.17
FICA (OASDI)	\$2,506.17	\$28,407.72	\$30,913.89
Medicare	\$586.09	\$6,643.78	\$7,229.87
SDI	\$404.21	\$4,581.92	\$4,986.13
FED	\$2,762.87	\$45,842.49	\$48,605.36
STATE	\$1,072.18	\$14,851.94	\$15,924.12
Net	\$32,716.55	\$333,357.12	\$366,073.67
		\$0.00	\$0.00
Other			\$0.00

each PPE

Health + Dental =	\$24,107.20
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<u>Taxes</u>	<u>Amount</u>	<u>Total</u>	
FICA (OASDI)	\$61,839.92		
Medicare (x2)	\$14,459.74		Electronic Dated
Fed	\$48,605.36	\$124,905.02	05/14/20

<u>Taxes</u>	<u>Amount</u>	<u>Total</u>	
SDI	\$4,988.07		
State	\$15,924.12	\$20,912.19	05/14/20

Quarter

2nd

PPE

05/23/20

	Supplemental	Regular	Total
Gross	\$38,787.45	\$488,609.45	\$527,396.90
FICA (OASDI)	\$2,394.51	\$28,796.85	\$31,191.36
Medicare	\$559.99	\$6,734.71	\$7,294.70
SDI	\$386.20	\$4,644.66	\$5,030.86
FED	\$728.11	\$45,520.36	\$46,248.47
STATE	\$246.60	\$14,706.38	\$14,952.98
Net	\$33,579.64	\$337,503.15	\$371,082.79
		\$0.00	\$0.00
Other			\$0.00

each PPE

Health + Dental =	\$24,145.73
-------------------	-------------

<u>Taxes</u>	<u>Amount</u>	<u>Total</u>	
FICA (OASDI)	\$62,392.93	\$123,230.80	Electronic Dated 05/29/20
Medicare (x2)	\$14,589.40		
Fed	\$46,248.47		

<u>Taxes</u>	<u>Amount</u>	<u>Total</u>	
SDI	\$5,032.51	\$19,985.49	05/29/20
State	\$14,952.98		

Quarter

2nd

PPE

06/06/20

	Supplemental	Regular	Total
Gross	\$6,279.98	\$480,454.24	\$486,734.22
FICA (OASDI)	\$389.37	\$28,260.30	\$28,649.67
Medicare	\$91.06	\$6,609.28	\$6,700.34
SDI	\$62.80	\$4,558.12	\$4,620.92
FED	\$59.60	\$45,466.59	\$45,526.19
STATE	\$8.18	\$14,771.68	\$14,779.86
Net	\$5,393.44	\$332,151.03	\$337,544.47
		\$0.00	\$0.00
Other			\$0.00

each PPE

Health + Dental =	\$24,643.76
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<u>Taxes</u>	<u>Amount</u>	<u>Total</u>	
FICA (OASDI)	\$57,299.28		
Medicare (x2)	\$13,400.68		Electronic Dated
Fed	\$45,526.19	\$116,226.15	06/12/20

<u>Taxes</u>	<u>Amount</u>	<u>Total</u>	
SDI	\$4,620.90		
State	\$14,779.86	\$19,400.76	06/12/20

Quarter

2nd

PPE

06/20/20

	Supplemental	Regular	Total
Gross	\$14,954.60	\$472,712.94	\$487,667.54
FICA (OASDI)	\$922.02	\$27,789.55	\$28,711.57
Medicare	\$215.62	\$6,499.23	\$6,714.85
SDI	\$148.69	\$4,477.34	\$4,626.03
FED	\$115.85	\$44,859.62	\$44,975.47
STATE	\$22.59	\$14,526.97	\$14,549.56
Net	\$12,690.36	\$327,843.57	\$340,533.93
		\$0.00	\$0.00
Other			\$0.00

each PPE

Health + Dental =	\$24,494.00
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<u>Taxes</u>	<u>Amount</u>	<u>Total</u>	
FICA (OASDI)	\$57,428.33	\$115,833.50	<u>Electronic Dated</u> 06/26/20
Medicare (x2)	\$13,429.70		
Fed	\$44,975.47		

<u>Taxes</u>	<u>Amount</u>	<u>Total</u>	
SDI	\$4,631.74	\$19,181.30	06/26/20
State	\$14,549.56		

Quarter

2nd

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**
 (Rev. July 2020) Department of the Treasury — Internal Revenue Service

950120
 OMB No. 1545-0029

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address
Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2020
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4)	1	<input type="text" value="230"/>
2	Wages, tips, and other compensation	2	<input type="text" value="2,868,359 . 06"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="283,008 . 47"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	<input type="text" value="2,881,399 . 55"/>	× 0.124 =	<input type="text" value="357,293 . 54"/>
5a (i)	<input type="text" value=" ."/>	× 0.062 =	<input type="text" value=" ."/>
5a (ii)	<input type="text" value=" ."/>	× 0.062 =	<input type="text" value=" ."/>
5b	<input type="text" value=" ."/>	× 0.124 =	<input type="text" value=" ."/>
5c	<input type="text" value="2,972,533 . 42"/>	× 0.029 =	<input type="text" value="86,203 . 47"/>
5d	<input type="text" value=" ."/>	× 0.009 =	<input type="text" value=" ."/>

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<input type="text" value="443,497 . 01"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text" value=" ."/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="726,505 . 48"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value=" ."/>
8	Current quarter's adjustment for sick pay	8	<input type="text" value=" ."/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text" value=" ."/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="726,505 . 48"/>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	<input type="text" value=" ."/>
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	<input type="text" value=" ."/>
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	<input type="text" value=" ."/>

Name (not your trade name)

MAYERS MEMORIAL HOSPITAL DISTRICT

Employer identification number (EIN)

94-1634940

Part 1: Answer these questions for this quarter. (continued)

11d Total nonrefundable credits. Add lines 11a, 11b, and 11c 11d

12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 12

13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PF), 944-X, or 944-X (SP) filed in the current quarter 13a

13b Deferred amount of social security tax 13b

13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 13c

13d Refundable portion of employee retention credit from Worksheet 1 13d

13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d 13e

13f Total advances received from filing Form(s) 7200 for the quarter 13f

13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e 13g

14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions 14

15 Overpayment. If line 13g is more than line 12, enter the difference Check one: Apply to next return. Send a refund.

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

▶ You MUST complete all three pages of Form 941 and SIGN it.

Next ▶

Name (not your trade name) MAYERS MEMORIAL HOSPITAL DISTRICT Employer identification number (EIN) 94-1634940

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages... 18 If you're a seasonal employer... 19 Qualified health plan expenses allocable to qualified sick leave wages... 20 Qualified health plan expenses allocable to qualified family leave wages... 21 Qualified wages for the employee retention credit... 22 Qualified health plan expenses allocable to wages reported on line 21... 23 Credit from Form 5884-C, line 11, for this quarter... 24 Deferred amount of the employee share of social security tax included on line 13b... 25 Reserved for future use

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

Handwritten signature: Anna Sanchez

Print your name here

ANNA SANCHEZ

Print your title here

CONTROLLER

Date 10/28/2020

Best daytime phone 530-336-5511 ext 1123

Paid Preparer Use Only

Check if you're self-employed

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City State

ZIP code

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. January 2017)

Department of the Treasury - Internal Revenue Service

Employer identification number (EIN) 9 4 - 1 6 3 4 9 4 0

Name (not your trade name) MAYERS MEMORIAL HOSPITAL DISTRICT

Calendar year 2 0 2 0 (Also check quarter)

Report for this Quarter...
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1				
1		9		Tax liability for Month 1 <div style="text-align: right; font-weight: bold;">239,310 • 35</div>
2		10	118,031 • 79	
3		11		
4		12		
5		13		
6		14		
7		15		
8		16	121,278 • 56	
Month 2				
1		9		Tax liability for Month 2 <div style="text-align: right; font-weight: bold;">236,255 • 84</div>
2		10		
3		11		
4		12		
5		13		
6		14		
7	114,225 • 91	15		
8		16		
Month 3				
1		9		Tax liability for Month 3 <div style="text-align: right; font-weight: bold;">250,939 • 29</div>
2		10	120,690 • 53	
3		11		
4	129,235 • 61	12		
5		13		
6		14		
7		15		
8		16		
Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶				Total liability for the quarter <div style="text-align: right; font-weight: bold;">726,505 • 48</div>
Total must equal line 12 on Form 941 or Form 941-SS.				

PPE

07/04/20

	Supplemental	Regular	Total
Gross	\$19,953.07	\$479,255.03	\$499,208.10
FICA (OASDI)	\$1,194.46	\$28,248.20	\$29,442.66
Medicare	\$279.35	\$6,606.30	\$6,885.65
SDI	\$192.65	\$4,472.18	\$4,664.83
FED	\$404.59	\$44,970.29	\$45,374.88
STATE	\$67.59	\$14,649.54	\$14,717.13
Net	\$16,723.69	\$331,776.25	\$348,499.94
		\$0.00	\$0.00
Other			\$0.00

each PPE

Health + Dental =	\$24,326.34
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<u>Taxes</u>	<u>Amount</u>	<u>Total</u>	
FICA (OASDI)	\$58,885.33		
Medicare (x2)	\$13,771.30		<u>Electronic Dated</u>
Fed	\$45,374.88	\$118,031.51	07/10/20

<u>Taxes</u>	<u>Amount</u>	<u>Total</u>	
SDI	\$4,748.82		
State	\$14,717.13	\$19,465.95	07/10/20

Quarter

3rd

PPE

07/18/20

	Supplemental	Regular	Total
Gross	\$40,015.13	\$468,464.65	\$508,479.78
FICA (OASDI)	\$2,465.50	\$27,368.48	\$29,833.98
Medicare	\$576.60	\$6,437.01	\$7,013.61
SDI	\$397.66	\$4,360.15	\$4,757.81
FED	\$3,543.34	\$44,039.96	\$47,583.30
STATE	\$1,429.42	\$14,200.15	\$15,629.57
Net	\$30,776.43	\$324,589.31	\$355,365.74
		\$0.00	\$0.00
Other			\$0.00

each PPE

Health + Dental =	\$24,783.27
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Taxes	Amount	Total	
FICA (OASDI)	\$59,823.16		
Medicare (x2)	\$14,027.22		<u>Electronic Dated</u>
Fed	\$47,583.30	\$121,433.68	07/24/20

Taxes	Amount	Total	
SDI	\$4,836.97		
State	\$15,629.57	\$20,466.54	07/24/20

Quarter

3rd

PPE

08/01/20

	Supplemental	Regular	Total
Gross	\$4,879.44	\$473,775.69	\$478,655.13
FICA (OASDI)	\$283.82	\$27,335.66	\$27,619.48
Medicare	\$66.38	\$6,515.06	\$6,581.44
SDI	\$45.77	\$4,337.39	\$4,383.16
FED	\$241.89	\$45,582.59	\$45,824.48
STATE	\$53.60	\$14,906.90	\$14,960.50
Net	\$3,870.28	\$325,406.12	\$329,276.40
		\$0.00	\$0.00
Other			\$0.00

each PPE

Health + Dental =	\$24,773.85
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<u>Taxes</u>	<u>Amount</u>	<u>Total</u>	
FICA (OASDI)	\$55,760.12		
Medicare (x2)	\$13,162.88		<u>Electronic Dated</u>
Fed	\$45,824.48	\$114,747.48	08/07/20

<u>Taxes</u>	<u>Amount</u>	<u>Total</u>	
SDI	\$4,538.81		
State	\$14,960.50	\$19,499.31	08/07/20

Quarter

3rd

PPE

08/15/20

	Supplemental	Regular	Total
Gross	\$28,389.19	\$482,937.89	\$511,327.08
FICA (OASDI)	\$1,754.99	\$27,876.01	\$29,631.00
Medicare	\$1,095.07	\$6,644.69	\$7,739.76
SDI	\$347.93	\$4,336.99	\$4,684.92
FED	\$3,201.80	\$45,455.63	\$48,657.43
STATE	\$1,090.70	\$14,795.80	\$15,886.50
Net	\$20,897.40	\$335,166.61	\$356,064.01
		\$0.00	\$0.00
Other			\$0.00

each PPE

Health + Dental =	\$24,677.01
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Taxes	Amount	Total	
FICA (OASDI)	\$59,803.30	\$123,940.25	<u>Electronic Dated</u> 08/21/20
Medicare (x2)	\$15,479.52		
Fed	\$48,657.43		

Taxes	Amount	Total	
SDI	\$4,866.50	\$20,753.00	08/21/20
State	\$15,886.50		

Quarter

3rd

PPE

8/29/20
~~08/15/20~~

	Supplemental	Regular	Total
Gross	\$53,810.67	\$496,469.65	\$550,280.32
FICA (OASDI)	\$2,965.62	\$29,659.50	\$32,625.12
Medicare	\$780.22	\$7,198.82	\$7,979.04
SDI	\$477.51	\$4,718.67	\$5,196.18
FED	\$1,466.66	\$46,482.09	\$47,948.75
STATE	\$434.00	\$15,120.28	\$15,554.28
Net	\$45,813.57	\$374,803.09	\$420,616.66
		\$0.00	\$0.00
Other			\$0.00

each PPE

Health + Dental =	\$0.00
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Taxes	Amount	Total	
FICA (OASDI)	\$66,742.50	\$130,649.33	Electronic Dated 09/04/20
Medicare (x2)	\$15,958.08		
Fed	\$47,948.75		

Taxes	Amount	Total	
SDI	\$5,502.80	\$21,057.08	09/04/20
State	\$15,554.28		

Quarter

3rd

PPE

09/12/20

	Supplemental	Regular	Total
Gross	\$54,366.97	\$488,272.94	\$542,639.91
FICA (OASDI)	\$1,961.10	\$27,117.20	\$29,078.30
Medicare	\$787.11	\$6,712.06	\$7,499.17
SDI	\$316.31	\$4,373.75	\$4,690.06
FED	\$1,332.22	\$46,198.89	\$47,531.11
STATE	\$455.60	\$15,155.77	\$15,611.37
Net	\$46,856.78	\$337,989.34	\$384,846.12
		\$0.00	\$0.00
Other			\$0.00

each PPE

Health + Dental =	\$25,456.69
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Taxes	Amount	Total	
FICA (OASDI)	\$61,143.66	\$123,673.11	Electronic Dated 09/18/20
Medicare (x2)	\$14,998.34		
Fed	\$47,531.11		

Taxes	Amount	Total	
SDI	\$5,171.83	\$20,783.20	09/18/20
State	\$15,611.37		

Quarter

3rd

Q3 2020



Menu

Home File a Return File a Return Sales & Use Tax Return Confirmation

Confirmation

Please review the information below for your payment to the California Department of Tax and Fee Administration. You may want to print a copy for your records.

Your confirmation number is 0-015-218-589

Paid For:	Sales and Use Tax	Payment Type:	Return Payment
Paid From:	TRI COUNTIES BANK	Period End Date:	30-Sep-2020
Payment Amount:	1,457.00	Preparer First Name:	SCOTT
Payment Date:	29-Oct-2020	Preparer Last Name:	WESTLUND
Submitted Date:	29-Oct-2020 02:17:58 PM	Preparer Phone:	(530) 336-5511

This is only the payment submission. It is your responsibility to review your bank statement to confirm that this transaction was successful.

Contact Us: California Department of Tax and Fee Administration 1-800-400-7115 P.O. Box 942879 Sacramento, CA 94279 Email CDTFA

Printable View (PDF)

I'm Done

Online Services Survey





Menu

Home File a Return File a Return Sales & Use Tax Return Confirmation

Confirmation

This is confirmation of your return filing only.

Select a payment option:

- To submit a payment electronically, select "Make a Payment"
- To mail in payment by check, select "Print a Payment Voucher"

Your return has been submitted on 10/29/2020 at 02:07:00 PM and your filing confirmation number is: 0-015-228-461.

Taxpayer Name: MAYERS MEMORIAL HOSPITAL DISTRICT
 Account Type: SALES AND USE TAX
 Account Number: 027-749411
 Filing Period: 01-Jul-2020 to 30-Sep-2020
 Due Date: 02-Nov-2020

Tax/Fee: \$1,457.00
 Penalty: \$0.00
 Interest: \$0.00
 Total Amount Due: \$1,457.00

Please Note:

The total amount shown above reflects amounts calculated at the time of submission and is based on the unverified information you provided which may differ from records available to the California Department of Tax and Fee Administration (CDTFA). You may be contacted regarding the difference in the tax due date, tax, penalty and interest due.

Make a Payment

Print a Payment Voucher

Print Return (PDF)

I'm Done

Online Services Survey





Taxpayer Name: MAYERS MEMORIAL HOSPITAL DISTRICT

Account Number: 027-749411

Account Type: Sales and Use Tax

Period Begin: July 01, 2020

Return Type: Original

Period End: September 30, 2020

Due Date: November 02, 2020

Remaining Due: \$1,457.00

Sales & Use Tax: 401-A

Total (gross) Sales	\$33,801.00
Purchases subject to Use Tax	\$0.00
Sales of Fixtures and Equipment	\$0.00
Total Sales and Purchases	\$33,801.00
Total Nontaxable Transactions	\$13,703.00
Taxable Transactions	\$20,098.00
State Tax	\$1,206.00
County Tax	\$50.00
Local Tax	\$201.00
District Tax	\$0.00
Total State, County, Local, and District Tax	\$1,457.00
Excess Tax Collected	\$0.00
Total Tax	\$1,457.00
Credit for Partial Exemptions	\$0.00
Sales or Use Tax paid to other states	\$0.00
Tax Recovery Adjustment	\$0.00
Credit for Aircraft Common Carrier Partial Exemption	0.00
Net Tax	\$1,457.00
1st Prepayment	\$0.00
2nd Prepayment	\$0.00
Less Tax Prepayments	\$0.00
Remaining Tax	\$1,457.00
Penalty	\$0.00
Interest	\$0.00
Total Amount Due and Payable	\$1,457.00
Total Sales and Purchases made at state-designated fair or fairgrounds	\$0.00

Account Number: 027-749411
Filing Period: September 30, 2020

Section A. Full Deductions

Sales to other retailers for purposes of resales	\$0.00
Nontaxable sales of food products	\$13,703.00
Nontaxable labor (repair and installation)	\$0.00
Sales to the United States government	\$0.00
Sales in interstate or foreign commerce	\$0.00
Sales tax (if any) included in Gross Sales	\$0.00
Other Deductions	\$0.00
Total Full Deductions	\$13,703.00

Section B. Current Period Tax Recoveries and Deductions

Bad debt losses on taxable sales	\$0.00
Cost of tax-paid purchases resold prior to use	\$0.00
Returned taxable merchandise	\$0.00
Cash discounts on taxable sales	\$0.00
Total Section B	\$0.00

Total Nontaxable Transactions **\$13,703.00**

Section C. Partial State Tax Exemptions

Teleproduction Equipment	\$0.00
Farm Equipment	\$0.00
Diesel fuel used in farming and food processing	\$0.00
Timber harvesting equipment and machinery	\$0.00
Racehorse Breeding Stock	\$0.00
Total Partial State Exemptions	\$0.00
Partial State Tax Exemption Rate	0.050000
Total Adjusted Partial State Exemptions	\$0.00

Section D. Partial State Tax Exemption for Manufacturing and Research Development Equipment

Sales made subject to the manufacturing and R&D equipment exemption	\$0.00
State tax exemption factor	0.039375
Total adjusted manufacturing and R&D equipment partial exemptions	\$0.00

Account Number: 027-749411
Filing Period: September 30, 2020

Schedule C - Detailed Allocation by Location of Sales and Use Tax Transactions

Total taxable transactions to be allocated on local tax schedules \$20,098.00
Total taxable transactions for all registered locations \$20,098.00

<u>Street</u>	<u>City</u>	<u>Zip Code</u>	<u>Sub-Outlet No.</u>	<u>Taxable Transactions</u>
43563 HWY 299 E	FALL RIVER MILLS	960280000	10000	\$12,572.00
43471 STATE HIGHWAY 299 E	FALL RIVER MILLS	960289777	00001	\$7,526.00
				<u>\$20,098.00</u>

Account Number: 027-749411
Filing Period: September 30, 2020

Summary

Total tax	\$1,457.00
Credit for partial exemptions	\$0.00
Sales or use tax paid to other states	\$0.00
Credit for tax recovery	\$0.00
Credit for aircraft common carrier partial exemption	\$0.00
Sales tax prepaid to fuel suppliers	\$0.00
Tax due	\$1,457.00
Total tax prepayments	\$0.00
Remaining tax	\$1,457.00
Penalty	\$0.00
Interest	\$0.00
Total due before lumber	\$1,457.00

Lumber Assessment

Total lumber assessment	\$0.00
Penalty	\$0.00
Interest	\$0.00
Total lumber assessment due	\$0.00

Total Amount Due

Total Tax/Assessment Due	\$1,457.00
Total Penalty	\$0.00
Total Interest	\$0.00
Total Amount Due and Payable	\$1,457.00



Confirmation No.: 0-949-023-008
Date Requested: July 31, 2020
Account Number: 925-0022-2

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Quarterly Contribution Return and Report of Wages (DE 9)

Quarter Ended: June 30, 2020

A. No Wages Paid This Quarter	[]	
B. Out of Business/No Employees	[]	
C. Total Subject Wages Paid This Quarter		\$3,267,472.95
D. Unemployment Insurance (UI)	(Total employee wages up to 7,000.00 per employee per calendar year)	
UI Rate %	UI Taxable Wages	
0.00	x \$0.00	= \$0.00
E. Employment Training Tax (ETT)		
ETT Rate %	ETT Taxable Wages	
0.00	x \$0.00	= \$0.00
F. State Disability Insurance	(Total employee wages up to 122,909.00 per employee per calendar year)	
SDI Rate %	SDI Taxable Wages	
1.00	x \$3,266,992.51	= \$32,669.93
G. California Personal Income Tax (PIT) Withheld		\$106,596.08
H. Subtotal		\$139,266.01
I. Less: (Contributions and Withholdings Paid for the Year) (DO NOT include Penalty and Interest Payments)		\$140,389.07
J. Total Taxes Due or Overpaid (Item H minus Item I)		-\$1,123.06

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Quarterly Contribution Return and Report of Wages (DE 9)

Quarter Ended: September 30, 2020

A. No Wages Paid This Quarter []

B. Out of Business/No Employees []

C. Total Subject Wages Paid This Quarter \$3,096,633.66

D. Unemployment Insurance (UI) (Total employee wages up to 7,000.00 per employee per calendar year)

UI Rate %		UI Taxable Wages			
0.00	x	\$0.00	=		\$0.00

E. Employment Training Tax (ETT)

ETT Rate %		ETT Taxable Wages			
0.00	x	\$0.00	=		\$0.00

F. State Disability Insurance (Total employee wages up to 122,909.00 per employee per calendar year)

SDI Rate %		SDI Taxable Wages			
1.00	x	\$2,836,356.99	=		\$28,363.57

G. California Personal Income Tax (PIT) Withheld \$92,375.24

H. Subtotal \$120,738.81

I. Less: (Contributions and Withholdings Paid for the Year)
(DO NOT Include Penalty and Interest Payments) \$122,025.08

J. Total Taxes Due or Overpaid (Item H minus Item I) -\$1,286.27