BMO HARRIS BANK N.A. P.O. BOX 94033 PALATINE, IL 60094-4033 201856

ACCOUNT NUMBER:

4828687815

Statement Period 04/01/23 TO 04/30/23 IM0099002900000000

PAGE

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90 04407

CARING SHEPHERDS HEALTHCARE INC 15525 S PARK AVE STE 103 SOUTH HOLLAND IL 60473-1379

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EFFECTIVE 3/20/23, BANK BY PHONE TRANSFERS AND DIGITAL/ELECTRONIC DEPOSITS RECEIVED BY 9:00 PM CENTRAL TIME ON A BUSINESS DAY WILL BE PROCESSED OR TREATED AS RECEIVED THAT SAME BUSINESS DAY. THE BMO HANDBOOK HAS BEEN UPDATED TO REFLECT THIS CHANGE.

IF YOU HAVE QUESTIONS ABOUT ANY OF YOUR BMO ACCOUNTS, PLEASE CALL US TOLL-FREE AT 1-888-340-2265. BMO HARRIS BANK N.A. MEMBER FDIC EQUAL HOUSING LENDER. NMLS 401052 VISIT US ONLINE AT WWW.BMO.COM.

# CHECKING ACCOUNTS

			· · · · · · · · · · · · · · · · · · ·
BMO ELITE BUSINESS ACCOUNT NUMBER		Checking)	CARING SHEPHERDS HEALTHCARE INC
Interest Paid Y	ГD		1.19
DEPOSIT ACCOUNT	SUMMARY		
Previous Baland 23 Deposits 25 Withdrawa Interest 1 Ending Balance	ls Paid	31, 2023 (Plus) (Minus) (Plus) 30, 2023	26,747.62 397,046.79 414,319.29 .22 9,475.34
Deposits and Otl	her Credits		
Date		Description	
Apr 03	86,076.02		
Apr 04	1,610.19	CTX State of Ill EDI/EFT CTX CREDIT	Commercial
Apr 04	1,010.19	CTX State of Ill	Commercial
Apr 04	15,299.88		Commercial.
-		CTX State of Ill	Commercial
Apr 10	66,665.53		Commonaria 1
Apr 12	2,380.01	CTX State of Ill EDI/EFT CTX CREDIT	Commercial
WAT IN	2,300.01	CTX State of Ill	Commercial



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CARING SHEPHERDS HEALTHCARE INC

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Apr	12	17,763.22	EDI/EFT CTX CREDIT CTX State of Ill	Commercial
Apr	13	1,590.95	EDI/EFT CTX CREDIT	
Apr	13	3,329.40	CTX State of Ill EDI/EFT CTX CREDIT	Commercial
Apr	13	13,035.34	CTX State of Ill EDI/EFT CTX CREDIT	Commercial
Apr	17	47,942.94	CTX State of Ill EDI/EFT CTX CREDIT	Commercial
Apr	20	3,233.00	CTX State of Ill EDI/EFT CTX CREDIT	Commercial
Apr	21	1,526.81	CTX State of Ill EDI/EFT CTX CREDIT	Commercial
Apr		2,340.00	CTX State of Ill ONLINE DEPOSIT	Commercial
		2,310,00	MOBILE DEPOSIT - CREDI	IT
Apr	21	3,515.42	EDI/EFT CTX CREDIT CTX State of Ill	Commercial
Apr	21	4,362.23	EDI/EFT CTX CREDIT CTX State of Ill	Commercial
Apr	21	17,923.62	EDI/EFT CTX CREDIT CTX State of Ill	Commercial
Apr		10,000.00	PC TRANSFER CREDIT	Commercial
Apr		54,990.29	EDI/EFT CTX CREDIT CTX State of Ill	Commercial
Apr	26	436.22	EDI/EFT CTX CREDIT CTX State of Ill	Commercial
Apr	26	2,809.80	EDI/EFT CTX CREDIT CTX State of Ill	Commercial
Apr	26	18,873.08	EDI/EFT CTX CREDIT CTX State of Ill	Commercial
Apr	27	2,687.93	EDI/EFT CTX CREDIT CTX State of Ill	Commercial
Apr	27	18,654.91	EDI/EFT CTX CREDIT	
Apr	28	.22	CTX State of Ill INTEREST PAID	Commercial
Withdra	awals and	Other Debits		
Date		Amount	Description	
Apr	03	56,108.18	ACH DEBIT CCD ADP WAGE PAY	WAGE PAY
Apr	04	4,075.13	ACH DEBIT CCD ADP Tax	ADP Tax
Apr		30,010.00	REQUESTED WITHDRAWAL	
Apr		1,000.00	POS PURCHASE SBA LOAN PAYMENT	RECORD NO. 689041 CARD NO. 0643 303 844 2084 CO
Apr	05	1,000.00	POS PURCHASE SBA LOAN PAYMENT	RECORD NO. 688969 CARD NO. 0643 303 844 2084 CO
Apr	06	16,900.00	BILL.COM DEBIT BILL.COM DEBIT	Check NBR. 1204895317
Apr	07	55.74	ACH DEBIT CCD ADP PAYROLL FEES	ADD FEES
Apr	10	55,240.87	ACH DEBIT	
			CCD ADP WAGE PAY	WAGE PAY



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BMO HARRIS BANK N.A. P.O. BOX 94033 PALATINE, IL 60094-4033 201857

ACCOUNT NUMBER:

4828687815

Statement Period 04/01/23 TO 04/30/23 04407 IM0099002900000000

CARING SHEPHERDS HEALTHCARE INC PAGE 3 OF 4

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Apr 11	6,160.66	ACH DEBIT	ADD Have	
Apr 13	20,140.00	CCD ADP Tax BILL.COM DEBIT	Check NBR. 120489	5317
Apr 14	50.02	BILL.COM DEBIT ACH DEBIT		
Apr 14	17,950.00	CCD ADP PAYROLL FEE	Check NBR. 120489	5317
Apr 17	18.28	BILL.COM DEBIT POS PURCHASE	RECORD NO. 01800 8887770446	4 CARD NO. 0643
Apr 17	55,188.58	ACH DEBIT		CA
Apr 18	5,523.93	CCD ADP WAGE PAY ACH DEBIT		
Apr 21	51.16	CCD ADP Tax ACH DEBIT		
Apr 24	30,560.00	CCD ADP PAYROLL FEE BILL.COM DEBIT	CS ADP FEES Check NBR. 120489	5317
Apr 24	61,295.68	BILL.COM DEBIT ACH DEBIT	_	
Apr 25	7,111.54	CCD ADP WAGE PAY ACH DEBIT		
Apr 27	189.36	CCD ADP Tax AUTOMATIC DEBIT	ADP Tax	000000001004004
Apr 27	22,100.00	BILL.COM DEBIT	99029000000 Check NBR. 120489	000000001874724 5317
Apr 28	51.16	BILL.COM DEBIT ACH DEBIT	10 300 0000	
Apr 28	21,300.00	CCD ADP PAYROLL FEE BILL.COM DEBIT BILL.COM DEBIT	Check NBR. 120489	5317
Checks by Sen Date Apr 12	rial Number Serial # 1319	Amount Dat 600.00 Apr	ce Serial # 19 1320	Amount 1,639.00
Daily Balance	e Summary			
Date Mar 31 Apr 03 Apr 04 Apr 05 Apr 06 Apr 07 Apr 10 Apr 11 Apr 12 Apr 13 Apr 14	Balance 26,747.62 56,715.46 69,550.40 37,540.40 20,640.40 20,584.66 32,009.32 25,848.66 45,391.89 43,207.58 25,207.56	Date Apr 17 Apr 18 Apr 19 Apr 20 Apr 21 Apr 24 Apr 25 Apr 26 Apr 27 Apr 28	Balance 17,943.64 12,419.71 10,780.71 14,013.71 43,630.63 16,765.24 9,653.70 31,772.80 30,826.28 9,475.34	

BMO HARRIS BANK N.A. P.O. BOX 94033 PALATINE, IL 60094-4033 201858

ACCOUNT NUMBER:

4828687815

Statement Period 04/01/23 TO 04/30/23 IM0099002900000000

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CARING SHEPHERDS HEALTHCARE INC

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Statement Period Rates

Effective	Apr 01,	2023	Bal ZERO 5,000 10,000 25,000 50,000 100,000 250,000 500,000	ance to to to to to to to to to	4,999 9,999 24,999 49,999 99,999 249,999 499,999	Rate 0.010 % 0.010 % 0.010 % 0.010 % 0.010 % 0.010 % 0.010 %
			500,000 1,000,000	to to	999,999 99,999,999,999	0.010 % 0.010 %

#### Important information about your Consumer Overdraft Credit Line Account

#### For overdraft credit plans with a fixed Annual Percentage Rate:

The periodic rate and corresponding Annual Percentage Rate does not change.

For overdraft credit plans with a variable Annual Percentage Rate:
The periodic rate and corresponding Annual Percentage Rate for this plan is a variable rate which can change monthly. (See your account agreement for details on how the Annual Percentage Rate is determined.)

#### CALCULATION OF BALANCE SUBJECT TO INTEREST RATE FOR CONSUMER OVERDRAFT CREDIT LINE ACCOUNTS

We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances, and subtract any payments or credits. This gives us the daily balance.

The interest charge begins to accrue on the date an advance is posted to the account. The interest charge continues to accrue on the unpaid principal balance after the statement has been printed and mailed to you. There is no "grace period" or "free ride period" which would allow you to avoid an interest charge.

#### WHAT TO DO IF YOU THINK YOU FIND A MISTAKE ON YOUR CONSUMER OVERDRAFT CREDIT LINE ACCOUNT STATEMENT

If you think there is an error on your statement, write to us at: BMO Harris Bank N.A., Attn: Billing Department, P.O. Box 365, Arlington Heights, IL 60006

In your letter, give us the following information:

- Account information: Your name and account number.
  Dollar amount: The dollar amount of the suspected error.
  Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

- While we investigate whether or not there has been an error, the following are true:

   We cannot try to collect the amount in question, or report you as delinquent on that amount.

   The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.

   While you do not have to pay the amount in question, you are responsible for the remainder of your balance.

   We can apply any unpaid amount against your credit limit.

## **Credit Information**

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit réport.

#### IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR CONSUMER ELECTRONIC TRANSFERS AND CARD TRANSACTIONS

Call us at 1-888-340-2265 for errors or questions involving Card transactions or electronic transfers, or write to BMO Harris Bank, P.O. Box 94019, Palatine, IL 60094-4019, as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the first statement on which the problem or error appeared. This is the information we will need in order to help resolve the problem:

- Tell us your name, account number, and Card number (if applicable). Describe the error or the transaction and the date of the transaction you are unsure about, and explain why you believe it is an error or why you need more 2. information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you also send us your complaint or question in writing within ten Business Days.

We will determine whether an error occurred within 10\* Business Days after we hear from you and we will correct any error promptly. If we need more time, however, by law we may take up to 45\* days to investigate your complaint or question. If we decide to do this, we will provisionally credit your account within 10\* Business Days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If you fail to give us the required written confirmation of your complaint or question, then we may not credit your account or we may revoke the provisional credit we previously gave to you.

We will tell you the results of our investigation within three Business Days after completing our investigation.

\*These time periods may be extended as follows. The applicable time is 20 Business Days in place of 10 Business Days for new accounts if the notice of the error involves a transfer to or from the account within the first 30 days your account is open. The applicable time is 90 days in place of 45 days if the notice of error involves a transfer that either (1) was initiated outside the U.S., (2) resulted from a Point-of-Sale transaction, or (3) occurred within the first 30 days your account is open.

(1) OUTSTANDING TRANSACTIONS

## TO RECONCILE YOUR CHECKING ACCOUNT

- List and Total all outstanding checks including those still outstanding from previous statements.
- Enter the "Ending Balance" shown on this statement.
- 3 Add deposits and other credits not shown on this statement.
- Total
- Subtract the total of outstanding checks as determined in Step 1 above.
- This figure should be your checkbook balance. If it does not agree, review the above steps and if necessary, review your checkbook entries.

NUMBER	AMOUNT	

	 RECONCILEIMENT	
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3		
(4) (5) (6)		
(5)		
6		
	CORACK	0047/07

RECONCIL EMENT

Date: 07/01/2017