

UNITED STATES BANKRUPTCY COURT

Central DISTRICT OF California

In Re. Beverly Community Hospital Association

§
§
§
§

Debtor(s)

Case No. 23-12359

Lead Case No. 23-12359

☒ Jointly Administered

Monthly Operating Report

Chapter 11

Reporting Period Ended: 11/30/2023

Petition Date: 04/19/2023

Months Pending: 8

Industry Classification:

6	2	2	1
---	---	---	---

Reporting Method:

Accrual Basis ☒

Cash Basis ☐

Debtor's Full-Time Employees (current):

113

Debtor's Full-Time Employees (as of date of order for relief):

632

Supporting Documentation (check all that are attached):

(For jointly administered debtors, any required schedules must be provided on a non-consolidated basis for each debtor)

- ☒ Statement of cash receipts and disbursements
- ☒ Balance sheet containing the summary and detail of the assets, liabilities and equity (net worth) or deficit
- ☒ Statement of operations (profit or loss statement)
- ☒ Accounts receivable aging
- ☒ Postpetition liabilities aging
- ☒ Statement of capital assets
- ☒ Schedule of payments to professionals
- ☒ Schedule of payments to insiders
- ☐ All bank statements and bank reconciliations for the reporting period
- ☐ Description of the assets sold or transferred and the terms of the sale or transfer

/s/ Howard M. Ehrenberg

Signature of Responsible Party

01/09/2024

Date

Howard M. Ehrenberg

Printed Name of Responsible Party

1875 Century Park East, Suite 1900 Los Angeles, CA

90067

Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore § 1320.4(a)(2) applies.



231235924011000000000001

Debtor's Name Beverly Community Hospital Association

Case No. 23-12359

Part 1: Cash Receipts and Disbursements		Current Month	Cumulative
a.	Cash balance beginning of month	\$29,579,623	
b.	Total receipts (net of transfers between accounts)	\$7,553,031	\$86,866,108
c.	Total disbursements (net of transfers between accounts)	\$7,426,523	\$80,919,594
d.	Cash balance end of month (a+b-c)	\$29,706,131	
e.	Disbursements made by third party for the benefit of the estate	\$0	\$24,020,852
f.	Total disbursements for quarterly fee calculation (c+e)	\$7,426,523	\$104,940,446

Part 2: Asset and Liability Status (Not generally applicable to Individual Debtors. See Instructions.)		Current Month
a.	Accounts receivable (total net of allowance)	\$7,943,334
b.	Accounts receivable over 90 days outstanding (net of allowance)	\$3,399,395
c.	Inventory (Book <input type="radio"/> Market <input type="radio"/> Other <input checked="" type="radio"/> (attach explanation))	\$0
d.	Total current assets	\$40,201,345
e.	Total assets	\$46,454,990
f.	Postpetition payables (excluding taxes)	\$16,523,401
g.	Postpetition payables past due (excluding taxes)	\$3,499,778
h.	Postpetition taxes payable	\$0
i.	Postpetition taxes past due	\$0
j.	Total postpetition debt (f+h)	\$16,523,401
k.	Prepetition secured debt	\$67,064,945
l.	Prepetition priority debt	\$0
m.	Prepetition unsecured debt	\$37,023,695
n.	Total liabilities (debt) (j+k+l+m)	\$120,612,041
o.	Ending equity/net worth (e-n)	\$-74,157,051

Part 3: Assets Sold or Transferred		Current Month	Cumulative
a.	Total cash sales price for assets sold/transferred outside the ordinary course of business	\$0	\$38,313,618
b.	Total payments to third parties incident to assets being sold/transferred outside the ordinary course of business	\$0	\$24,020,852
c.	Net cash proceeds from assets sold/transferred outside the ordinary course of business (a-b)	\$0	\$14,292,767

Part 4: Income Statement (Statement of Operations) (Not generally applicable to Individual Debtors. See Instructions.)		Current Month	Cumulative
a.	Gross income/sales (net of returns and allowances)	\$9,285,502	
b.	Cost of goods sold (inclusive of depreciation, if applicable)	\$662,445	
c.	Gross profit (a-b)	\$8,623,057	
d.	Selling expenses	\$-927,830	
e.	General and administrative expenses	\$-226,313	
f.	Other expenses	\$4,548,365	
g.	Depreciation and/or amortization (not included in 4b)	\$0	
h.	Interest	\$0	
i.	Taxes (local, state, and federal)	\$0	
j.	Reorganization items	\$-7,833	
k.	Profit (loss)	\$12,009,446	\$-74,259,554

Debtor's Name Beverly Community Hospital Association

Case No. 23-12359

Part 5: Professional Fees and Expenses

a.			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debtor's professional fees & expenses (bankruptcy) <i>Aggregate Total</i>		\$0	\$315,053	\$0	\$200,000
	<i>Itemized Breakdown by Firm</i>					
	Firm Name	Role				
i	Kurtzman Carson Consultant	Other	\$0	\$115,053	\$0	\$0
ii	Sheppard, Mullin, Richter	Lead Counsel	\$0	\$0	\$0	\$0
iii	Portage Point Partners, LLC	Financial Professional	\$0	\$0	\$0	\$0
iv	Orrick Herrington & Sutcliffe	Special Counsel	\$0	\$0	\$0	\$0
v	Bryan Cave Leighton Paisner	Other	\$0	\$200,000	\$0	\$200,000
vi	Dentons US LLP	Other	\$0	\$0	\$0	\$0
vii	Greenberg Traurig, LLP	Other	\$0	\$0	\$0	\$0
viii	Sill Cummins & Gross P.C	Other	\$0	\$0	\$0	\$0
ix	Colliers International Greater	Other	\$0	\$0	\$0	\$0
x						
xi						
xii						
xiii						
xiv						
xv						
xvi						
xvii						
xviii						
xix						
xx						
xxi						
xxii						
xxiii						
xxiv						
xxv						
xxvi						
xxvii						
xxviii						
xxix						
xxx						
xxxi						
xxxii						
xxxiii						
xxxiv						
xxxv						
xxxvi						

Debtor's Name Beverly Community Hospital Association

Case No. 23-12359

xxxvii						
xxxviii						
xxxix						
xl						
xli						
xlII						
xlIII						
xliv						
xlV						
xlvi						
xlVII						
xlVIII						
xlIX						
l						
li						
lii						
liii						
liv						
lv						
lvi						
lvii						
lviii						
lix						
lx						
lxi						
lxii						
lxiii						
lxiv						
lxv						
lxvi						
lxvii						
lxviii						
lxix						
lxx						
lxxi						
lxxii						
lxxiii						
lxxiv						
lxxv						
lxxvi						
lxxvii						
lxxviii						

Debtor's Name Beverly Community Hospital Association

Case No. 23-12359

	lxxix						
	lxxx						
	lxxxi						
	lxxxii						
	lxxxiii						
	lxxxiv						
	lxxxv						
	lxxxvi						
	lxxxvii						
	lxxxviii						
	lxxxix						
	xc						
	xc i						
	xc ii						
	xc iii						
	xc iv						
	xc v						
	xc vi						
	xc vii						
	xc viii						
	xc ix						
	c						
	ci						

b.			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debtor's professional fees & expenses (nonbankruptcy) <i>Aggregate Total</i>		\$0	\$5,372	\$0	\$5,372
	<i>Itemized Breakdown by Firm</i>					
	Firm Name	Role				
i	Seyfarth and Shaw LLP	Other	\$0	\$0	\$0	\$0
ii	MKM Law Group PC	Other	\$0	\$0	\$0	\$0
iii	Blanchard Saiger Law PC	Other	\$0	\$0	\$0	\$0
iv	Clark-Hill	Other	\$0	\$0	\$0	\$0
v	Reeves Immigration Law Group	Other	\$0	\$0	\$0	\$0
vi	Doyle, Schiffer, McMahon LLP	Other	\$0	\$5,372	\$0	\$5,372
vii	West and Rosa LLP	Other	\$0	\$0	\$0	\$0
viii	Hooper, Lundy, and Bookman	Other	\$0	\$0	\$0	\$0
ix	Nixon Peabody	Other	\$0	\$0	\$0	\$0
x	James R. Lahana	Other	\$0	\$0	\$0	\$0
xi	Moss Adams LLP	Other	\$0	\$0	\$0	\$0
xii	Holthouse Carlin & Van Trigt	Other	\$0	\$0	\$0	\$0
xiii	Miller Geer & Associates	Other	\$0	\$0	\$0	\$0
xiv	Nizette Short	Other	\$0	\$0	\$0	\$0

Debtor's Name Beverly Community Hospital Association

Case No. 23-12359

xv	Bell, McAndrews & Hitachi	Other	\$0	\$0	\$0	\$0
xvi	Tegria Services Group	Other	\$0	\$0	\$0	\$0
xvii						
xviii						
xix						
xx						
xxi						
xxii						
xxiii						
xxiv						
xxv						
xxvi						
xxvii						
xxviii						
xxix						
xxx						
xxxi						
xxxii						
xxxiii						
xxxiv						
xxxv						
xxxvi						
xxxvii						
xxxviii						
xxxix						
xl						
xli						
xlii						
xliii						
xliv						
xlv						
xlvi						
xlvii						
xlviii						
xliv						
l						
li						
lii						
liii						
liv						
lv						
lvi						

Case No. 23-12359

lvii						
lviii						
lix						
lx						
lxi						
lxii						
lxiii						
lxiv						
lxv						
lxvi						
lxvii						
lxviii						
lxix						
lxx						
lxxi						
lxxii						
lxxiii						
lxxiv						
lxxv						
lxxvi						
lxxvii						
lxxvii						
lxxix						
lxxx						
lxxxi						
lxxxii						
lxxxii						
lxxxiv						
lxxxv						
lxxxvi						
lxxxvi						
lxxxvi						
lxxxix						
xc						
xc i						
xc ii						
xc iii						
xc iv						
xc v						
xc vi						
xc vii						
xc viii						

Debtor's Name Beverly Community Hospital Association

Case No. 23-12359

	xcix						
	c						
c.	All professional fees and expenses (debtor & committees)						

Part 6: Postpetition Taxes**Current Month****Cumulative**

a.	Postpetition income taxes accrued (local, state, and federal)	\$0	\$0
b.	Postpetition income taxes paid (local, state, and federal)	\$0	\$0
c.	Postpetition employer payroll taxes accrued	\$0	\$0
d.	Postpetition employer payroll taxes paid	\$92,992	\$6,800,620
e.	Postpetition property taxes paid	\$0	\$0
f.	Postpetition other taxes accrued (local, state, and federal)	\$0	\$0
g.	Postpetition other taxes paid (local, state, and federal)	\$0	\$0

Part 7: Questionnaire - During this reporting period:

- a. Were any payments made on prepetition debt? (if yes, see Instructions) Yes ☒ No ☐
- b. Were any payments made outside the ordinary course of business without court approval? (if yes, see Instructions) Yes ☐ No ☒
- c. Were any payments made to or on behalf of insiders? Yes ☐ No ☒
- d. Are you current on postpetition tax return filings? Yes ☐ No ☒
- e. Are you current on postpetition estimated tax payments? Yes ☒ No ☐
- f. Were all trust fund taxes remitted on a current basis? Yes ☒ No ☐
- g. Was there any postpetition borrowing, other than trade credit? (if yes, see Instructions) Yes ☐ No ☒
- h. Were all payments made to or on behalf of professionals approved by the court? Yes ☒ No ☐ N/A ☐
- i. Do you have:
- Worker's compensation insurance? Yes ☒ No ☐
- If yes, are your premiums current? Yes ☒ No ☐ N/A ☐ (if no, see Instructions)
- Casualty/property insurance? Yes ☒ No ☐
- If yes, are your premiums current? Yes ☒ No ☐ N/A ☐ (if no, see Instructions)
- General liability insurance? Yes ☒ No ☐
- If yes, are your premiums current? Yes ☒ No ☐ N/A ☐ (if no, see Instructions)
- j. Has a plan of reorganization been filed with the court? Yes ☐ No ☒
- k. Has a disclosure statement been filed with the court? Yes ☐ No ☒
- l. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930? Yes ☒ No ☐

Debtor's Name Beverly Community Hospital Association

Case No. 23-12359

Part 8: Individual Chapter 11 Debtors (Only)

- | | | |
|--|-------|-----|
| a. Gross income (receipts) from salary and wages | _____ | \$0 |
| b. Gross income (receipts) from self-employment | _____ | \$0 |
| c. Gross income from all other sources | _____ | \$0 |
| d. Total income in the reporting period (a+b+c) | _____ | \$0 |
| e. Payroll deductions | _____ | \$0 |
| f. Self-employment related expenses | _____ | \$0 |
| g. Living expenses | _____ | \$0 |
| h. All other expenses | _____ | \$0 |
| i. Total expenses in the reporting period (e+f+g+h) | _____ | \$0 |
| j. Difference between total income and total expenses (d-i) | _____ | \$0 |
| k. List the total amount of all postpetition debts that are past due | _____ | \$0 |
- l. Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)? Yes ☐ No ☒
- m. If yes, have you made all Domestic Support Obligation payments? Yes ☐ No ☐ N/A ☒

Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information, and provision of this information is mandatory under 11 U.S.C. §§ 704, 1106, and 1107. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6). The United States Trustee will also use this information to evaluate a chapter 11 debtor's progress through the bankruptcy system, including the likelihood of a plan of reorganization being confirmed and whether the case is being prosecuted in good faith. This information may be disclosed to a bankruptcy trustee or examiner when the information is needed to perform the trustee's or examiner's duties or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate.

/s/ Howard M. Ehrenberg

Signature of Responsible Party

Chapter 11 Trustee

Title

Howard M. Ehrenberg

Printed Name of Responsible Party

01/10/2024

Date

GLOBAL NOTES AND STATEMENTS OF LIMITATIONS AND DISCLAIMERS REGARDING THE DEBTORS' MONTHLY OPERATING REPORT

On April 19, 2023 (as applicable to each Debtor, the "Petition Date"), Beverly Community Hospital Association and certain of its affiliated debtors, as debtors (collectively, the "Debtors"), each commenced with the United States Bankruptcy Court for the Central District of California (the "Bankruptcy Court") a voluntary case under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code"). The Debtors are authorized to continue operating their businesses and managing their properties as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. On April 21, 2023 the Bankruptcy Court entered orders authorizing the joint administration of these cases pursuant to Rule 1015(b) [Docket No. 63] of the Federal Rules of Bankruptcy Procedure. On May 10, 2022, the United States Trustee for the Central District of California (the "U.S. Trustee") appointed an official committee of unsecured creditors (the "Creditors' Committee") pursuant to Bankruptcy Code section 1102(a)(1) [Docket No. 235].

1) General Methodology: The Debtors are filing this monthly operating report (the "MOR") solely for purposes of complying with the monthly operating reporting requirements of the Debtors' chapter 11 cases. The financial information contained herein is unaudited, limited in scope and as such, has not been subjected to procedures that would typically be applied to financial statements in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"). The MOR should not be relied on by any persons for information relating to current or future financial condition, events or performance of any of the Debtors or their affiliates, as the results of operations contained herein are not necessarily indicative of results that may be expected from any other period or for the full year, and may not necessarily reflect the combined results of operations, financial position, and schedule of receipts and disbursements in the future. There can be no assurance that such information is complete. The MOR may be subject to material future revision. The following notes, statements and limitations should be referred to, and referenced in connection with, any review of the MOR.

2) Basis of Presentation: For financial reporting purposes, the Debtors prepare consolidated financial statements and have done so since conception, which include information for Beverly Community Hospital Association and its debtor subsidiaries. This MOR only contains financial information of the Debtors, unless otherwise noted. For the purposes of MOR reporting, the accompanying Balance Sheets and Statement of Operations of the Debtors have been prepared with the Debtors' reasonable efforts to report certain financial information of each Debtor on an unconsolidated basis. The Debtors used reasonable efforts to attribute the assets and liabilities to each particular Debtor entity. However, because the Debtors' accounting systems, policies, and practices were developed for consolidated reporting purposes rather than for reporting by legal entity, it is possible that not all assets and liabilities have been recorded with the correct legal entity. The information furnished in this MOR uses the Debtors' normal accrual method of accounting. In preparing the MOR, the Debtors relied on financial data derived from their books and records that was available at the time of preparation. Nevertheless, in preparing this MOR, the Debtors made reasonable efforts to supplement the information set forth in their books and records with additional information concerning transactions that may not have been identified therein. Subsequent information or discovery may result in material changes to the MOR and errors or omissions may exist. The MOR has been developed to the best of the Debtor's knowledge and ability. Notwithstanding any such discovery, new information or errors or omissions, the Debtors do not undertake any obligation or commitment to update this MOR. Except as previously noted, the financial statements presented herein reflect the book values of the Debtors and, as a result, do not reflect the going concern valuation of the Debtors. The Company is not liable for and undertakes no responsibility to indicate variations from securities laws or for any evaluations of the Company based on this financial information or any other information.

3) Reporting Period: Unless otherwise noted herein, the MOR generally reflects the Debtors' books and records and financial activity occurring during the applicable reporting period. Except as otherwise noted, no adjustments have been made for activity occurring after the close of the reporting period.

4) Accuracy: The financial information disclosed herein was not prepared in accordance with federal or state securities laws or other applicable nonbankruptcy law or in lieu of complying with any periodic reporting requirements thereunder. Persons and entities trading in or otherwise purchasing, selling or transferring the claims against or equity interests in the Debtors should evaluate this financial information in light of the purposes for which it was prepared. The Debtors are not liable for and undertake no responsibility to indicate variations from securities laws or for any evaluations of the Debtors based on this financial information or any other information.

5) Payment of Prepetition Claims Pursuant to First Day Orders: On April 19, 2023 the Bankruptcy Court entered various orders (the "First Day Orders") authorizing, but not directing, the Debtors to, among other things, pay certain prepetition (a) employee wages, salaries, and related items, (b) insurance and surety obligations, (c) vendor claims, (d) taxes and assessments, and (e) continue use of their cash management system. If any payments were made on account of such claims following the commencement of these chapter 11 cases pursuant to the authority granted to the Debtors by the Bankruptcy Court under the First Day Orders, such payments have been included in this MOR unless otherwise noted.

6) Liabilities Subject to Compromise ("LSTC"): LSTC represent the Debtors' estimate of prepetition claims to be resolved in connection with the chapter 11 cases. As a result of the chapter 11 filings, the payment of prepetition liabilities are subject to compromise or other treatment under a plan of reorganization or plan of liquidation. The determination of how liabilities will ultimately be settled or treated cannot be made until the Bankruptcy Court approves a chapter 11 plan of reorganization or plan of liquidation. Accordingly, the ultimate amount of such liabilities is not determinable at this time. Prepetition liabilities that are subject to compromise under the Financial Accounting Standards Board's Accounting Standards Codification 852 – Reorganizations ("ASC 852") are preliminary and may be subject to, among other things, future adjustments depending on Court actions, further developments with respect to disputed claims, determinations of the secured status of certain claims, the values of any collateral securing such claims, rejection of executory contracts, continued reconciliation, payment of such amounts subject to First Day Orders or other events. The consolidated total of secured, priority, and general unsecured claims reported in the Schedules of Assets and Liabilities ("SOAL") may vary materially compared to the presented LSTC as the Debtors continue the claims reconciliation process. In addition, certain unliquidated claims were listed with no claim balance in the SOAL while the Debtors report them as pre-petition liabilities for reporting purposes, which increases the total LSTC balance.

7) Reorganization Items: ASC 852 requires expenses and income directly associated with the chapter 11 filings to be reported separately in the income statement as reorganization items. Reorganization items primarily include write-off of certain original issue premiums and debt issuance costs relating to debt obligations classified as LSTC, expenses related to legal advisory and representation services, other professional consulting and advisory services and changes in LSTC recognized as there are changes in amounts expected to be allowed as claims. Nothing contained in this MOR shall constitute a waiver of any of the Debtors' rights or an admission with respect to their chapter 11 proceedings.

8) There are timing limitations around the accounting method that the Debtors' book accrued depreciation against capitalized assets. As such, individual assets listed in the fixed asset register are listed using gross book value and excludes each asset's accumulated depreciation; however, both the consolidated totals of accumulated depreciation and the capitalized assets are reported as of period end. Additionally, due to the Debtors' reporting systems, office and business equipment, fixtures, and supplies are reported on a consolidated basis and sit at the Debtor Entity Beverly Community Hospital Association. To that point, the Debtors do not report office fixtures separately.

9) Due to the Debtors' reporting system and its limited capabilities, the Debtors' recorded post-petition liabilities are based on the date of invoice received rather than date of completion of service. In addition to this and limited reporting capabilities, the Debtors' represent activity since petition date on a basis that accounts for the eleven days during the month of April that the Debtors' have been in Chapter 11. However, revenue for Debtor Entity Beverly Community Hospital Association is representative of actual gross patient billings during the post-petition period.

10) For certain entities, the Debtors' report specific accounts receivable, notably rental receivables, as part of other current assets. As such, there are instances in which the accounts receivable schedule does not exactly tie out to the trial balance line for accounts receivable.

11) Reservation of Rights: The Debtors reserve all rights to amend or supplement the MOR in all respects, as may be necessary or appropriate. Nothing contained in this MOR shall constitute a waiver of any of the Debtors' rights or an admission with respect to their chapter 11 cases.

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
BALANCE SHEET
UNAUDITED

FOR THE MONTH ENDED
11/30/2023

Assets

Cash and cash equivalents	\$ 29,706,131
Certificates of Deposit& Savings	2,130,247
Net Patient Accounts receivable	5,927,825
Third Party Settlements Receivable	13,402,500
Other Receivables	(11,386,991)
Inventories	-
Prepaid Expenses	417,733
Deposits & Other Current Assets	3,900
Total current assets	40,201,345
Non-Current Assets	6,253,645
Total Assets	<u>\$ 46,454,990</u>

Liabilities and Fund Balance

Current Liabilities - Post-petition

Trade payables	\$ 12,245,855
Accrued compensation and liabilities	2,378,239
Accrued Paid Time Off & Sick Leave Reserve	255,666
Accrued Interest Payable	1,442,587
Accrued Professional Fees	201,054
Accrued Other Expense	-
Total current liabilities	16,523,401

Liabilities subject to compromise

Long term Debt, net	37,023,695
Taxes payable	67,064,945
	-
Total Liabilities	120,612,041

Fund Balance

	(74,157,051)
Total Liabilities and Fund Balance	<u>\$ 46,454,990</u>

[1] Note: Substantially all of the Debtors' assets were sold pursuant to court approved sale on September 6, 2023 [Docket No. 718].

**BEVERLY COMMUNITY HOSPITAL ASSOCIATION
STATEMENT OF OPERATIONS
UNAUDITED**

NOV 1, 2023 - NOV 30, 2023

Net Revenue	\$ 9,285,502
Cost of Good Sold	(662,445)
Gross Profit	<u>8,623,057</u>
Selling, General & Administrative	
Selling Expenses	927,830
General & Administrative	226,313
Depreciation and Amortization	-
Total Expenses	<u>1,154,143</u>
Income (Loss) from Operations	7,468,914
Other expense, net [1]	4,548,365
Interest Expense, net	<u>-</u>
Net Income (Loss)	12,017,279
Reorganization items	(7,833)
Adjusted Net income (Loss)	<u>\$ 12,009,446</u>

[1] Includes loss on sale of assets pursuant to court approved sale on September 6, 2023 [Docket No. 718].

**BEVERLY COMMUNITY HOSPITAL ASSOCIATION
ACCOUNTS RECEIVABLE AGING
UNAUDITED**

		November 30, 2023						
CATEGORY	TOTAL	CURRENT	1-30 DAYS	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	
Insurance Claims	\$ 11,195,604	\$ (2,341,368)	\$ -	\$ 1,727,448	\$ 3,938,356	\$ 2,844,268	\$ 5,026,900	
Workers Comp Receivable	182,700	1,815	-	-	1,571	78,670	100,644	
Allowance for Doubtful Accounts	(5,450,478)	(403,496)	(9,085)	-	(386,812)	(1,373,336)	(3,277,750)	
	5,927,825	(2,743,049)	(9,085)	1,727,448	3,553,115	1,549,602	1,849,794	
Third Party Settlement Receivable	13,402,500							
Other Receivables	(11,386,991)							
Total	\$ 7,943,334	\$ (2,743,049)	\$ (9,085)	\$ 1,727,448	\$ 3,553,115	\$ 1,549,602	\$ 1,849,794	

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
ACCOUNTS PAYABLE AGING
November 30, 2023
UNAUDITED

CATEGORY	TOTAL	1-30 DAYS	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS
Trade Payables	\$ 3,791,206	145,131	146,297	244,705	656,846	2,598,227
Accrual Journal Entries	8,454,649	8,454,649				
Total	\$ 12,245,855	\$ 8,599,780	\$ 146,297	\$ 244,705	\$ 656,846	\$ 2,598,227

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
SCHEDULE OF INSIDER PAYMENTS
November 30, 2023
UNAUDITED

DATE	PAYEE	REASON	AMOUNT
------	-------	--------	--------

None

**BEVERLY COMMUNITY HOSPITAL ASSOCIATION
SCHEDULE OF PRE-PETITION PAYMENTS**

November 30, 2023

UNAUDITED

DATE	PAYEE	REASON	AUTHORIZATION	AMOUNT
	None			

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
STATEMENT OF CAPITALIZED ASSETS
November 30, 2023
UNAUDITED

TYPE	CAPITALIZED ASSET	BOOK VALUE
------	-------------------	------------

None.

[1] Includes gain on sale of assets pursuant to court approved sale on September 6, 2023 [Docket No. 718].

**BEVERLY COMMUNITY HOSPITAL ASSOCIATION
CASH ACTIVITY
UNAUDITED**

	FOR THE PERIOD FROM NOV 1 -30, 2023
Total Receipts	\$ 7,553,031
Cash Disbursements:	
Payroll & Taxes	1,666,933
Employee Benefits	586,357
Temp Nursing	1,293,895
Physicians	611,518
Utilities	561,615
Insurance	67,590
Medical Supplies	798,069
Purchased Services	837,483
Patient Refunds	-
Other G&A	1,003,062
UST Fees	-
Total Disbursements	<u>7,426,523</u>
Cash Flow	126,508
Beginning Balance	<u>29,579,623</u>
Ending Balance	<u>\$ 29,706,131</u>

Note: Substantially all of the Debtors' assets were sold pursuant to court approved sale on September 6, 2023 [Docket No. 718]. Proceeds from the sale, totaling \$24,020,852, were disbursed from escrow for the benefit of secured lenders.



BEVERLY COMMUNITY HOSPITAL ASSOCIATION
DEBTOR-IN-POSSESSION
CASE # 2:23-BK-12359-SK
REFUND ACCOUNT
309 W BEVERLY BLVD
MONTEBELLO CA 90640

<C> 30
0
0

* * * F I N A L S T A T E M E N T * * *

SPECIALTY LENDING DEPARTMENT
2010 MAIN ST STE 590
IRVINE, CA 92614

TELEPHONE: 949-857-8222

Business Checking - Analysis ACCOUNT XXXXXXXXXXXX0641

LAST STATEMENT 10/31/23	21,818.85
CREDITS	.00
1 DEBITS	21,818.85
THIS STATEMENT 11/10/23	.00
TOTAL DAYS IN STATEMENT PERIOD 11/01/23 THROUGH 11/10/23:	10

- - - - - OTHER DEBITS - - - - -

DESCRIPTION	DATE	AMOUNT
442847 Internet Transfer to 550198764 on 11/08/23 AT 9:52 Kathy Lam Request	11/08	21,818.85

- - - ITEMIZATION OF OVERDRAFT AND RETURNED ITEM FEES - - -

*		TOTAL FOR	TOTAL *
*		THIS PERIOD	YEAR TO DATE *

* TOTAL OVERDRAFT FEES:		\$.00	\$.00 *

* TOTAL RETURNED ITEM FEES:		\$.00	\$.00 *

- - - - - DAILY BALANCE - - - - -

DATE.....	BALANCE	DATE.....	BALANCE	DATE.....	BALANCE
11/08	.00				

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
DEBTOR-IN-POSSESSION
CASE # 2:23-BK-12359-SK
NON MEDI-CAL RECEIPT
309 W BEVERLY BLVD
MONTEBELLO CA 90640

<C> 30
0
0

* * * F I N A L S T A T E M E N T * * *

SPECIALTY LENDING DEPARTMENT
2010 MAIN ST STE 590
IRVINE, CA 92614

TELEPHONE: 949-857-8222

Business Checking - Analysis ACCOUNT XXXXXXXXXXXX0668

LAST STATEMENT 10/31/23	.30
CREDITS	.00
1 DEBITS	.30
THIS STATEMENT 11/10/23	.00
TOTAL DAYS IN STATEMENT PERIOD 11/01/23 THROUGH 11/10/23:	10

- - - - - OTHER DEBITS - - - - -		
DESCRIPTION	DATE	AMOUNT
442996 Internet Transfer to 550198764 on 11/08/23 AT 9:53 Kathy Lam Request	11/08	.30

- - - ITEMIZATION OF OVERDRAFT AND RETURNED ITEM FEES - - -

*		TOTAL FOR	TOTAL	*
*		THIS PERIOD	YEAR TO DATE	*

* TOTAL OVERDRAFT FEES:		\$.00		\$.00

* TOTAL RETURNED ITEM FEES:		\$.00		\$.00

- - - - - DAILY BALANCE - - - - -					
DATE.....	BALANCE	DATE.....	BALANCE	DATE.....	BALANCE
11/08	.00				

ACCOUNT NUMBER: 7284

Statement Period
11/01/23 TO 11/30/23
IM0099002900000000

91 05710

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
GENERAL CHECKING ACCOUNT
309 W BEVERLY BLVD
MONTEBELLO CA 90640-4308

PAGE 1 OF 4

0

0000

TO KEEP YOUR BMO DEBIT/ATM CARD SAFE FROM UNAUTHORIZED TRANSACTIONS,
WE WILL CLOSE IT AFTER 12 CONSECUTIVE MONTHS OF INACTIVITY.
TO KEEP YOUR CARD ACTIVE, SIMPLY USE IT AT LEAST ONCE EVERY 12 MONTHS.

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

CHECKING ACCOUNTS

SMALL BUS INTEREST CKG	BEVERLY COMMUNITY HOSPITAL ASSOCIATION
ACCOUNT NUMBER 7284 (Checking)	

Interest Paid YTD	115.36
-------------------	--------

DEPOSIT ACCOUNT SUMMARY

Previous Balance as of October 31, 2023	647,398.76
48 Deposits (Plus)	119,579.27
3 Withdrawals (Minus)	691,998.74
Interest Paid (Plus)	3.03
Ending Balance as of November 30, 2023	74,982.32

Deposits and Other Credits

Date	Amount	Description
Nov 01	39.41	EDI/EFT CCD+ CREDIT
		CCD BLUE SHIELD CA HCCLAIMPMT
Nov 01	150.00	CURRENCY DEPOSIT
		CURRENCY DEPOSIT 2281026340 LOC 0000000000
Nov 01	225.00	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Nov 02	712.17	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Nov 02	3,174.90	EDI/EFT CCD+ CREDIT
		CCD BLUE SHIELD CA HCCLAIMPMT

P2



ACCOUNT NUMBER: [REDACTED] 7284

91 05710

Statement Period
11/01/23 TO 11/30/23
IM0099002900000000

BEVERLY COMMUNITY HOSPITAL ASSOCIATION

PAGE 2 OF 4

0

Nov 02	18,654.05	EDI/EFT CCD+ CREDIT	
		CCD BLUE SHIELD CA	HCCLAIMPMT
Nov 03	747.69	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 06	86.25	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 06	150.00	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 06	332.04	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 06	938.97	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 06	20,332.21	EDI/EFT CCD+ CREDIT	
		CCD UnitedHealthcare	HCCLAIMPMT
Nov 07	450.00	CURRENCY DEPOSIT	
		CURRENCY DEPOSIT 2264005544	LOC 0000000000
Nov 07	740.31	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 07	5,479.01	EDI/EFT CCD+ CREDIT	
		CCD BLUE CROSS CA5C	HCCLAIMPMT
Nov 08	200.00	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 09	462.49	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 10	1,325.00	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 13	50.00	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 14	297.58	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 14	886.58	EDI/EFT CCD+ CREDIT	
		CCD BLUE CROSS CA5C	HCCLAIMPMT
Nov 14	1,141.90	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 14	5,000.00	CURRENCY DEPOSIT	
		CURRENCY DEPOSIT 2268022098	LOC 0000000000
Nov 14	6,744.29	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 15	200.00	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 16	150.00	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 17	150.00	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 17	210.03	CURRENCY DEPOSIT	
		CURRENCY DEPOSIT 2281032608	LOC 0000000000
Nov 20	30.00	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 20	106.33	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE	MERCH DEP
Nov 20	390.95	EDI/EFT CCD+ CREDIT	
		CCD BLUE CROSS CA5C	HCCLAIMPMT
Nov 20	5,497.72	EDI/EFT CCD+ CREDIT	
		CCD BLUE SHIELD CA	HCCLAIMPMT



ACCOUNT NUMBER: [REDACTED] 7284

91 05710

Statement Period
11/01/23 TO 11/30/23
IM0099002900000000

BEVERLY COMMUNITY HOSPITAL ASSOCIATION

PAGE 3 OF 4

0

Nov 21	125.00	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Nov 21	502.33	EDI/EFT CCD+ CREDIT
		CCD BLUE CROSS CA5C HCCLAIMPMT
Nov 21	13,077.48	EDI/EFT CCD+ CREDIT
		CCD BLUE CROSS CA5C HCCLAIMPMT
Nov 22	1.96	EDI/EFT CCD+ CREDIT
		CCD BLUE SHIELD CA HCCLAIMPMT
Nov 22	539.33	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Nov 24	287.10	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Nov 24	1,472.00	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Nov 24	16,851.31	EDI/EFT CCD+ CREDIT
		CCD BLUE CROSS CA5C HCCLAIMPMT
Nov 27	50.00	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Nov 27	185.19	EDI/EFT CCD+ CREDIT
		CCD BLUE CROSS CA5C HCCLAIMPMT
Nov 28	212.10	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Nov 28	358.00	EDI/EFT CCD+ CREDIT
		CCD BLUE CROSS CA5C HCCLAIMPMT
Nov 28	2,337.00	EDI/EFT CCD+ CREDIT
		CCD BLUE CROSS CA5C HCCLAIMPMT
Nov 28	7,203.40	EDI/EFT CCD+ CREDIT
		CCD BLUE CROSS CA5C HCCLAIMPMT
Nov 29	238.11	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Nov 29	1,084.08	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Nov 30	3.03	INTEREST PAID

Withdrawals and Other Debits

Date	Amount	Description
Nov 01	2,573.61	ACH DEBIT
		CCD MERCHANT SERVICE MERCH FEE
Nov 16	688,495.00	OUTGOING WIRE
		FED WIRE TRANSFER DEBIT 231116138948
Nov 22	930.13	ACCT ANALYSIS SERV CHG

Daily Balance Summary

Date	Balance	Date	Balance
Oct 31	647,398.76	Nov 15	713,345.00
Nov 01	645,239.56	Nov 16	25,000.00
Nov 02	667,780.68	Nov 17	25,360.03
Nov 03	668,528.37	Nov 20	31,385.03
Nov 06	690,367.84	Nov 21	45,089.84
Nov 07	697,037.16	Nov 22	44,701.00
Nov 08	697,237.16	Nov 24	63,311.41
Nov 09	697,699.65	Nov 27	63,546.60
Nov 10	699,024.65	Nov 28	73,657.10
Nov 13	699,074.65	Nov 29	74,979.29
Nov 14	713,145.00	Nov 30	74,982.32



BMO Bank N.A.
P.O. Box 94033
Palatine, IL 60094-4033
Toll Free: 1-888-340-2265

ACCOUNT NUMBER: [REDACTED] 7284

91 05710

Statement Period
11/01/23 TO 11/30/23
IM0099002900000000

BEVERLY COMMUNITY HOSPITAL ASSOCIATION

PAGE 4 OF 4

0

Statement Period Rates

Effective	Nov 01, 2023	----- Balance -----	Rate
		ZERO to 99,999,999,999	0.010 %



ACCOUNT STATEMENT

Page 1 of 1
STARTING DATE: November 01, 2023
ENDING DATE: November 30, 2023
Total days in statement period: 30
0442
(0)

BK EST/BEVERLY COMMUNITY HOSPITAL ASSOC
HOWARD EHRENBURG CH 11 TRUSTEE 200
CASE #23-12359
1875 CENTURY PARK E STE 1900
LOS ANGELES CA 90067-2519

Happy holidays from all of us at East West Bank! Thank you for choosing us as your financial bridge. We wish you a joyous and prosperous holiday season and look forward to serving you in the new year. Together, let's reach further.

Trustee-Vendor Money Market

Account number	0442	Beginning balance	\$14,323,609.30
Low balance	\$14,323,609.30	Total additions	(1) 32,375.30
Average balance	\$14,323,609.30	Total subtractions	(0) 0.00
Interest paid year to date	\$54,997.64	Ending balance	\$14,355,984.60

CREDITS

Number	Date	Transaction Description	Additions
	11-30	Interest Credit	32,375.30

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
10-31	14,323,609.30	11-30	14,355,984.60		

INTEREST INFORMATION

Annual percentage yield earned	2.78%	Interest bearing days	30
Average balance for APY	\$14,323,609.30	Interest earned	\$32,375.30

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year to date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

ENTER

ENTER

\$_____

\$_____

Sub Total \$

Add Monthly Interest

§

\$ _____

Balance.....** \$

Balance..... \$

(REV 11/07)



ACCOUNT STATEMENT

Page 1 of 1
STARTING DATE: November 01, 2023
ENDING DATE: November 30, 2023
Total days in statement period: 30
0449
(0)

BK EST/BEVERLY COMMUNITY HOSPITAL ASSOC
HOWARD M EHRENBURG CH 11 TRUSTEE 200
CASE #23-12359
1875 CENTURY PARK E SUITE 1900
LOS ANGELES CA 90067-2519

Happy holidays from all of us at East West Bank! Thank you for choosing us as your financial bridge. We wish you a joyous and prosperous holiday season and look forward to serving you in the new year. Together, let's reach further.

Trustee-Vendor Money Market

Account number	0449	Beginning balance	\$6,281,660.35
Low balance	\$6,281,660.35	Total additions	(2) 2,023,847.97
Average balance	\$8,153,384.82	Total subtractions	(0) 0.00
Interest paid year to date	\$18,428.89	Ending balance	\$8,305,508.32

CREDITS

Number	Date	Transaction Description	Additions
10002	11-03	Image Cl Depos	2,005,419.08
	11-30	Interest Credit	18,428.89

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
10-31	6,281,660.35	11-03	8,287,079.43	11-30	8,305,508.32

INTEREST INFORMATION

Annual percentage yield earned	2.78%	Interest bearing days	30
Average balance for APY	\$8,153,384.82	Interest earned	\$18,428.89

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year to date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

(REV 11/07)



ACCOUNT STATEMENT

Page 1 of 1
STARTING DATE: November 01, 2023
ENDING DATE: November 30, 2023
Total days in statement period: 30
0435
(0)

BK EST/BEVERLY COMMUNITY HOSPITAL ASSOC
HOWARD EHRENBURG CH 11 TRUSTEE 200
CASE #23-12359
1875 CENTURY PARK E SUITE 1900
LOS ANGELES CA 90067

Happy holidays from all of us at East West Bank! Thank you for choosing us as your financial bridge. We wish you a joyous and prosperous holiday season and look forward to serving you in the new year. Together, let's reach further.

Trustee-Vendor Money Market

Account number	0435	Beginning balance	\$720.00
Low balance	\$720.00	Total additions (1)	1.63
Average balance	\$720.00	Total subtractions (0)	0.00
Interest paid year to date	\$1.63	Ending balance	\$721.63

CREDITS

Number	Date	Transaction Description	Additions
	11-30	Interest Credit	1.63

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
10-31	720.00	11-30	721.63		

INTEREST INFORMATION

Annual percentage yield earned	2.79%	Interest bearing days	30
Average balance for APY	\$720.00	Interest earned	\$1.63

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year to date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
 DEBTOR-IN-POSSESSION
 CASE # 2:23-BK-12359-SK
 DENTAL PLAN ACCOUNT
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX0455	\$0.00

Business Checking - Analysis-XXXXXXXX0455

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$0.00
	4 Credit(s) This Period	\$8,896.22
	4 Debit(s) This Period	\$8,896.22
11/30/2023	Ending Balance	\$0.00

Other Credits

Date	Description	Amount
11/01/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$1,389.12
11/08/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$1,199.90
11/15/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$4,547.32
11/22/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$1,759.88

Electronic Debits

Date	Description	Amount
11/01/2023	DELTA-3941461312 PAYMENT 30939	\$1,389.12
11/08/2023	DELTA-3941461312 PAYMENT 31591	\$1,199.90
11/15/2023	DELTA-3941461312 PAYMENT 31607	\$4,547.32
11/22/2023	DELTA-3941461312 PAYMENT 31946	\$1,759.88

Daily Balances

Date	Amount	Date	Amount
11/01/2023	\$0.00	11/15/2023	\$0.00
11/08/2023	\$0.00	11/22/2023	\$0.00

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						ENTER	
						BALANCE STATEMENT	
						ADD	
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT	
						SUBTOTAL	
						SUBTRACT	
						TOTAL CHECKS OUTSTANDING	
Total Checks Outstanding							
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you • Accounted for bank charges? • Verified debit card purchases? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
 DEBTOR-IN-POSSESSION
 CASE # 2:23-BK-12359-SK
 "H" ACCOUNT
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX0544	\$58,749.58

Business Checking - Analysis-XXXXXXXX0544

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$40,884.56
	8 Credit(s) This Period	\$32,281.87
	28 Debit(s) This Period	\$14,416.85
11/30/2023	Ending Balance	\$58,749.58

Deposits

Date	Description	Amount
11/06/2023	REMOTE DEPOSIT	\$2,136.14
11/06/2023	REMOTE DEPOSIT	\$4,247.14
11/06/2023	REMOTE DEPOSIT	\$4,493.29
11/07/2023	REMOTE DEPOSIT	\$2,136.14
11/07/2023	REMOTE DEPOSIT	\$4,247.14

Electronic Credits

Date	Description	Amount
11/17/2023	COBRA Prem IGOE AND COMPANY NTE* REF* Oct COBRA PREM\	\$10,638.44

Other Credits

Date	Description	Amount
11/14/2023	279555 Internet Transfer from 550198764 on 11/14/23 AT 11:04 PPE 11 04 2023	\$2,015.65
11/28/2023	287904 Internet Transfer from 550198764 on 11/28/23 AT 11:09 PPE 11 18 23 PAY DA	\$2,367.93

Electronic Debits

Date	Description	Amount
11/01/2023	MBI SETL MED-I-BANK	\$313.25
11/02/2023	MBI SETL MED-I-BANK	\$166.16
11/03/2023	MBI SETL MED-I-BANK	\$561.08
11/06/2023	MBI SETL MED-I-BANK	\$115.73
11/06/2023	MBI SETL MED-I-BANK	\$957.26
11/06/2023	MBI SETL MED-I-BANK	\$1,039.07
11/07/2023	MBI SETL MED-I-BANK	\$7.11
11/08/2023	MBI SETL MED-I-BANK	\$5.11

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION							
Date or #	Amount	Date or #	Amount	Date or #	Amount								
						ENTER							
						BALANCE STATEMENT							
						ADD							
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT							
						SUBTOTAL							
						SUBTRACT							
						TOTAL CHECKS OUTSTANDING							
Total Checks Outstanding													
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you <table border="0"> <tr> <td>• Accounted for bank charges?</td> <td>• Verified debit card purchases?</td> </tr> <tr> <td>• Computed cancelled checks to check stubs?</td> <td>• Verified additions and subtractions?</td> </tr> <tr> <td>• Verified ATM withdrawals and fees?</td> <td>• Computed deposit amount on statement to your checkbook?</td> </tr> </table>							• Accounted for bank charges?	• Verified debit card purchases?	• Computed cancelled checks to check stubs?	• Verified additions and subtractions?	• Verified ATM withdrawals and fees?	• Computed deposit amount on statement to your checkbook?	BALANCE
• Accounted for bank charges?	• Verified debit card purchases?												
• Computed cancelled checks to check stubs?	• Verified additions and subtractions?												
• Verified ATM withdrawals and fees?	• Computed deposit amount on statement to your checkbook?												

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

Business Checking - Analysis-XXXXXXXX0544 (continued)

Electronic Debits (continued)

Date	Description	Amount
11/09/2023	MBI SETL MED-I-BANK	\$21.64
11/10/2023	MBI SETL MED-I-BANK	\$94.84
11/13/2023	MBI SETL MED-I-BANK	\$262.25
11/14/2023	MBI SETL MED-I-BANK	\$6.29
11/15/2023	IDR Chk Re Igoe and Company 10/30-11/12 Checks\	\$130.81
11/15/2023	IGOE AND COMPANY DIRECT DEP MED-I-BANK	\$520.00
11/17/2023	MBI SETL MED-I-BANK	\$15.00
11/20/2023	MBI SETL MED-I-BANK	\$35.80
11/20/2023	MBI SETL MED-I-BANK	\$300.43
11/21/2023	MBI SETL MED-I-BANK	\$275.59
11/22/2023	IGOE AND COMPANY DIRECT DEP MED-I-BANK	\$110.00
11/22/2023	MBI SETL MED-I-BANK	\$184.98
11/24/2023	MBI SETL MED-I-BANK	\$167.60
11/27/2023	MBI SETL MED-I-BANK	\$66.38
11/28/2023	MBI SETL MED-I-BANK	\$15.20
11/30/2023	IGOE AND COMPANY DIRECT DEP MED-I-BANK	\$120.00
11/30/2023	MBI SETL MED-I-BANK	\$1,044.99
11/30/2023	IDR Chk Re Igoe and Company 11/13-11/26 Checks\	\$1,497.00

Other Debits

Date	Description	Amount
11/08/2023	DDA Returned Item	\$2,136.14
11/08/2023	DDA Returned Item	\$4,247.14

Daily Balances

Date	Amount	Date	Amount	Date	Amount
11/01/2023	\$40,571.31	11/10/2023	\$48,479.88	11/22/2023	\$59,292.82
11/02/2023	\$40,405.15	11/13/2023	\$48,217.63	11/24/2023	\$59,125.22
11/03/2023	\$39,844.07	11/14/2023	\$50,226.99	11/27/2023	\$59,058.84
11/06/2023	\$48,608.58	11/15/2023	\$49,576.18	11/28/2023	\$61,411.57
11/07/2023	\$54,984.75	11/17/2023	\$60,199.62	11/30/2023	\$58,749.58
11/08/2023	\$48,596.36	11/20/2023	\$59,863.39		
11/09/2023	\$48,574.72	11/21/2023	\$59,587.80		

This page left intentionally blank

3660 Wilshire Blvd Ste PH-A
 Los Angeles, CA 90010

BEVERLY COMMUNITY HOSPITAL Page 1 of 8
Customer Number: XXXXXXXX0552

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
 DEBTOR-IN-POSSESSION
 CASE # 2:23-BK-12359-SK
 AHC BLUE CROSS CAPITATION ACCT
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX0552	\$713,913.87

Business Checking - Analysis-XXXXXXXX0552

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$832,394.02
	2 Credit(s) This Period	\$33,600.00
	25 Debit(s) This Period	\$152,080.15
11/30/2023	Ending Balance	\$713,913.87

Deposits

Date	Description	Amount
11/14/2023	REMOTE DEPOSIT	\$25,200.00

Electronic Credits

Date	Description	Amount
11/14/2023	ANTHEM BLUE 5T DMS EFT 3225869327	\$8,400.00

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
122613	11/01/2023	\$28.47	122622	11/17/2023	\$63.96	122631	11/27/2023	\$583.04
122614	11/07/2023	\$3,695.62	122623	11/17/2023	\$25,436.91	122632	11/27/2023	\$1,321.07
122615	11/07/2023	\$5,620.40	122624	11/27/2023	\$98,813.64	122633	11/27/2023	\$180.71
122616	11/06/2023	\$62.05	122625	11/21/2023	\$28.76	122634	11/27/2023	\$134.15
122617	11/06/2023	\$178.31	122626	11/21/2023	\$281.38	122635	11/27/2023	\$64.10
122618	11/13/2023	\$503.58	122627	11/20/2023	\$653.72	122636	11/28/2023	\$217.79
122619	11/20/2023	\$219.29	122628	11/24/2023	\$8,227.95	122641*	11/28/2023	\$3,787.81
122620	11/17/2023	\$81.19	122629	11/21/2023	\$0.50			
122621	11/17/2023	\$58.72	122630	11/28/2023	\$1,837.03			

* Indicates skipped check number

Daily Balances

Date	Amount	Date	Amount	Date	Amount
11/01/2023	\$832,365.55	11/07/2023	\$822,809.17	11/14/2023	\$855,905.59
11/06/2023	\$832,125.19	11/13/2023	\$822,305.59	11/17/2023	\$830,264.81



CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						ENTER	
						BALANCE STATEMENT	
						ADD	
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT	
						SUBTOTAL	
						SUBTRACT	
						TOTAL CHECKS OUTSTANDING	
Total Checks Outstanding							
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you • Accounted for bank charges? • Verified debit card purchases? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

Business Checking - Analysis-XXXXXXXX0552 (continued)

Daily Balances (continued)

<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
11/20/2023	\$829,391.80	11/24/2023	\$820,853.21	11/28/2023	\$713,913.87
11/21/2023	\$829,081.16	11/27/2023	\$719,756.50		

3660 Wilshire Blvd Ste PH-A
 Los Angeles, CA 90010

BEVERLY COMMUNITY HOSPITAL Page 1 of 10
Customer Number: XXXXXXXX0579

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
 DEBTOR-IN-POSSESSION
 CASE # 2:23-BK-12359-SK
 PAYROLL ACCOUNT
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXXX0579	\$85,614.85

Business Checking - Analysis-XXXXXXXXX0579

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$522,463.92
	2 Credit(s) This Period	\$700,000.00
	42 Debit(s) This Period	\$1,136,849.07
11/30/2023	Ending Balance	\$85,614.85

Other Credits

Date	Description	Amount
11/07/2023	282580 Internet Transfer from 550198764 on 11/07/23 AT 9:03 PPE 11 04 2023 PAID	\$300,000.00
11/21/2023	257668 Internet Transfer from 550198764 on 11/21/23 AT 8:53 PPE 11 18 2024	\$400,000.00

Other Debits

Date	Description	Amount
11/08/2023	Outgoing Wire 395782 ADP CLIENT TRUST 2300357142	\$554,802.65
11/21/2023	Outgoing Wire 398889 ADP CLIENT TRUST 4100335208	\$524,745.21

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
206602	11/14/2023	\$857.19	206617	11/07/2023	\$4,224.24	206633	11/15/2023	\$1,402.11
206603	11/06/2023	\$2,423.07	206618	11/03/2023	\$822.28	206634	11/13/2023	\$2,809.39
206605*	11/06/2023	\$1,999.33	206621*	11/03/2023	\$1,835.06	206635	11/14/2023	\$893.16
206606	11/27/2023	\$2,241.78	206622	11/02/2023	\$901.51	206636	11/15/2023	\$4,233.40
206607	11/07/2023	\$576.08	206623	11/02/2023	\$832.46	206637	11/14/2023	\$874.40
206608	11/13/2023	\$1,544.87	206624	11/14/2023	\$1,782.89	206638	11/13/2023	\$105.82
206609	11/03/2023	\$1,232.00	206625	11/14/2023	\$2,020.74	206639	11/13/2023	\$311.64
206610	11/08/2023	\$2,452.16	206626	11/06/2023	\$651.29	206640	11/28/2023	\$12.17
206611	11/02/2023	\$992.58	206627	11/08/2023	\$1,929.95	206641	11/21/2023	\$347.67
206612	11/07/2023	\$992.91	206628	11/14/2023	\$3,488.94	206642	11/15/2023	\$829.54
206613	11/01/2023	\$1,894.87	206629	11/10/2023	\$735.60	206643	11/16/2023	\$1,143.12
206614	11/03/2023	\$319.68	206630	11/14/2023	\$458.61	206644	11/15/2023	\$1,976.93
206615	11/14/2023	\$846.31	206631	11/13/2023	\$1,188.66			
206616	11/08/2023	\$313.12	206632	11/13/2023	\$2,803.68			



CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						ENTER	
						BALANCE STATEMENT	
						ADD	
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT	
						SUBTOTAL	
						SUBTRACT	
						TOTAL CHECKS OUTSTANDING	
Total Checks Outstanding							
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you • Accounted for bank charges? • Verified debit card purchases? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

Business Checking - Analysis-XXXXXXXX0579 (continued)

* Indicates skipped check number

Daily Balances

Date	Amount	Date	Amount	Date	Amount
11/01/2023	\$520,569.05	11/08/2023	\$243,268.68	11/16/2023	\$212,961.68
11/02/2023	\$517,842.50	11/10/2023	\$242,533.08	11/21/2023	\$87,868.80
11/03/2023	\$513,633.48	11/13/2023	\$233,769.02	11/27/2023	\$85,627.02
11/06/2023	\$508,559.79	11/14/2023	\$222,546.78	11/28/2023	\$85,614.85
11/07/2023	\$802,766.56	11/15/2023	\$214,104.80		

3660 Wilshire Blvd Ste PH-A
 Los Angeles, CA 90010

BEVERLY COMMUNITY HOSPITAL Page 1 of 4
Customer Number: XXXXXXXX0595

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
 BEVERLY HOSPITAL
 DEBTOR-IN-POSSESSION
 GENERAL ACCOUNT
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXXX0595	\$238,840.33

Business Checking - Analysis-XXXXXXXXX0595

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$4,457,574.11
	60 Credit(s) This Period	\$415,547.93
	29 Debit(s) This Period	\$4,634,281.71
11/30/2023	Ending Balance	\$238,840.33

Electronic Credits

Date	Description	Amount
11/01/2023	HCCLAIMPMT AHP CA CLAIM TRN* 1* 1430509* 1465596242\	\$100.31
11/01/2023	HCCLAIMPMT Health Net, LLC TRN* 1* 0809751270* 1954402957\	\$128.24
11/01/2023	EFT Paymen OPTUM CARE NETWO TRN* 1* 8129319* 1330219954\	\$1,285.00
11/01/2023	EFT Paymen OPTUM TRN* 1* 6749779* 1330219954\	\$63,589.14
11/02/2023	HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826519278* 1542174068\	\$5,690.43
11/02/2023	HCCLAIMPMT CENTRAL HEALTH P TRN* 1* 26951970* 1912155938~	\$16,402.36
11/03/2023	HCCLAIMPMT AHP CA CLAIM TRN* 1* 1430894* 1465596242\	\$17,599.18
11/03/2023	EFT Paymen OPTUM TRN* 1* 6750140* 1330219954\	\$47,443.00
11/06/2023	HCCLAIMPMT CIGNA TRN* 1* 231102590055769* 1591031071\	\$15.00
11/06/2023	HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826529906* 1542174068\	\$188.99
11/06/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1111239487* 1341858379\	\$194.97
11/06/2023	HCCLAIMPMT CIGNA TRN* 1* 231102090055770* 1591031071\	\$491.46
11/06/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1111239486* 1341858379\	\$34,596.79
11/07/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1111457205* 1341858379\	\$17,164.27
11/08/2023	HCCLAIMPMT CIGNA TRN* 1* 231104090054861* 1591031071\	\$1,589.85
11/08/2023	EFT Paymen HealthCare Partn TRN* 1* 222654064* 1330219954\	\$1,792.00
11/08/2023	EFT Paymen OPTUM TRN* 1* 6750463* 1330219954\	\$8,115.06
11/08/2023	HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 934000975674* 1954518790~	\$10,300.45
11/09/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1111809595* 1341858379\	\$278.42
11/09/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1111809596* 1341858379\	\$1,951.02
11/09/2023	HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 935000907145* 1954518790~	\$11,074.50
11/13/2023	HCCLAIMPMT AETNA A04 TRN* 1* 823312000274808* 1066033492\	\$591.00
11/13/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1112363844* 1341858379\	\$804.70
11/14/2023	HCCLAIMPMT HEALTH CARE LA, TRN* 1* 4571034* 1954298276\	\$35.82
11/14/2023	HCCLAIMPMT CA DHCS MEDI-CAL TRN* 1* 050123188* 1680217053~	\$196.19
11/15/2023	HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826546973* 1542174068\	\$57.74
11/15/2023	EFT Paymen OPTUM CARE NETWO TRN* 1* 8131860* 1330219954\	\$299.01



CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						ENTER	
						BALANCE STATEMENT	
						ADD	
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT	
						SUBTOTAL	
						SUBTRACT	
						TOTAL CHECKS OUTSTANDING	
Total Checks Outstanding							
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you • Accounted for bank charges? • Verified debit card purchases? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

[illegible]

Business Checking - Analysis-XXXXXXXXX0595
 (continued)

Other Debits (continued)		
Date	Description	Amount
11/20/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0625	\$4,726.03
11/21/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0625	\$124.12
11/22/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0455	\$1,759.88
11/28/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0625	\$3,274.58
11/29/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0625	\$491.21
11/29/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0617	\$518.17
11/30/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0625	\$67.03


Daily Balances

Date	Amount	Date	Amount	Date	Amount
11/01/2023	\$4,520,907.28	11/10/2023	\$4,688,686.69	11/21/2023	\$148,906.06
11/02/2023	\$4,543,000.07	11/13/2023	\$4,686,498.10	11/22/2023	\$182,715.88
11/03/2023	\$4,607,890.62	11/14/2023	\$4,683,650.69	11/24/2023	\$199,648.00
11/06/2023	\$4,639,909.03	11/15/2023	\$4,701,165.38	11/27/2023	\$201,157.52
11/07/2023	\$4,657,073.30	11/16/2023	\$100,000.00	11/28/2023	\$210,907.83
11/08/2023	\$4,676,106.90	11/17/2023	\$134,798.33	11/29/2023	\$220,040.83
11/09/2023	\$4,689,210.98	11/20/2023	\$130,544.67	11/30/2023	\$238,840.33

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
 DEBTOR-IN-POSSESSION
 CASE # 2:23-BK-12359-SK
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXXX0617	\$0.00

Business Checking - Analysis-XXXXXXXXX0617

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$0.00
	6 Credit(s) This Period	\$1,693.34
	12 Debit(s) This Period	\$1,693.34
11/30/2023	Ending Balance	\$0.00

Other Credits

Date	Description	Amount
11/09/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$29.64
11/10/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$192.00
11/13/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$747.95
11/16/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$86.95
11/20/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$118.63
11/29/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$518.17

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
11369	11/29/2023	\$93.70	11375	11/13/2023	\$747.95	11379	11/20/2023	\$18.43
11372*	11/29/2023	\$93.70	11376	11/16/2023	\$86.95	11380	11/20/2023	\$99.00
11373	11/09/2023	\$29.64	11377	11/29/2023	\$93.70	11381	11/29/2023	\$180.59
11374	11/10/2023	\$192.00	11378	11/20/2023	\$1.20	11382	11/29/2023	\$56.48

* Indicates skipped check number

Daily Balances

Date	Amount	Date	Amount	Date	Amount
11/09/2023	\$0.00	11/13/2023	\$0.00	11/20/2023	\$0.00
11/10/2023	\$0.00	11/16/2023	\$0.00	11/29/2023	\$0.00

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						ENTER	
						BALANCE STATEMENT	
						ADD	
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT	
						SUBTOTAL	
						SUBTRACT	
						TOTAL CHECKS OUTSTANDING	
Total Checks Outstanding							
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you • Accounted for bank charges? • Verified debit card purchases? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

3660 Wilshire Blvd Ste PH-A
Los Angeles, CA 90010

BEVERLY COMMUNITY HOSPITAL

Page 1 of 12

Customer Number: XXXXXXXX0625

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
DEBTOR-IN-POSSESSION
CASE # 2:23-BK-12359-SK
309 W BEVERLY BLVD
MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXXX0625	\$0.00

Business Checking - Analysis-XXXXXXXXX0625

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$0.00
	15 Credit(s) This Period	\$22,980.00
	50 Debit(s) This Period	\$22,980.00
11/30/2023	Ending Balance	\$0.00

Other Credits

Date	Description	Amount
11/01/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$350.40
11/03/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$151.63
11/06/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$3,468.80
11/08/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$1,563.86
11/09/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$170.22
11/10/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$332.29
11/13/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$2,721.81
11/14/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$3,079.42
11/15/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$299.10
11/16/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$2,159.50
11/20/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$4,726.03
11/21/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$124.12
11/28/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$3,274.58
11/29/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$491.21
11/30/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$67.03

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
15532	11/10/2023	\$111.00	15614	11/06/2023	\$115.00	15621	11/03/2023	\$4.80
15589*	11/08/2023	\$165.04	15615	11/06/2023	\$115.50	15622	11/03/2023	\$146.83
15590	11/08/2023	\$165.04	15616	11/15/2023	\$165.04	15623	11/09/2023	\$1.20
15601*	11/10/2023	\$165.04	15617	11/08/2023	\$191.76	15624	11/09/2023	\$100.66
15610*	11/01/2023	\$225.29	15618	11/09/2023	\$68.36	15625	11/13/2023	\$2,216.50
15612*	11/01/2023	\$2.40	15619	11/08/2023	\$1,042.02	15626	11/13/2023	\$158.46
15613	11/01/2023	\$122.71	15620	11/06/2023	\$3,238.30	15627	11/15/2023	\$67.03



CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						ENTER	
						BALANCE STATEMENT	
						ADD	
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT	
						SUBTOTAL	
						SUBTRACT	
						TOTAL CHECKS OUTSTANDING	
Total Checks Outstanding							
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you • Accounted for bank charges? • Verified debit card purchases? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

3660 Wilshire Blvd Ste PH-A
Los Angeles, CA 90010

Statement Ending 11/30/2023

BEVERLY COMMUNITY HOSPITAL

Page 3 of 12

Customer Number: XXXXXXXX0625

Business Checking - Analysis-XXXXXXXXX0625 (continued)

Checks Cleared (continued)

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
15628	11/15/2023	\$67.03	15640	11/16/2023	\$231.00	15651	11/29/2023	\$123.11
15629	11/10/2023	\$56.25	15641	11/16/2023	\$115.50	15653*	11/28/2023	\$99.00
15630	11/13/2023	\$265.25	15642	11/16/2023	\$462.00	15655*	11/30/2023	\$67.03
15631	11/14/2023	\$3,079.42	15643	11/16/2023	\$181.50	15656	11/28/2023	\$96.16
15632	11/13/2023	\$3.60	15644	11/21/2023	\$57.09	15658*	11/29/2023	\$230.00
15633	11/13/2023	\$78.00	15646*	11/20/2023	\$1,042.02	15659	11/28/2023	\$3,079.42
15634	11/16/2023	\$938.50	15647	11/20/2023	\$3,238.30	15660	11/29/2023	\$32.81
15637*	11/21/2023	\$67.03	15648	11/20/2023	\$3.60	15661	11/29/2023	\$3.60
15638	11/16/2023	\$148.50	15649	11/20/2023	\$241.11	15662	11/29/2023	\$101.69
15639	11/16/2023	\$82.50	15650	11/20/2023	\$201.00			

* Indicates skipped check number

Daily Balances

Date	Amount	Date	Amount	Date	Amount
11/01/2023	\$0.00	11/10/2023	\$0.00	11/20/2023	\$0.00
11/03/2023	\$0.00	11/13/2023	\$0.00	11/21/2023	\$0.00
11/06/2023	\$0.00	11/14/2023	\$0.00	11/28/2023	\$0.00
11/08/2023	\$0.00	11/15/2023	\$0.00	11/29/2023	\$0.00
11/09/2023	\$0.00	11/16/2023	\$0.00	11/30/2023	\$0.00

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$50.00

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
 DEBTOR-IN-POSSESSION
 CASE # 2:23-BK-12359-SK
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX0633	\$0.00

Business Checking - Analysis-XXXXXXXX0633

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$0.00
	0 Credit(s) This Period	\$0.00
	0 Debit(s) This Period	\$0.00
11/30/2023	Ending Balance	\$0.00

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						ENTER	
						BALANCE STATEMENT	
						ADD	
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT	
						SUBTOTAL	
						SUBTRACT	
						TOTAL CHECKS OUTSTANDING	
Total Checks Outstanding							
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you • Accounted for bank charges? • Verified debit card purchases? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.



BEVERLY COMMUNITY HOSPITAL ASSOCIATION
DEBTOR-IN-POSSESSION
CASE # 2:23-BK-12359-SK
MMKT FUNDED DEPRECIATION ACCT
309 W BEVERLY BLVD
MONTEBELLO CA 90640

<C> 30
0
0

* * * F I N A L S T A T E M E N T * * *

SPECIALTY LENDING DEPARTMENT
2010 MAIN ST STE 590
IRVINE, CA 92614

TELEPHONE: 949-857-8222

Business Money Market ACCOUNT XXXXXXXXXXXX0676

LAST STATEMENT 10/31/23	250,151.82
CREDITS	.00
1 DEBITS	250,151.82
THIS STATEMENT 11/10/23	.00
TOTAL DAYS IN STATEMENT PERIOD 11/01/23 THROUGH 11/10/23:	10

DESCRIPTION	DATE	AMOUNT
442914 Internet Transfer to 550198764 on 11/08/23 AT 9:52 Kathy Lam Request	11/08	250,151.82

THE DISCLOSURE PERIOD FOR THIS ACCOUNT IS 11/01/23 THRU 11/08/23.

I N T E R E S T

INTEREST PAID 2023: 4,557.13

I T E M I Z A T I O N O F O V E R D R A F T A N D R E T U R N E D I T E M F E E S

*		TOTAL FOR	TOTAL	*
*		THIS PERIOD	YEAR TO DATE	*


* TOTAL OVERDRAFT FEES:		\$.00		\$.00

* TOTAL RETURNED ITEM FEES:		\$.00		\$.00

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
 DEBTOR-IN-POSSESSION
 CASE # 2:23-BK-12359-SK
 GENERAL RESERVE ACCOUNT
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX0684	\$0.00

Business Checking - Analysis-XXXXXXXX0684

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$0.00
	0 Credit(s) This Period	\$0.00
	0 Debit(s) This Period	\$0.00
11/30/2023	Ending Balance	\$0.00

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						ENTER	
						BALANCE STATEMENT	
						ADD	
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT	
						SUBTOTAL	
						SUBTRACT	
						TOTAL CHECKS OUTSTANDING	
Total Checks Outstanding							
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you • Accounted for bank charges? • Verified debit card purchases? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
 DEBTOR-IN-POSSESSION
 CASE # 2:23-BK-12359-SK
 AHC HEALTH NET CAPITATION ACCT
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX0692	\$91,925.41

Business Checking - Analysis-XXXXXXXX0692

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$91,925.41
	0 Credit(s) This Period	\$0.00
	0 Debit(s) This Period	\$0.00
11/30/2023	Ending Balance	\$91,925.41

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						ENTER	
						BALANCE STATEMENT	
						ADD	
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT	
						SUBTOTAL	
						SUBTRACT	
						TOTAL CHECKS OUTSTANDING	
Total Checks Outstanding							
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you • Accounted for bank charges? • Verified debit card purchases? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.


INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
 DEBTOR-IN-POSSESSION
 CASE # 2:23-BK-12359-SK
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX0706	\$0.00

Business Checking - Analysis-XXXXXXXX0706

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$0.00
	0 Credit(s) This Period	\$0.00
	0 Debit(s) This Period	\$0.00
11/30/2023	Ending Balance	\$0.00

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						ENTER	
						BALANCE STATEMENT	
						ADD	
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT	
						SUBTOTAL	
						SUBTRACT	
						TOTAL CHECKS OUTSTANDING	
Total Checks Outstanding							
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you • Accounted for bank charges? • Verified debit card purchases? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
 DEBTOR-IN-POSSESSION
 CASE # 2:23-BK-12359-SK
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX1486	\$279,679.34

Business Checking - Analysis-XXXXXXXX1486

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$279,483.44
	1 Credit(s) This Period	\$7,462.50
	8 Debit(s) This Period	\$7,266.60
11/30/2023	Ending Balance	\$279,679.34

Electronic Credits

Date	Description	Amount
11/17/2023	MOLINA HEALTHCAR MOLINAACH 01235569	\$7,462.50

Other Debits

Date	Description	Amount
11/01/2023	435353 Internet Transfer to 550198764 on 11/01/23 AT 9:59 Hospital Fee From Moli	\$6,227.88

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
371	11/10/2023	\$474.11	1775	11/08/2023	\$74.64	1778	11/27/2023	\$70.13
372	11/13/2023	\$89.70	1776	11/06/2023	\$80.53			
1774*	11/14/2023	\$49.11	1777	11/17/2023	\$200.50			

* Indicates skipped check number

Daily Balances

Date	Amount	Date	Amount	Date	Amount
11/01/2023	\$273,255.56	11/10/2023	\$272,626.28	11/17/2023	\$279,749.47
11/06/2023	\$273,175.03	11/13/2023	\$272,536.58	11/27/2023	\$279,679.34
11/08/2023	\$273,100.39	11/14/2023	\$272,487.47		

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION							
Date or #	Amount	Date or #	Amount	Date or #	Amount								
						ENTER							
						BALANCE STATEMENT							
						ADD							
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT							
						SUBTOTAL							
						SUBTRACT							
						TOTAL CHECKS OUTSTANDING							
Total Checks Outstanding													
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you <table border="0"> <tr> <td>• Accounted for bank charges?</td> <td>• Verified debit card purchases?</td> </tr> <tr> <td>• Computed cancelled checks to check stubs?</td> <td>• Verified additions and subtractions?</td> </tr> <tr> <td>• Verified ATM withdrawals and fees?</td> <td>• Computed deposit amount on statement to your checkbook?</td> </tr> </table>							• Accounted for bank charges?	• Verified debit card purchases?	• Computed cancelled checks to check stubs?	• Verified additions and subtractions?	• Verified ATM withdrawals and fees?	• Computed deposit amount on statement to your checkbook?	BALANCE
• Accounted for bank charges?	• Verified debit card purchases?												
• Computed cancelled checks to check stubs?	• Verified additions and subtractions?												
• Verified ATM withdrawals and fees?	• Computed deposit amount on statement to your checkbook?												

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
 DEBTOR-IN-POSSESSION
 CASE # 2:23-BK-12359-SK
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX4870	\$0.00

Business Checking - Analysis-XXXXXXXX4870

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$0.00
	2 Credit(s) This Period	\$144.53
	2 Debit(s) This Period	\$144.53
11/30/2023	Ending Balance	\$0.00

Other Credits

Date	Description	Amount
11/01/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0595	\$30.00
11/13/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0595	\$114.53

Electronic Debits

Date	Description	Amount
11/01/2023	HNB - CatilizeHe ACH XFR BEV	\$30.00

Checks Cleared

Check Nbr	Date	Amount
428	11/13/2023	\$114.53

* Indicates skipped check number

Daily Balances

Date	Amount	Date	Amount
11/01/2023	\$0.00	11/13/2023	\$0.00

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						ENTER	
						BALANCE STATEMENT	
						ADD	
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT	
						SUBTOTAL	
						SUBTRACT	
						TOTAL CHECKS OUTSTANDING	
Total Checks Outstanding							
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you • Accounted for bank charges? • Verified debit card purchases? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

This page left intentionally blank

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
 DEBTOR-IN-POSSESSION
 CASE # 2:23-BK-12359-SK
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXXX5079	\$0.00

Business Checking - Analysis-XXXXXXXXX5079

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$0.00
	0 Credit(s) This Period	\$0.00
	0 Debit(s) This Period	\$0.00
11/30/2023	Ending Balance	\$0.00

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION							
Date or #	Amount	Date or #	Amount	Date or #	Amount								
						ENTER							
						BALANCE STATEMENT							
						ADD							
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT							
						SUBTOTAL							
						SUBTRACT							
						TOTAL CHECKS OUTSTANDING							
Total Checks Outstanding													
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you <table border="0"> <tr> <td>• Accounted for bank charges?</td> <td>▪ Verified debit card purchases?</td> </tr> <tr> <td>• Computed cancelled checks to check stubs?</td> <td>▪ Verified additions and subtractions?</td> </tr> <tr> <td>• Verified ATM withdrawals and fees?</td> <td>▪ Computed deposit amount on statement to your checkbook?</td> </tr> </table>							• Accounted for bank charges?	▪ Verified debit card purchases?	• Computed cancelled checks to check stubs?	▪ Verified additions and subtractions?	• Verified ATM withdrawals and fees?	▪ Computed deposit amount on statement to your checkbook?	BALANCE
• Accounted for bank charges?	▪ Verified debit card purchases?												
• Computed cancelled checks to check stubs?	▪ Verified additions and subtractions?												
• Verified ATM withdrawals and fees?	▪ Computed deposit amount on statement to your checkbook?												

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
 DEBTOR-IN-POSSESSION
 CASE # 2:23-BK-12359-SK
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX5095	\$1,830,155.78

Business Checking - Analysis-XXXXXXXX5095

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$1,975,209.94
	0 Credit(s) This Period	\$0.00
	62 Debit(s) This Period	\$145,054.16
11/30/2023	Ending Balance	\$1,830,155.78

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
18208	11/02/2023	\$145.37	18306	11/07/2023	\$471.76	18330	11/21/2023	\$92.56
18235*	11/06/2023	\$334.63	18307	11/06/2023	\$211.60	18331	11/24/2023	\$11,364.60
18244*	11/06/2023	\$12,569.26	18308	11/06/2023	\$101.27	18332	11/21/2023	\$89.55
18269*	11/01/2023	\$49.60	18309	11/07/2023	\$41.02	18333	11/27/2023	\$31,439.51
18271*	11/03/2023	\$87.03	18311*	11/08/2023	\$664.51	18334	11/27/2023	\$78.64
18272	11/14/2023	\$33.00	18314*	11/15/2023	\$1,216.38	18335	11/21/2023	\$142.28
18277*	11/02/2023	\$196.10	18315	11/13/2023	\$53.10	18336	11/29/2023	\$182.04
18279*	11/02/2023	\$99.25	18316	11/15/2023	\$65.00	18337	11/28/2023	\$1,535.07
18287*	11/01/2023	\$248.24	18317	11/16/2023	\$371.06	18338	11/28/2023	\$127.67
18288	11/01/2023	\$5,532.60	18318	11/13/2023	\$221.09	18339	11/30/2023	\$125.30
18289	11/02/2023	\$299.27	18319	11/15/2023	\$5,154.54	18340	11/29/2023	\$1,600.00
18290	11/01/2023	\$111.13	18320	11/13/2023	\$240.74	18341	11/29/2023	\$643.56
18293*	11/13/2023	\$139.83	18321	11/13/2023	\$377.76	18342	11/29/2023	\$188.72
18295*	11/06/2023	\$118.20	18322	11/15/2023	\$41.83	18344*	11/27/2023	\$75.66
18299*	11/22/2023	\$5,607.00	18323	11/15/2023	\$868.32	18345	11/27/2023	\$30,798.11
18300	11/14/2023	\$962.94	18324	11/13/2023	\$11,591.76	18346	11/27/2023	\$1,472.29
18301	11/07/2023	\$143.08	18325	11/14/2023	\$363.65	18347	11/29/2023	\$135.18
18302	11/06/2023	\$107.70	18326	11/16/2023	\$49.60	18348	11/28/2023	\$143.05
18303	11/08/2023	\$1,236.47	18327	11/14/2023	\$241.38	18349	11/28/2023	\$49.60
18304	11/06/2023	\$75.47	18328	11/15/2023	\$12,600.00	18783*	11/06/2023	\$1,419.11
18305	11/07/2023	\$63.35	18329	11/21/2023	\$245.77			

* Indicates skipped check number

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						ENTER	
						BALANCE STATEMENT	
						ADD	
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT	
						SUBTOTAL	
						SUBTRACT	
						TOTAL CHECKS OUTSTANDING	
Total Checks Outstanding							
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you • Accounted for bank charges? • Verified debit card purchases? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

Business Checking - Analysis-XXXXXXXX5095 (continued)




Daily Balances

Date	Amount	Date	Amount	Date	Amount
11/01/2023	\$1,969,268.37	11/13/2023	\$1,938,259.64	11/24/2023	\$1,898,750.18
11/02/2023	\$1,968,528.38	11/14/2023	\$1,936,658.67	11/27/2023	\$1,834,885.97
11/03/2023	\$1,968,441.35	11/15/2023	\$1,916,712.60	11/28/2023	\$1,833,030.58
11/06/2023	\$1,953,504.11	11/16/2023	\$1,916,291.94	11/29/2023	\$1,830,281.08
11/07/2023	\$1,952,784.90	11/21/2023	\$1,915,721.78	11/30/2023	\$1,830,155.78
11/08/2023	\$1,950,883.92	11/22/2023	\$1,910,114.78		

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
 DEBTOR-IN-POSSESSION
 CASE # 2:23-BK-12359-SK
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX5767	\$0.00

Business Checking - Analysis-XXXXXXXX5767

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$207,918.81
	0 Credit(s) This Period	\$0.00
	4 Debit(s) This Period	\$207,918.81
11/30/2023	Ending Balance	\$0.00

Other Debits

Date	Description	Amount
11/09/2023	Outgoing Wire 396332 Southern California Gas	\$10,113.48
11/10/2023	Outgoing Wire 396735 Southern California Gas	\$3,769.81
11/10/2023	Outgoing Wire 396592 Constellation New Energy-Gas	\$13,046.51
11/28/2023	288043 Internet Transfer to 550198764 on 11/28/23 AT 11:10 Transfer all funds to	\$180,989.01

Daily Balances

Date	Amount	Date	Amount	Date	Amount
11/09/2023	\$197,805.33	11/10/2023	\$180,989.01	11/28/2023	\$0.00

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						ENTER	
						BALANCE STATEMENT	
						ADD	
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT	
						SUBTOTAL	
						SUBTRACT	
						TOTAL CHECKS OUTSTANDING	
Total Checks Outstanding							
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you • Accounted for bank charges? • Verified debit card purchases? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.


INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
 DEBTOR-IN-POSSESSION
 CASE # 2:23-BK-12359-SK
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX8764	\$6,963,999.89

Business Checking - Analysis-XXXXXXXX8764

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$547,453.35
	44 Credit(s) This Period	\$10,580,217.06
	144 Debit(s) This Period	\$4,163,670.52
11/30/2023	Ending Balance	\$6,963,999.89

Deposits

Date	Description	Amount
11/01/2023	REMOTE DEPOSIT	\$10,369.58
11/02/2023	REMOTE DEPOSIT	\$194.72
11/02/2023	REMOTE DEPOSIT	\$626.36
11/02/2023	REMOTE DEPOSIT	\$641.30
11/02/2023	REMOTE DEPOSIT	\$7,695.98
11/03/2023	REMOTE DEPOSIT	\$87.50
11/03/2023	REMOTE DEPOSIT	\$29,866.13
11/06/2023	REMOTE DEPOSIT	\$123.75
11/06/2023	REMOTE DEPOSIT	\$4,082.16
11/06/2023	REMOTE DEPOSIT	\$9,084.87
11/08/2023	REMOTE DEPOSIT	\$603.23
11/09/2023	REMOTE DEPOSIT	\$536.79
11/09/2023	REMOTE DEPOSIT	\$571.16
11/09/2023	REMOTE DEPOSIT	\$4,390.89
11/10/2023	REMOTE DEPOSIT	\$34,329.16
11/13/2023	REMOTE DEPOSIT	\$204.40
11/13/2023	REMOTE DEPOSIT	\$482.40
11/14/2023	REMOTE DEPOSIT	\$288.69
11/15/2023	REMOTE DEPOSIT	\$90.00
11/16/2023	REMOTE DEPOSIT	\$11,131.64
11/17/2023	REMOTE DEPOSIT	\$14,997.36
11/20/2023	REMOTE DEPOSIT	\$16,125.98
11/21/2023	REMOTE DEPOSIT	\$37,785.58
11/27/2023	REMOTE DEPOSIT	\$2,351.50
11/27/2023	REMOTE DEPOSIT	\$26,201.38
11/29/2023	REMOTE DEPOSIT	\$22.00
11/29/2023	REMOTE DEPOSIT	\$1,125.60

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION							
Date or #	Amount	Date or #	Amount	Date or #	Amount								
						ENTER							
						BALANCE STATEMENT							
						ADD							
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT							
						SUBTOTAL							
						SUBTRACT							
						TOTAL CHECKS OUTSTANDING							
Total Checks Outstanding													
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you <table border="0"> <tr> <td>• Accounted for bank charges?</td> <td>• Verified debit card purchases?</td> </tr> <tr> <td>• Computed cancelled checks to check stubs?</td> <td>• Verified additions and subtractions?</td> </tr> <tr> <td>• Verified ATM withdrawals and fees?</td> <td>• Computed deposit amount on statement to your checkbook?</td> </tr> </table>							• Accounted for bank charges?	• Verified debit card purchases?	• Computed cancelled checks to check stubs?	• Verified additions and subtractions?	• Verified ATM withdrawals and fees?	• Computed deposit amount on statement to your checkbook?	BALANCE
• Accounted for bank charges?	• Verified debit card purchases?												
• Computed cancelled checks to check stubs?	• Verified additions and subtractions?												
• Verified ATM withdrawals and fees?	• Computed deposit amount on statement to your checkbook?												

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

Business Checking - Analysis-XXXXXXXX8764 (continued)

Deposits (continued)

Date	Description	Amount
11/30/2023	REMOTE DEPOSIT	\$100.00

Electronic Credits

Date	Description	Amount
11/01/2023	Adventist Health EDI PYMNTS 1878673	\$1,446,509.52
11/06/2023	Adventist Health EDI PYMNTS 1882223	\$558,639.03
11/10/2023	Adventist Health EDI PYMNTS 1887961	\$1,672,882.31
11/16/2023	Incoming Wire 70771317 BEVERLY COMMUNITY HOSPITAL ASSOCIAT	\$688,495.00
11/17/2023	Incoming Wire 70799962 BEVERLY COMMUNITY HOSPITAL ASSOCIAT 231117173543158	\$6,192.17
11/17/2023	Adventist Health EDI PYMNTS 1893662	\$894,153.71
11/24/2023	Adventist Health EDI PYMNTS 1899534	\$33,694.00

Other Credits

Date	Description	Amount
11/01/2023	435353 Internet Transfer from 500291486 on 11/01/23 AT 9:59 Hospital Fee From Mo	\$6,227.88
11/08/2023	442996 Internet Transfer from 500290668 on 11/08/23 AT 9:53 Kathy Lam Request	\$0.30
11/08/2023	442794 Internet Transfer from 550198953 on 11/08/23 AT 9:51 Kathy Lam Request	\$364.97
11/08/2023	442847 Internet Transfer from 500290641 on 11/08/23 AT 9:52 Kathy Lam Request	\$21,818.85
11/08/2023	442914 Internet Transfer from 500290676 on 11/08/23 AT 9:52 Kathy Lam Request	\$250,151.82
11/08/2023	DEBIT REVERSE DUPLICATE CK#2563	\$2,136.14
11/08/2023	DEBIT REVERSE DUPLICATE CK#2553	\$4,247.14
11/16/2023	547340 Internet Transfer from 500290595 on 11/16/23 AT 9:07 Funds Transfer via O	\$4,599,605.10
11/28/2023	288043 Internet Transfer from 550195767 on 11/28/23 AT 11:10 Transfer all funds	\$180,989.01

Electronic Debits

Date	Description	Amount
11/03/2023	ACH Paymen BEVERLY COMMUNIT Keenan Week of 10/30/2023	\$55,590.91
11/03/2023	ACH Paymen BEVERLY COMMUNIT 48766131C, 29350741A, 47901971C, 29362731A, 47962701	\$67,001.16
11/10/2023	ADP PAYROLL FEES ADP FEES 435070449658	\$8,429.59
11/10/2023	ACH Paymen BEVERLY COMMUNIT Express Scripts 48061581C & 29444001A	\$14,873.99
11/10/2023	ACH Paymen BEVERLY COMMUNIT Keenan Week of 11 06 2023	\$27,748.84
11/10/2023	ACH Paymen BEVERLY COMMUNIT TT069231 00001 PPE 10/28/23	\$43,507.19
11/10/2023	ACH Paymen BEVERLY COMMUNIT TT069231 00001 PP 10/21/23	\$139,673.26
11/14/2023	SO CAL EDISON CO BILL PAYMT 700800758282	\$154.69
11/14/2023	SO CAL EDISON CO BILL PAYMT 700800777480	\$569.77
11/14/2023	SO CAL EDISON CO BILL PAYMT 700800790618	\$708.64
11/14/2023	SO CAL EDISON CO BILL PAYMT 700800609651	\$2,607.11
11/14/2023	SO CAL EDISON CO BILL PAYMT 700800650774	\$17,713.36
11/14/2023	SO CAL EDISON CO BILL PAYMT 700800607732	\$249,169.78
11/15/2023	ACH Paymen BEVERLY COMMUNIT BEVERLY HSOPITAL PPE 11 04 2023	\$106.45
11/15/2023	ACH Paymen BEVERLY COMMUNIT BEVERLY HOSPITAL PPE 11 04 2023	\$1,841.44
11/15/2023	ACH Paymen BEVERLY COMMUNIT BEVERLY HOSPITAL PPE 11 04 2023	\$2,356.54
11/15/2023	ACH Paymen BEVERLY COMMUNIT BEVERLY HOSPITAL PPE 11 04 2023	\$6,364.34
11/15/2023	ACH Paymen BEVERLY COMMUNIT BEVERLY HOSPITAL	\$16,035.84
11/15/2023	BEVERLY COMMUNIT ACH Paymen 9951816005	\$19,249.83
11/15/2023	ACH Paymen BEVERLY COMMUNIT Keenan Week of 11/13/2023	\$59,356.45
11/15/2023	ACH Paymen BEVERLY COMMUNIT Invoice 14403 Account BE001	\$67,590.00
11/15/2023	ACH Paymen BEVERLY COMMUNIT Invoices 48097941C & 29459551A	\$67,612.73
11/17/2023	BEVERLY COMMUNIT ACH Paymen 9951816005	\$41,162.17
11/22/2023	BEVERLY COMMUNIT ACH Paymen 9951816005	\$846.00
11/22/2023	ACH Paymen BEVERLY COMMUNIT Transamerica PPE 11/18/2023	\$68,534.18
11/24/2023	ACH Paymen BEVERLY COMMUNIT Express Scripts 48156341C & 29498711A	\$14,019.16
11/24/2023	ACH Paymen BEVERLY COMMUNIT Keenan Week of 11/20/23	\$24,619.47
11/24/2023	ACH Paymen BEVERLY COMMUNIT PPE 11 04 2023	\$73,746.92
11/28/2023	SO CAL EDISON CO BILL PAYMT 700800607732	\$166,116.85

Business Checking - Analysis-XXXXXXXX8764 (continued)

Electronic Debits (continued)

Date	Description	Amount
11/29/2023	ACH Paymen BEVERLY COMMUNIT PPE 11/18/23, PAY DATE 11/24/23 LOANS	\$2,696.50
11/29/2023	ACH Paymen BEVERLY COMMUNIT PPE 11/18/23, PAY DATE 11/24/23	\$65,166.06

Other Debits

Date	Description	Amount
11/07/2023	282580 Internet Transfer to 500290579 on 11/07/23 AT 9:03 PPE 11 04 2023 PAID 11	\$300,000.00
11/08/2023	Outgoing Wire 395817 Pitney Bowes	\$1,000.00
11/09/2023	Outgoing Wire 396048 ADP CLIENT TRUST 2400933VV	\$269,411.31
11/14/2023	Outgoing Wire 397292 Cross America Financial	\$283,467.56
11/14/2023	279555 Internet Transfer to 500290544 on 11/14/23 AT 11:04 PPE 11 04 2023	\$2,015.65
11/14/2023	279759 Internet Transfer to 550198953 on 11/14/23 AT 11:05 Funds Transfer via On	\$21,818.85
11/21/2023	257668 Internet Transfer to 500290579 on 11/21/23 AT 8:53 PPE 11 18 2024	\$400,000.00
11/22/2023	Outgoing Wire 399245 ADP CLIENT TRUST 3067214VV	\$254,405.29
11/28/2023	287904 Internet Transfer to 500290544 on 11/28/23 AT 11:09 PPE 11 18 23 PAY DATE	\$2,367.93
11/29/2023	Outgoing Wire 400632 Pitney Bowes	\$1,000.00
11/29/2023	Outgoing Wire 400633 Partner Assessment Corporation	\$36,212.50

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
1022	11/02/2023	\$4,000.00	2591	11/28/2023	\$2,123.00	2650	11/24/2023	\$9,230.83
1107*	11/08/2023	\$4,775.95	2594*	11/24/2023	\$24,646.80	2651	11/27/2023	\$149,324.81
1131*	11/08/2023	\$4,883.74	2595	11/27/2023	\$22,333.32	2652	11/30/2023	\$390.54
1134*	11/10/2023	\$14,783.44	2596	11/24/2023	\$23,649.04	2653	11/27/2023	\$12,099.59
2512*	11/16/2023	\$236.51	2597	11/28/2023	\$74,390.09	2654	11/30/2023	\$41,948.00
2513	11/08/2023	\$3,857.20	2598	11/28/2023	\$3,964.59	2655	11/28/2023	\$1,314.18
2515*	11/20/2023	\$5,476.56	2599	11/28/2023	\$180.85	2656	11/27/2023	\$17,728.61
2520*	11/06/2023	\$4,493.29	2600	11/27/2023	\$1,377.67	2657	11/28/2023	\$2,420.00
2522*	11/16/2023	\$236.51	2602*	11/21/2023	\$2,200.00	2659*	11/27/2023	\$8,925.00
2523	11/16/2023	\$3,764.21	2603	11/28/2023	\$500.00	2660	11/27/2023	\$490.72
2525*	11/20/2023	\$5,531.87	2604	11/21/2023	\$7,000.00	2661	11/28/2023	\$242.72
2541*	11/17/2023	\$49,361.95	2605	11/21/2023	\$8,000.00	2662	11/29/2023	\$17,372.89
2542	11/17/2023	\$41,566.79	2606	11/21/2023	\$7,000.00	2664*	11/28/2023	\$855.00
2553*	11/06/2023	\$4,247.14	2608*	11/30/2023	\$5,000.00	2665	11/28/2023	\$19,000.00
2553	11/07/2023	\$4,247.14	2609	11/30/2023	\$21,428.00	2666	11/28/2023	\$800.00
2555*	11/16/2023	\$234.44	2610	11/22/2023	\$12,000.00	2667	11/27/2023	\$2,472.00
2556	11/16/2023	\$3,645.29	2611	11/28/2023	\$500.00	2668	11/28/2023	\$23,730.83
2558*	11/20/2023	\$5,572.89	2612	11/29/2023	\$2,000.00	2669	11/28/2023	\$93.92
2563*	11/06/2023	\$2,136.14	2614*	11/21/2023	\$8,639.98	2670	11/28/2023	\$18,156.67
2563	11/07/2023	\$2,136.14	2615	11/29/2023	\$92,500.00	2672*	11/28/2023	\$5,977.63
2565*	11/17/2023	\$115.82	2617*	11/22/2023	\$6,000.00	2673	11/29/2023	\$5,624.54
2568*	11/20/2023	\$2,677.13	2620*	11/24/2023	\$4,200.00	2674	11/27/2023	\$54,096.29
2569	11/08/2023	\$4,361.59	2621	11/24/2023	\$8,500.00	2675	11/27/2023	\$2,922.28
2570	11/16/2023	\$4,389.31	2622	11/28/2023	\$3,400.00	2676	11/29/2023	\$648.24
2578*	11/29/2023	\$3,497.08	2623	11/24/2023	\$500.00	2677	11/29/2023	\$34,201.42
2580*	11/27/2023	\$52.69	2624	11/21/2023	\$8,500.00	2678	11/27/2023	\$6,855.45
2581	11/28/2023	\$1,080.00	2625	11/21/2023	\$18,500.00	2679	11/27/2023	\$1,726.52
2582	11/27/2023	\$14,096.51	2626	11/24/2023	\$6,000.00	2680	11/27/2023	\$2,600.00
2583	11/30/2023	\$28,114.00	2627	11/20/2023	\$8,500.00	2681	11/29/2023	\$16,330.49
2586*	11/28/2023	\$21,009.59	2629*	11/21/2023	\$13,545.00	2682	11/28/2023	\$621.50
2587	11/29/2023	\$1,806.75	2635*	11/29/2023	\$500.00	2683	11/29/2023	\$11,795.78
2588	11/24/2023	\$8,847.15	2646*	11/27/2023	\$1,649.92	2684	11/28/2023	\$4,733.73
2589	11/28/2023	\$4,795.00	2648*	11/29/2023	\$2,711.67	2685	11/28/2023	\$6,081.00
2590	11/27/2023	\$120,554.80	2649	11/29/2023	\$2,717.38	2687*	11/27/2023	\$749.10

* Indicates skipped check number

Business Checking - Analysis-XXXXXXXX8764 (continued)

Daily Balances

Date	Amount	Date	Amount	Date	Amount
11/01/2023	\$2,010,560.33	11/10/2023	\$3,632,476.87	11/21/2023	\$8,437,433.44
11/02/2023	\$2,015,718.69	11/13/2023	\$3,633,163.67	11/22/2023	\$8,095,647.97
11/03/2023	\$1,923,080.25	11/14/2023	\$3,055,226.95	11/24/2023	\$7,931,382.60
11/06/2023	\$2,484,133.49	11/15/2023	\$2,814,803.33	11/27/2023	\$7,539,880.20
11/07/2023	\$2,177,750.21	11/16/2023	\$8,101,528.80	11/28/2023	\$7,356,414.13
11/08/2023	\$2,438,194.18	11/17/2023	\$8,884,665.31	11/29/2023	\$7,060,780.43
11/09/2023	\$2,174,281.71	11/20/2023	\$8,873,032.84	11/30/2023	\$6,963,999.89

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
 DEBTOR-IN-POSSESSION
 CASE # 2:23-BK-12359-SK
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

Managing Your Accounts

	Branch Name	Headquarters
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX8953	\$21,818.85

Business Checking - Analysis-XXXXXXXX8953

Account Summary

Date	Description	Amount
11/01/2023	Beginning Balance	\$364.97
	1 Credit(s) This Period	\$21,818.85
	1 Debit(s) This Period	\$364.97
11/30/2023	Ending Balance	\$21,818.85

Other Credits

Date	Description	Amount
11/14/2023	279759 Internet Transfer from 550198764 on 11/14/23 AT 11:05 Funds Transfer via	\$21,818.85

Other Debits

Date	Description	Amount
11/08/2023	442794 Internet Transfer to 550198764 on 11/08/23 AT 9:51 Kathy Lam Request	\$364.97

Daily Balances

Date	Amount	Date	Amount
11/08/2023	\$0.00	11/14/2023	\$21,818.85

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION							
Date or #	Amount	Date or #	Amount	Date or #	Amount								
						ENTER							
						BALANCE STATEMENT							
						ADD							
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT							
						SUBTOTAL							
						SUBTRACT							
						TOTAL CHECKS OUTSTANDING							
Total Checks Outstanding													
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you <table border="0"> <tr> <td>• Accounted for bank charges?</td> <td>• Verified debit card purchases?</td> </tr> <tr> <td>• Computed cancelled checks to check stubs?</td> <td>• Verified additions and subtractions?</td> </tr> <tr> <td>• Verified ATM withdrawals and fees?</td> <td>• Computed deposit amount on statement to your checkbook?</td> </tr> </table>							• Accounted for bank charges?	• Verified debit card purchases?	• Computed cancelled checks to check stubs?	• Verified additions and subtractions?	• Verified ATM withdrawals and fees?	• Computed deposit amount on statement to your checkbook?	BALANCE
• Accounted for bank charges?	• Verified debit card purchases?												
• Computed cancelled checks to check stubs?	• Verified additions and subtractions?												
• Verified ATM withdrawals and fees?	• Computed deposit amount on statement to your checkbook?												

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.



Member FDIC

PO Box 26237 • Las Vegas, NV 89126-0237

Return Service Requested

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
CH. 11 DIP CASE 2:23-BK-12359-SK
309 W BEVERLY BLVD
MONTEBELLO CA 90640-4308

Last statement: October 31, 2023
This statement: November 30, 2023
Total days in statement period: 30

Page 1 of 1
XXXXXX0265
(0)

Direct inquiries to:
877-476-2265

Western Alliance Bank
450 B Street Ste 150
San Diego CA 92101

THANK YOU FOR BANKING WITH US!

Analyzed Business Checking

Account number	XXXXXX0265	Beginning balance	\$6,192.17
Low balance	\$0.00	Total additions	.00
Average balance	\$3,302.49	Total subtractions	6,192.17
Avg collected balance	\$3,302	Ending balance	\$0.00

DEBITS

Date	Description	Subtractions
11-17	' Wire Dr O/L Usd WIRE OUT;BNF-BEVERLY HOSPITAL;OBI-Not Provided	6,192.17

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
10-31	6,192.17	11-17	0.00		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Western Alliance Bank

THIS FORM IS PROVIDED TO HELP YOU BALANCE YOUR STATEMENT

WITHDRAWALS OUTSTANDING NOT CHARGED TO ACCOUNT

BEFORE YOU START

PLEASE BE SURE YOU HAVE ENTERED IN YOUR REGISTER ALL AUTOMATIC
TRANSACTIONS SHOWN ON THE FRONT OF YOUR STATEMENT.

No.	\$

YOU SHOULD HAVE ADDED
IF ANY OCCURRED:

YOU SHOULD HAVE SUB-
TRACTED IF ANY OCCURRED:

1. Loan Advances

1. Automatic loan payments.

2. Credit Memos

2. Automatic Savings transfers.

3. Other Automatic Deposits

3. Service charges.

4. Interest Paid

4. Debit memos.

5. Other automatic deductions and
payments.

BALANCE SHOWN
ON THIS STATEMENT \$

ADD

DEPOSITS NOT SHOWN
ON THIS STATEMENT
(IF ANY) \$

TOTAL

SUBTRACT

WITHDRAWALS
OUTSTANDING

BALANCE \$

SHOULD AGREE WITH YOUR REGISTER
BALANCE AFTER DEDUCTING SERVICE CHARGE
(IF ANY) SHOWN ON THIS STATEMENT.

TOTAL \$

Please examine immediately and report if incorrect. If no reply is received within 30 days the account will be considered correct.

The following notice regarding Electronic Transfers applies to Consumer Accounts only.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone or write us at the telephone number or address located on the front of this statement as soon as you think your statement or receipt is wrong or if you need more information about a transfer 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 error or problem appeared. In your letter:

- (1) Tell us your name and account number (if any).
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account 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.

YOUR DEMAND DEPOSIT LOAN ACCOUNT SUMMARY OF RIGHTS IS OUTLINED BELOW

This is a summary of your rights: a full statement of your rights and our responsibilities under the Federal Fair Credit Billing Act will be sent to you both upon request and in response to a billing error notice.

Your Demand Deposit Loan Account is operated in conjunction with your Demand Deposit Account. Any charges for your checking account will be made to the Demand Deposit Account and they will be the same charges as are made for Demand Deposit Accounts not operated in conjunction with Demand Deposit Loan Accounts. The following information thus applies only to loans made to you under your Demand Deposit Account line of credit.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR DEMAND DEPOSIT LOAN

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address located on the front of this bill as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- (1) Your name and account number.
- (2) The dollar amount of the suspected error.
- (3) Describe the error and explain, if you can, why you believe there is an error. If you need more information describe the item you are unsure about.

You do not have to pay any money in question while we are investigating, but are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

We figure a portion of the FINANCE CHARGE on your Demand Deposit Loan Account by applying the daily periodic rate(s) to the "Daily Balance" of your account for 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 and unpaid FINANCE CHARGES. This gives us the daily balance.

The minimum periodic payment required is shown on the front of this bill. You may pay off your Demand Deposit Loan Account loan balance at any time, or make voluntary additional payments. Payments shall be applied, first to any unpaid FINANCE CHARGES, and second the principal loan balance outstanding in your Demand Deposit Loan Account. Periodic statements may be sent to you at the end of each billing cycle showing your Demand Deposit Loan Account loan transactions.

Send payments and inquiries to the address shown on the front of this bill.

NOTE: Payments received after close of business shall be deemed received on the following business day for purposes of crediting your account.



Member FDIC

PO Box 26237 • Las Vegas, NV 89126-0237

Return Service Requested

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
DBA BEVERLY HOSPITAL
CH. 11 DIP CASE 2:23-BK-12359-SK
309 W BEVERLY BLVD
MONTEBELLO CA 90640-4308

Last statement: October 31, 2023
This statement: November 30, 2023
Total days in statement period: 30

Page 1 of 1
XXXXXX0520
(0)

Direct inquiries to:
877-476-2265

Western Alliance Bank
450 B Street Ste 150
San Diego CA 92101

THANK YOU FOR BANKING WITH US!

Analyzed Business Checking

Account number	XXXXXX0520	Beginning balance	\$0.00
Low balance	\$0.00	Total additions	.00
Average balance	\$0.00	Total subtractions	.00
Avg collected balance	\$0	Ending balance	\$0.00

**** No activity this statement period ****

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Western Alliance Bank

THIS FORM IS PROVIDED TO HELP YOU BALANCE YOUR STATEMENT

WITHDRAWALS OUTSTANDING NOT CHARGED TO ACCOUNT

BEFORE YOU START

PLEASE BE SURE YOU HAVE ENTERED IN YOUR REGISTER ALL AUTOMATIC
TRANSACTIONS SHOWN ON THE FRONT OF YOUR STATEMENT.

No.	\$

YOU SHOULD HAVE ADDED
IF ANY OCCURRED:

YOU SHOULD HAVE SUB-
TRACTED IF ANY OCCURRED:

1. Loan Advances

1. Automatic loan payments.

2. Credit Memos

2. Automatic Savings transfers.

3. Other Automatic Deposits

3. Service charges.

4. Interest Paid

4. Debit memos.

5. Other automatic deductions and
payments.

BALANCE SHOWN
ON THIS STATEMENT \$

ADD

DEPOSITS NOT SHOWN
ON THIS STATEMENT
(IF ANY) \$

TOTAL

SUBTRACT

WITHDRAWALS
OUTSTANDING

BALANCE \$

SHOULD AGREE WITH YOUR REGISTER
BALANCE AFTER DEDUCTING SERVICE CHARGE
(IF ANY) SHOWN ON THIS STATEMENT.

TOTAL \$

Please examine immediately and report if incorrect. If no reply is received within 30 days the account will be considered correct.

The following notice regarding Electronic Transfers applies to Consumer Accounts only.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone or write us at the telephone number or address located on the front of this statement as soon as you think your statement or receipt is wrong or if you need more information about a transfer 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 error or problem appeared. In your letter:

- (1) Tell us your name and account number (if any).
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account 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.

YOUR DEMAND DEPOSIT LOAN ACCOUNT SUMMARY OF RIGHTS IS OUTLINED BELOW

This is a summary of your rights: a full statement of your rights and our responsibilities under the Federal Fair Credit Billing Act will be sent to you both upon request and in response to a billing error notice.

Your Demand Deposit Loan Account is operated in conjunction with your Demand Deposit Account. Any charges for your checking account will be made to the Demand Deposit Account and they will be the same charges as are made for Demand Deposit Accounts not operated in conjunction with Demand Deposit Loan Accounts. The following information thus applies only to loans made to you under your Demand Deposit Account line of credit.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR DEMAND DEPOSIT LOAN

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address located on the front of this bill as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- (1) Your name and account number.
- (2) The dollar amount of the suspected error.
- (3) Describe the error and explain, if you can, why you believe there is an error. If you need more information describe the item you are unsure about.

You do not have to pay any money in question while we are investigating, but are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

We figure a portion of the FINANCE CHARGE on your Demand Deposit Loan Account by applying the daily periodic rate(s) to the "Daily Balance" of your account for 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 and unpaid FINANCE CHARGES. This gives us the daily balance.

The minimum periodic payment required is shown on the front of this bill. You may pay off your Demand Deposit Loan Account loan balance at any time, or make voluntary additional payments. Payments shall be applied, first to any unpaid FINANCE CHARGES, and second the principal loan balance outstanding in your Demand Deposit Loan Account. Periodic statements may be sent to you at the end of each billing cycle showing your Demand Deposit Loan Account loan transactions.

Send payments and inquiries to the address shown on the front of this bill.

NOTE: Payments received after close of business shall be deemed received on the following business day for purposes of crediting your account.

PROOF OF SERVICE OF DOCUMENT

I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is 1875 Century Park East, Suite 1900, Los Angeles, CA 90067.

A true and correct copy of the foregoing document entitled (*specify*): MONTHLY OPERATING REPORT will be served or was served **(a)** on the judge in chambers in the form and manner required by LBR 5005-2(d); and **(b)** in the manner stated below:

1. TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF): Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (*date*) January 10, 2024 I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:

Megan M Adeyemo on behalf of Creditor Aya Healthcare, Inc.
madeyemo@grsm.com, asoto@grsm.com

David E Ahdoot on behalf of Creditor United Nurses Associations of California/Union of Health Care Professionals
dahdoot@bushgottlieb.com, kprestegard@bushgottlieb.com

David E Ahdoot on behalf of Interested Party Courtesy NEF
dahdoot@bushgottlieb.com, kprestegard@bushgottlieb.com

Joseph M Ammar on behalf of Creditor Stryker Corporation
ammar@millercanfield.com

Scott E Blakeley on behalf of Creditor Baxter Healthcare Corporation
seb@blakeleyllp.com, ecf@blakeleyllp.com

Joseph P Buchman on behalf of Creditor Montebello Land and Water Company
jbuchman@bwslaw.com, gmitchell@bwslaw.com

Adrian Butler on behalf of Interested Party Courtesy NEF
abutler@bushgottlieb.com

Augustus Curtis on behalf of Creditor United States of America, on behalf of HHS and CMS
augustus.t.curtis@usdoj.gov

Howard M Ehrenberg (TR)
ehrenbergtrustee@gmlaw.com,
ca25@ecfcbis.com;C123@ecfcbis.com;howard.ehrenberg@ecf.courtdrive.com;Karen.Files@gmlaw.com

David K Eldan on behalf of Interested Party Attorney General of California
David.Eldan@doj.ca.gov

Amanda N Ferns on behalf of Creditor DEXT CAPITAL, LLC
afern@fernslaw.com, mmakalintal@fernslaw.com

Amanda N Ferns on behalf of Interested Party Courtesy NEF
afern@fernslaw.com, mmakalintal@fernslaw.com

Alan W Forsley on behalf of Interested Party Courtesy NEF
alan.forsley@flpllp.com, awf@fklawfirm.com,awf@fl-lawyers.net,addy@flpllp.com

John-Patrick M Fritz on behalf of Interested Party Courtesy NEF
jpf@lnbyg.com, JPF.LNBYB@ecf.inforuptcy.com

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.

Evelina Gentry on behalf of Creditor Advantis Medical Staffing
evelina.gentry@akerman.com, rob.diwa@akerman.com

Evan Gershbein on behalf of Other Professional Kurtzman Carson Consultants LLC
ECFpleadings@kccllc.com

Faisal Gill on behalf of Other Professional Cal-Med Health Center
fgill@glawoffice.com

Steven T Gubner on behalf of Interested Party Courtesy NEF
sgubner@bg.law, ecf@bg.law

Melissa Hamill on behalf of Interested Party Attorney General For The State Of Ca
melissa.hamill@doj.ca.gov

Hallie Dale Hannah on behalf of Creditor Harbor Pointe Air Conditioning & Control Systems, Inc.
hallie@hannahlaw.com

Brian T Harvey on behalf of Creditor T.R.L. Systems Incorporated
bharvey@buchalter.com, IFS_filing@buchalter.com;dbodkin@buchalter.com

Stella A Havkin on behalf of Creditor Lung Chung M.D.
stella@havkinandshrago.com, shavkinesq@gmail.com

Robert M Hirsh on behalf of Interested Party Medline Industries, LP
rhirsh@lowenstein.com

Mark S Horoupian on behalf of Interested Party Courtesy NEF
mark.horoupian@gmlaw.com, mhoroupian@ecf.courtdrive.com;cheryl.caldwell@gmlaw.com;karen.files@gmlaw.com

Mark S Horoupian on behalf of Trustee Howard M Ehrenberg (TR)
mark.horoupian@gmlaw.com, mhoroupian@ecf.courtdrive.com;cheryl.caldwell@gmlaw.com;karen.files@gmlaw.com

Darryl Jay Horowitz, ESQ on behalf of Other Professional The Huntington National Bank
dhorowitz@ch-law.com, bkasst@ch-law.com

David I Horowitz on behalf of Interested Party Kirkland & Ellis LLP
david.horowitz@kirkland.com,
keith.catuara@kirkland.com;terry.ellis@kirkland.com;elsa.banuelos@kirkland.com;ivon.granados@kirkland.com

David I Horowitz on behalf of Other Professional Triple P Securities, LLC and Triple P RTS, LLC
david.horowitz@kirkland.com,
keith.catuara@kirkland.com;terry.ellis@kirkland.com;elsa.banuelos@kirkland.com;ivon.granados@kirkland.com

Sonja Hourany on behalf of Creditor Quinn Company
sonja.hourany@quinngroup.net, kadele@wgllp.com;lbracken@wgllp.com;shourany@ecf.courtdrive.com

Eric P Israel on behalf of Interested Party Courtesy NEF
eisrael@danninggill.com, danninggill@gmail.com;eisrael@ecf.inforuptcy.com

Quinn Scott Kaye on behalf of Creditor Stryker Corporation
kaye@millercanfield.com

Nicholas A Koffroth on behalf of Creditor Philips Healthcare
nkoffroth@foxrothschild.com, khoang@foxrothschild.com

David S Kupetz on behalf of Trustee Howard M Ehrenberg (TR)
David.Kupetz@lockelord.com, mylene.ruiz@lockelord.com

Alexandria Lattner on behalf of Debtor Beverly Community Hospital Association
alattner@sheppardmullin.com, ehwalters@sheppardmullin.com

Alexandria Lattner on behalf of Debtor Beverly Hospital Foundation
alattner@sheppardmullin.com, ehwalters@sheppardmullin.com

Alexandria Lattner on behalf of Debtor Montebello Community Health Services, Inc.
alattner@sheppardmullin.com, ehwalters@sheppardmullin.com

Daniel A Lev on behalf of Interested Party Courtesy NEF
daniel.lev@gmlaw.com, cheryl.caldwell@gmlaw.com;dlev@ecf.courtdrive.com

Daniel A Lev on behalf of Trustee Howard M Ehrenberg (TR)
daniel.lev@gmlaw.com, cheryl.caldwell@gmlaw.com;dlev@ecf.courtdrive.com

Marc A Levinson on behalf of Debtor Beverly Community Hospital Association
MALevinson@orrick.com, borozco@orrick.com,casestream@ecf.courtdrive.com

Ron Maroko on behalf of U.S. Trustee United States Trustee (LA)
ron.maroko@usdoj.gov

David M Medby on behalf of Creditor Gloria Aispuro
dmedby@lawgarcia.com, jmobleby@lawgarcia.com

Joshua M Mester on behalf of Interested Party White Memorial Medical Center d/b/a Adventist Health White Memorial
jmester@jonesday.com

Elissa Miller on behalf of Interested Party Courtesy NEF
elissa.miller@gmlaw.com, emillersk@ecf.courtdrive.com;cheryl.caldwell@gmlaw.com

Elissa Miller on behalf of Trustee Howard M Ehrenberg (TR)
elissa.miller@gmlaw.com, emillersk@ecf.courtdrive.com;cheryl.caldwell@gmlaw.com

Kenneth Miskin on behalf of U.S. Trustee United States Trustee (LA)
Kenneth.M.Miskin@usdoj.gov

Kelly L Morrison on behalf of U.S. Trustee United States Trustee (LA)
kelly.l.morrison@usdoj.gov

Tania M Moyron on behalf of Creditor Committee Attorneys for The Official Committee of Unsecured Creditors
tania.moyron@dentons.com,
rebecca.wicks@dentons.com;kathryn.howard@dentons.com;derry.kalve@dentons.com;glenda.spratt@dentons.com;DO
CKET.GENERAL.LIT.LOS@dentons.com

Tania M Moyron on behalf of Plaintiff Official Committee of Unsecured Creditors of Beverly Community Hospital
Corporation, dba Beverly Hospital (A Nonprofit Public Benefit Corporation), et al.,
tania.moyron@dentons.com,
rebecca.wicks@dentons.com;kathryn.howard@dentons.com;derry.kalve@dentons.com;glenda.spratt@dentons.com;DO
CKET.GENERAL.LIT.LOS@dentons.com

Alan I Nahmias on behalf of Creditor Sodexo, Inc. & Affiliates
anahmias@mbn.law, jdale@mbn.law

Jennifer L Nassiri on behalf of Debtor Beverly Community Hospital Association
JNassiri@sheppardmullin.com

Jennifer L Nassiri on behalf of Debtor Beverly Hospital Foundation
JNassiri@sheppardmullin.com

Jennifer L Nassiri on behalf of Debtor Montebello Community Health Services, Inc.
JNassiri@sheppardmullin.com

Neli Nima Palma on behalf of Interested Party Attorney General For The State Of Ca
neli.palma@doj.ca.gov

Neli Nima Palma on behalf of Interested Party Attorney General of California
neli.palma@doj.ca.gov

Valerie Bantner Peo on behalf of Creditor Siemens Healthcare Diagnostics Inc. & Siemens Medical Solutions USA, Inc.
vbantnerpeo@buchalter.com

Thomas Phinney on behalf of Creditor California Healthcare Insurance Company, Inc.
tphinney@ffwplaw.com, akieser@ffwplaw.com;docket@ffwplaw.com

Thomas J Polis on behalf of Creditor Eloy Sanchez, et al
tom@polis-law.com, paralegal@polis-law.com;r59042@notify.bestcase.com

Christopher E Prince on behalf of Creditor Kaiser Foundation Hospitals
cprince@lesnickprince.com, jmack@lesnickprince.com;cprince@ecf.courtdrive.com;jnavarro@lesnickprince.com

Dean G Rallis, Jr on behalf of Creditor Brascia Builders, Inc.
drallis@hahnlawyers.com, jevans@hahnlawyers.com;drallis@ecf.courtdrive.com;jevans@ecf.courtdrive.com

Dean G Rallis, Jr on behalf of Interested Party Courtesy NEF
drallis@hahnlawyers.com, jevans@hahnlawyers.com;drallis@ecf.courtdrive.com;jevans@ecf.courtdrive.com

William M Rathbone on behalf of Interested Party Cigna Health and Life Insurance Company
wrathbone@grsm.com, sdurazo@grsm.com

William M Rathbone on behalf of Interested Party Cigna Healthcare of California, Inc.
wrathbone@grsm.com, sdurazo@grsm.com

Michael B Reynolds on behalf of Creditor Blue Shield of California Promise Health Plan
mreynolds@swlaw.com, kcollins@swlaw.com

Michael B Reynolds on behalf of Creditor California Physicians' Service dba Blue Shield of California
mreynolds@swlaw.com, kcollins@swlaw.com

Russell W Reynolds on behalf of Other Professional The Huntington National Bank
rreynolds@ch-law.com, bkasst@ch-law.com

Jason E Rios on behalf of Creditor FlexCare Medical Staffing
jrios@ffwplaw.com, docket@ffwplaw.com

Mary H Rose on behalf of Interested Party Courtesy NEF
mrose@buchalter.com, marias@buchalter.com;docket@buchalter.com

Kenneth N Russak on behalf of Interested Party Courtesy NEF
krussak@knrlaw.com, krussak@russaklaw.com

Nathan A Schultz on behalf of Creditor Hanmi Bank
nschultzesq@gmail.com

Nathan A Schultz on behalf of Interested Party Courtesy NEF
nschultzesq@gmail.com

Olivia Scott on behalf of Interested Party HRE Montebello, LLC
olivia.scott3@bclplaw.com

Olivia Scott on behalf of Interested Party Hilco Real Estate, LLC
olivia.scott3@bclplaw.com

Zev Shechtman on behalf of Creditor Park Place International, LLC d/b/a CloudWave
zs@DanningGill.com, danninggill@gmail.com;zshechtman@ecf.inforuptcy.com

Howard Steinberg on behalf of Creditor U.S. Bank Trust Company National Association, as Master Trustee
steinbergh@gtlaw.com, pearsallt@gtlaw.com;NEF-BK@gtlaw.com;howard-steinberg-6096@ecf.pacerpro.com

Andrew Still on behalf of Creditor Blue Shield of California Promise Health Plan
astill@swlaw.com, kcollins@swlaw.com

Andrew Still on behalf of Creditor California Physicians' Service dba Blue Shield of California
astill@swlaw.com, kcollins@swlaw.com

Tamar Terzian on behalf of Health Care Ombudsman Tamar Terzian
tterzian@hansonbridgett.com, ssingh@hansonbridgett.com

Jacob Unger on behalf of Creditor CASE MANAGEMENT INTEGRATED SOLUTIONS, LLC DBA HORIZON
RECUPERATIVE CARE
junger@jacobungerlaw.com

United States Trustee (LA)
ustpreregion16.la.ecf@usdoj.gov

Mark J Valencia on behalf of Creditor Ihsan Shamaan
mvalencia@vclitigation.com

Emilio Eugene Varanini, IV on behalf of Interested Party Attorney General For The State Of Ca
emilio.varanini@doj.ca.gov

Kevin Walsh on behalf of Creditor U.S. Bank Trust Company National Association, as Master Trustee
kevin.walsh@gtlaw.com, kevin-walsh-3952@ecf.pacerpro.com

Kevin Walsh on behalf of Defendant U.S. Bank, National Association
kevin.walsh@gtlaw.com, kevin-walsh-3952@ecf.pacerpro.com

Kenneth K Wang on behalf of Creditor Department of Health Care Services for the State of California
kenneth.wang@doj.ca.gov, Richard.Waldow@doj.ca.gov

Sharon Z. Weiss on behalf of Creditor DIP Lender HRE Montebello, LLC
sharon.weiss@bclplaw.com, raul.morales@bclplaw.com,REC_KM_ECF_SMO@bclplaw.com

Sharon Z. Weiss on behalf of Interested Party HRE Montebello, LLC
sharon.weiss@bclplaw.com, raul.morales@bclplaw.com,REC_KM_ECF_SMO@bclplaw.com

Sharon Z. Weiss on behalf of Interested Party Hilco Real Estate, LLC
sharon.weiss@bclplaw.com, raul.morales@bclplaw.com,REC_KM_ECF_SMO@bclplaw.com

Roye Zur on behalf of Creditor Medico Professional Linen Service
rzur@elkinskalt.com, cavila@elkinskalt.com;lwageman@elkinskalt.com;1648609420@filings.docketbird.com

Roye Zur on behalf of Interested Party Courtesy NEF
rzur@elkinskalt.com, cavila@elkinskalt.com;lwageman@elkinskalt.com;1648609420@filings.docketbird.com

☐ Service information continued on attached page.

2. SERVED BY UNITED STATES MAIL:

On (date) _____, I served the following persons and/or entities at the last known addresses in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows. Listing the judge here constitutes a declaration that mailing to the judge will be completed no later than 24 hours after the document is filed.

☐ Service information continued on attached page.

3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL (state method for each person or entity served): Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on (date) _____, I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on, or overnight mail to, the judge will be completed no later than 24 hours after the document is filed.

☐ Service information continued on attached page.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

January 10, 2024	Denise Walker	/s/ Denise Walker
<i>Date</i>	<i>Printed Name</i>	<i>Signature</i>