

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ROME DIVISION

In Re. Regional Housing and Community Services Corporation.
Debtor(s)

Case No. 21-41034
Lead Case No. 21-41034
Jointly Administered

Monthly Operating Report

Chapter 11

Reporting Period Ended: 09/30/2023

Petition Date: 08/26/2021

Months Pending: 26

Industry Classification: 6 2 3 3

Reporting Method: Accrual Basis

Cash Basis

Debtor's Full-Time Employees (current): 0

Debtor's Full-Time Employees (as of date of order for relief): 0

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/ Matthew W. Levin
Signature of Responsible Party
10/20/2023
Date

Matthew W. Levin
Printed Name of Responsible Party
4401 Northside Parkway, Suite 450
Atlanta, GA 30327
Address

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



214103423102000000000001

Debtor's Name Regional Housing and Community Services Corporation.

Case No. 21-41034

Part 1: Cash Receipts and Disbursements	Current Month	Cumulative
a. Cash balance beginning of month	\$409,848	
b. Total receipts (net of transfers between accounts)	\$-200,319	\$4,122,036
c. Total disbursements (net of transfers between accounts)	\$81,461	\$4,031,309
d. Cash balance end of month (a+b-c)	\$128,068	
e. Disbursements made by third party for the benefit of the estate	\$0	\$0
f. Total disbursements for quarterly fee calculation (c+e)	\$81,461	\$4,031,309

Part 2: Asset and Liability Status (Not generally applicable to Individual Debtors. See Instructions.)	Current Month
a. Accounts receivable (total net of allowance)	\$0
b. Accounts receivable over 90 days outstanding (net of allowance)	\$0
c. Inventory (Book <input type="radio"/> Market <input type="radio"/> Other <input checked="" type="radio"/> (attach explanation))	\$0
d. Total current assets	\$128,068
e. Total assets	\$128,068
f. Postpetition payables (excluding taxes)	\$78,092
g. Postpetition payables past due (excluding taxes)	\$7,888
h. Postpetition taxes payable	\$0
i. Postpetition taxes past due	\$0
j. Total postpetition debt (f+h)	\$78,092
k. Prepetition secured debt	\$0
l. Prepetition priority debt	\$0
m. Prepetition unsecured debt	\$92,193
n. Total liabilities (debt) (j+k+l+m)	\$170,285
o. Ending equity/net worth (e-n)	\$-42,217

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	\$0
b. Total payments to third parties incident to assets being sold/transferred outside the ordinary course of business	\$0	\$0
c. Net cash proceeds from assets sold/transferred outside the ordinary course of business (a-b)	\$0	\$0

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)	\$0	
b. Cost of goods sold (inclusive of depreciation, if applicable)	\$0	
c. Gross profit (a-b)	\$0	
d. Selling expenses	\$0	
e. General and administrative expenses	\$0	
f. Other expenses	\$81,461	
g. Depreciation and/or amortization (not included in 4b)	\$0	
h. Interest	\$0	
i. Taxes (local, state, and federal)	\$0	
j. Reorganization items	\$0	
k. Profit (loss)	\$-81,461	\$-4,031,309

Debtor's Name Regional Housing and Community Services Corporation.

Case No. 21-41034

**Part 5: Professional Fees and Expenses**

			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
a.	Debtor's professional fees & expenses (bankruptcy) <i>Aggregate Total</i>		\$0	\$0	\$0	\$1,495,741
	<i>Itemized Breakdown by Firm</i>					
	Firm Name	Role				
i	Scroggins & Williamson	Lead Counsel	\$0	\$0	\$0	\$870,000
ii	GGG Partners, LLC	Financial Professional	\$0	\$0	\$0	\$420,000
iii	Kurtzman Carson & Associates	Other	\$0	\$0	\$0	\$205,741
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Debtor's Name Regional Housing and Community Services Corporation.

Case No. 21-41034

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Debtor's Name Regional Housing and Community Services Corporation.

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			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative	
b.	Debtor's professional fees & expenses (nonbankruptcy) <i>Aggregate Total</i>						
	<i>Itemized Breakdown by Firm</i>						
		Firm Name	Role				
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Debtor's Name Regional Housing and Community Services Corporation.

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Debtor's Name Regional Housing and Community Services Corporation.

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Debtor's Name Regional Housing and Community Services Corporation.

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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	\$0	\$0
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 Regional Housing and Community Services Corporation.

Case No. 21-41034

**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 <input type="radio"/> No <input checked="" type="radio"/>
m. If yes, have you made all Domestic Support Obligation payments?	Yes <input type="radio"/> No <input type="radio"/> N/A <input checked="" type="radio"/>

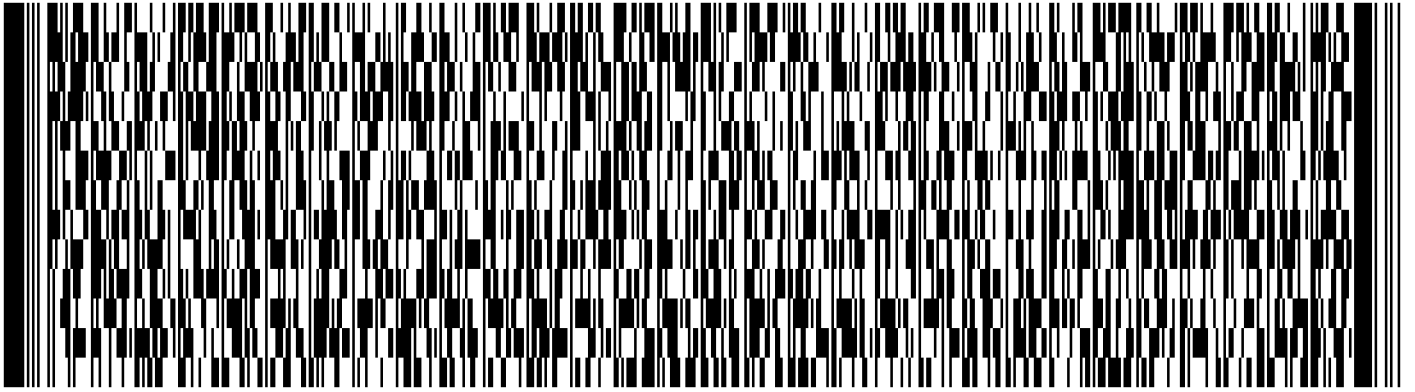
**Privacy Act Statement**

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](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).

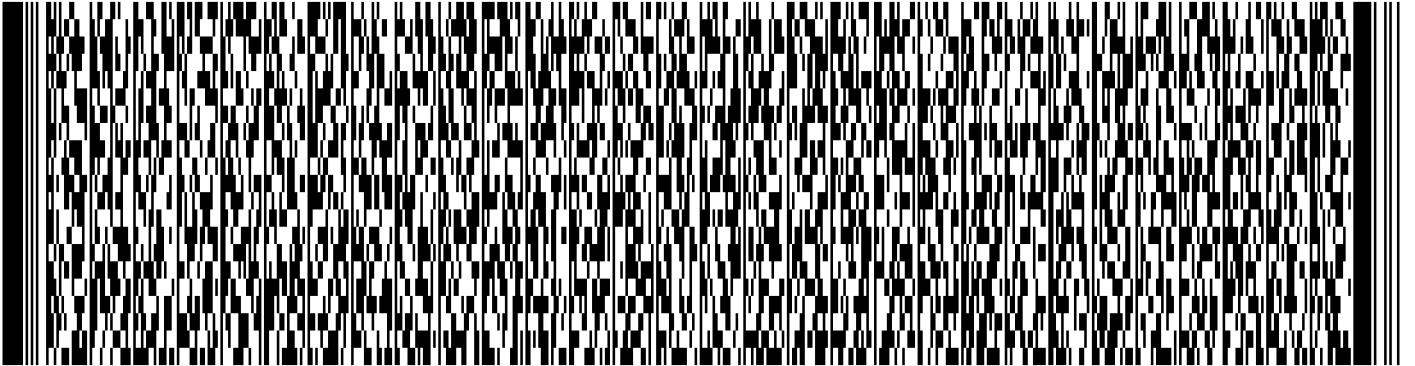
**I declare under penalty of perjury that the foregoing Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate.**

/s/ Katie S. Goodman  
 Signature of Responsible Party  
Chief Restructuring Officer  
 Title

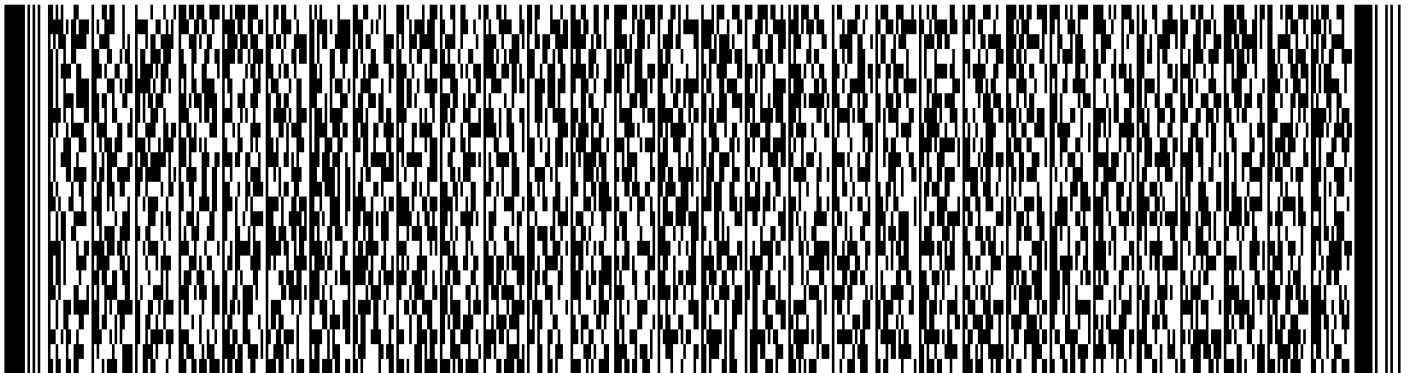
Katie S. Goodman  
 Printed Name of Responsible Party  
10/20/2023  
 Date



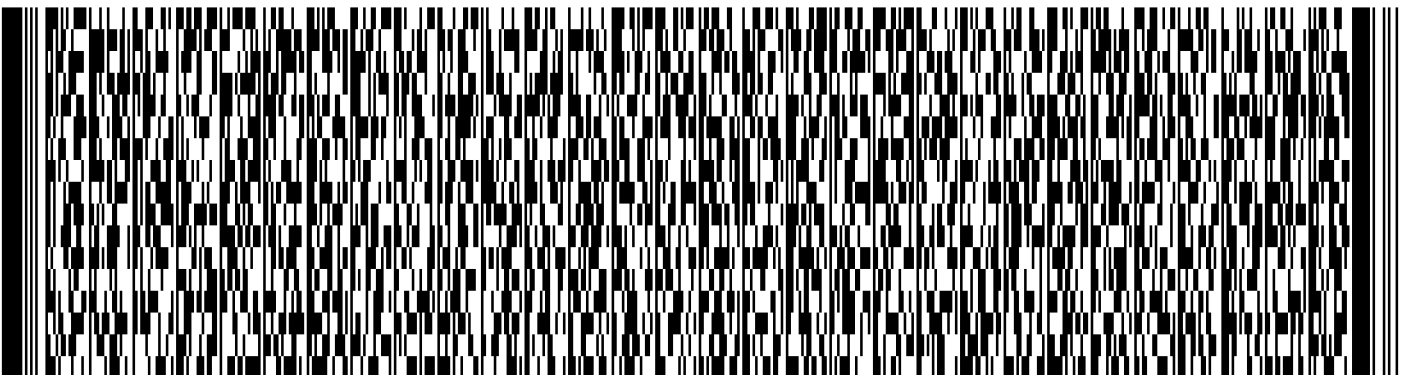
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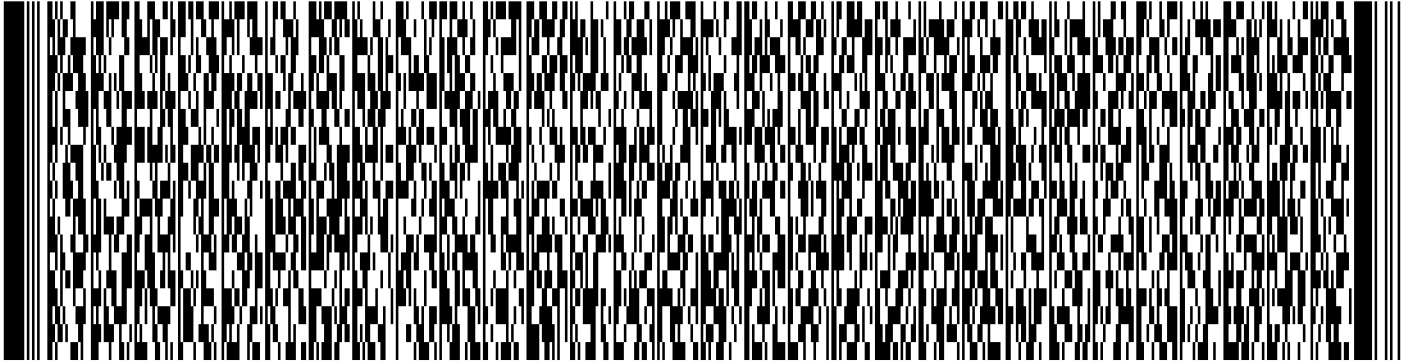
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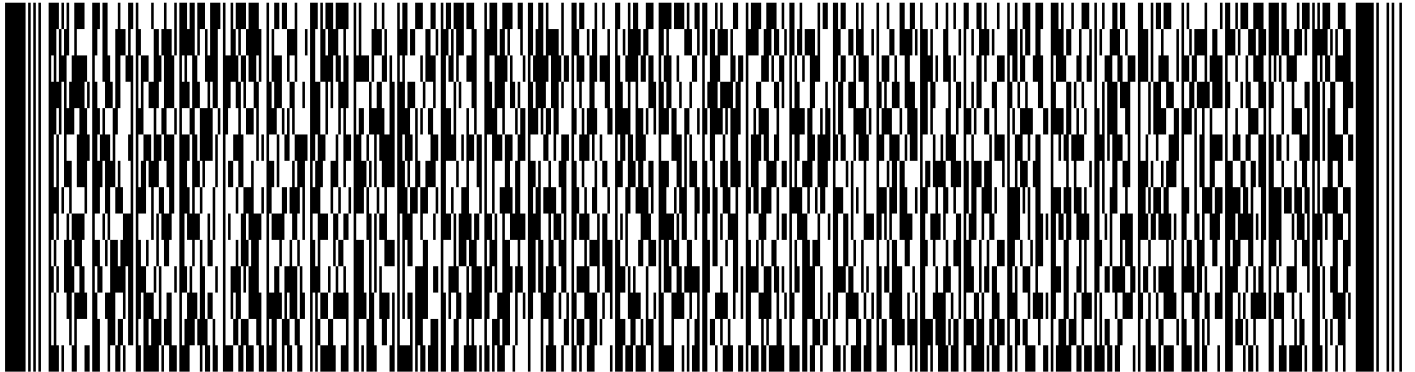
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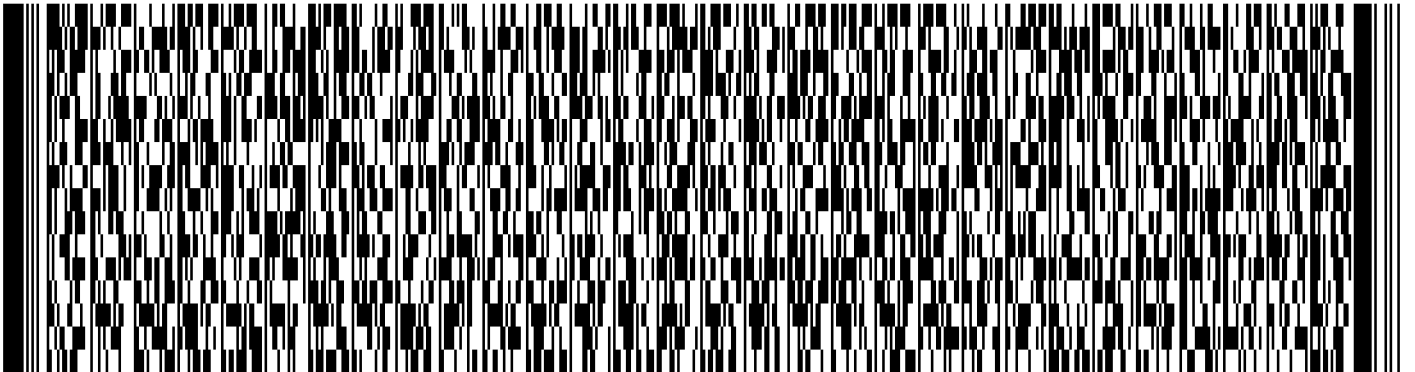
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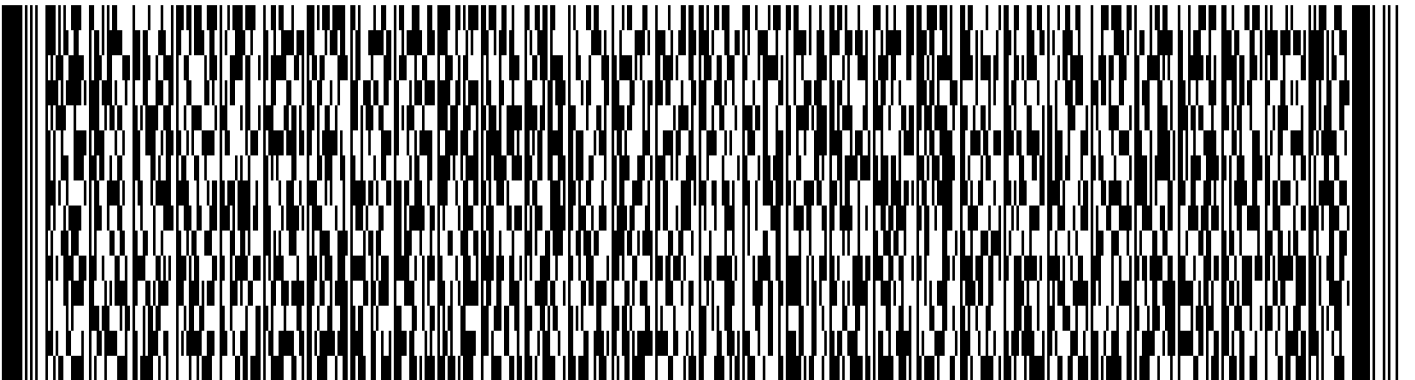
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Bankruptcy51to100



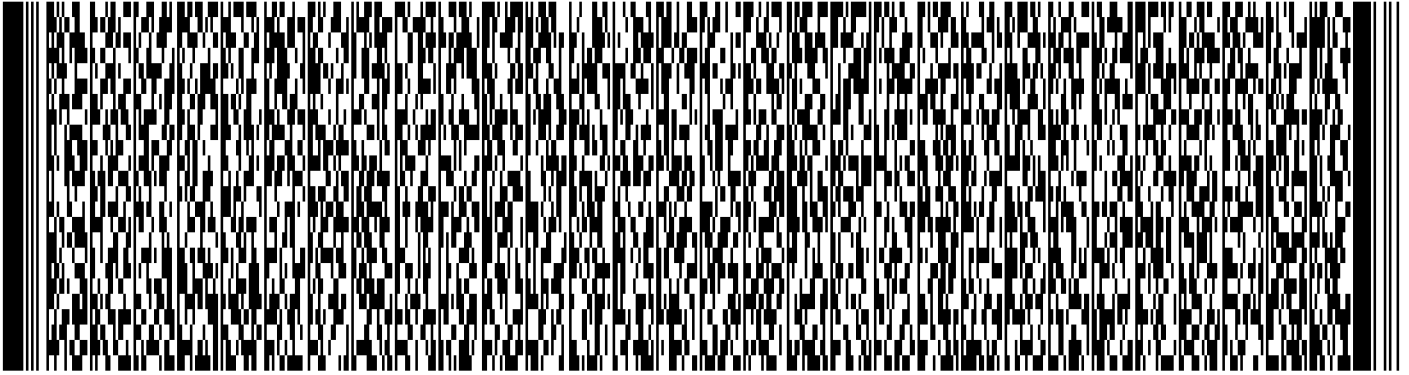
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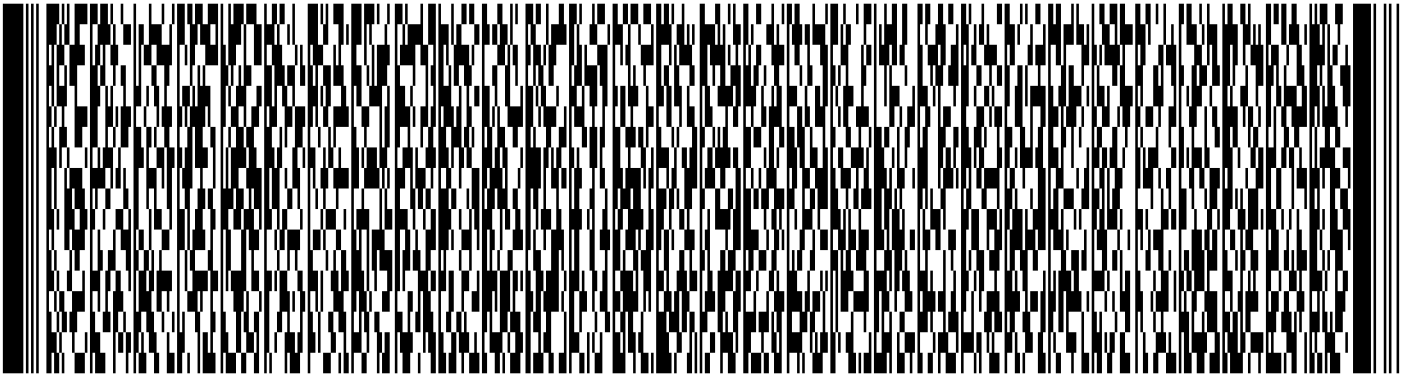
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Debtor's Name Regional Housing and Community Services Corporation.

Case No. 21-41034



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**In re: Regional Housing and Community Services Corporation**  
**Case No: 21-41034**

Notes

**1) Payments to Professionals**

\$0 was paid by Regional Housing and Community Services Corporation (Case No: 21-41034) to Scroggins and Williamson to hold in escrow for the payment of its fees and \$0 was paid to GGG Partners to hold in escrow for the payment of its fees.

**2) Post-petition Borrowings**

The Debtors in these related cases collectively borrowed \$0 during the month from Ecofin Direct Municipal Opportunities Fund, LP and Ecofin Tax-Advantaged Social Impact Fund, Inc., pursuant to Orders of the Bankruptcy Court. See Docket Nos. 35 and 58 in the lead case, Case No. 21-41034. The Debtors are jointly and severally liable on the debt.

<b>Regional Housing &amp; Community Services Corporation</b>		
<b>Schedule of Cash Receipts and Disbursements</b>		
<b>Case # 21-41034</b>	<b>Sep-23</b>	
Beginning Balance	\$	409,848.13
Cash Receipts	\$	228.00
Cash Disbursements	\$	282,008.01
Ending Balance	\$	128,068.12

<b>EXPENDITURES NET OF INTERCOMPANY TRANSFERS</b>	
Professional Fees	\$ -
United States Trustee	\$ -
Bank Fees	\$ 2.07
Other	\$ 50,092.14
Insurance	\$ 31,366.60
<b>Total</b>	<b>\$ 81,460.81</b>

<b>CREDITS</b>			
<b>Operating</b>			
<b>Date</b>	<b>Description</b>	<b>Amount</b>	<b>Account / Category</b>
9/29/23	WebTPA Credit	\$ 228.00	Other
	<b>Subtotal</b>	<b>\$ 228.00</b>	
<b>CREDITS</b>			
<b>Utilities</b>			
<b>Date</b>	<b>Description</b>	<b>Amount</b>	<b>Account / Category</b>
	<i>None</i>		
	<b>Subtotal</b>	<b>\$ -</b>	
	<b>Total</b>	<b>\$ 228.00</b>	

<b>DEBITS</b>			
<b>Operating</b>			
<b>Date</b>	<b>Description</b>	<b>Amount</b>	<b>Account / Category</b>
9/1/23	Bill.com	\$ 10,000.00	Other
9/5/23	Transfer to Gainesville	\$ 3,632.09	***4121
9/5/23	Transfer to Social Circle	\$ 3,412.82	***5276
9/5/23	IPFS	\$ 31,366.60	Insurance
9/7/23	Transfer to Montgomery 1	\$ 45,715.43	***0716
9/7/23	Transfer to Social Circle	\$ 32,352.27	***5276
9/7/23	Transfer to Columbus	\$ 28,151.67	***6329
9/7/23	Transfer to Gainesville	\$ 20,181.33	***4121
9/7/23	Transfer to Savannah	\$ 13,888.73	***8758
9/7/23	Transfer to Montgomery 2	\$ 6,708.33	***2219
9/11/23	Transfer to Columbus	\$ 1,083.06	***6329
9/15/23	Ach Pay	\$ 4,000.00	Other
9/18/23	Bill.com	\$ 10,000.00	Other
9/20/23	Transfer to Montgomery 2	\$ 231.22	***2219
9/20/23	Transfer to Columbus	\$ 60.02	***0021
9/20/23	Transfer to Douglas	\$ 60.02	***5945
9/20/23	Transfer to Gainesville	\$ 60.02	***6868
9/20/23	Transfer to Montgomery 1	\$ 60.02	***2277
9/20/23	Transfer to Montgomery 2	\$ 60.02	***1771
9/20/23	Transfer to Rome	\$ 60.02	***9194
9/20/23	Transfer to Savannah	\$ 60.02	***1793
9/22/23	Bill.com	\$ 5,040.64	Other
9/25/23	Transfer to Gainesville	\$ 25,349.10	***4121
9/25/23	Transfer to Savannah	\$ 8,902.40	***8758
9/25/23	Matrixcare	\$ 2,334.50	Other
9/25/23	Matrixcare	\$ 1,474.00	Other
9/25/23	Matrixcare	\$ 1,327.00	Other
9/25/23	Matrixcare	\$ 1,265.00	Other
9/25/23	Matrixcare	\$ 1,223.00	Other
9/25/23	Matrixcare	\$ 1,118.00	Other
9/25/23	Matrixcare	\$ 908.50	Other
9/28/23	Transfer to Columbus	\$ 5,275.14	***6329
9/28/23	Transfer to Savannah	\$ 5,243.47	***8758
9/29/23	Bill.com	\$ 11,401.50	Other
	<b>Subtotal</b>	<b>\$ 282,005.94</b>	



**Accounts Payable**

	<b>0-30</b>	<b>31-60</b>	<b>61-90</b>	<b>91-120</b>	<b>121-</b>	<b>Total</b>
Healthcare Management Partners, LLC	11,890.82	9,914.11	0.00	7,887.50	0.00	29,692.43
IPFS Corporation	31,366.60	0.00	0.00	0.00	0.00	31,366.60
Kurtzman Carson Consultants LLC	0.00	5,166.89	4,563.10	0.00	0.00	9,729.99
Senior Sign	1,253.00	0.00	0.00	0.00	0.00	1,253.00
Virtusense Technologies, Inc.	3,025.00	3,025.00	0.00	0.00	0.00	6,050.00
<b>Total</b>	<b>47,535.42</b>	<b>18,106.00</b>	<b>4,563.10</b>	<b>7,887.50</b>	<b>0.00</b>	<b>78,092.02</b>



120 S. LaSalle Street  
 Chicago, IL 60603  
**Address Service Requested**

Last Statement: August 31, 2023  
 Statement Ending: September 30, 2023  
 Total Days in Statement Period: 30

**Customer Service Information**

**For Personal Assistance, Call:**  
 312 564-1231  
 SAM DENDRINOS

**Visit Us Online:**  
[www.cibc.com/US](http://www.cibc.com/US)

**Written Inquiries:**  
 CIBC Bank USA  
 120 South LaSalle Street  
 Chicago, IL 60603

**BUSINESS CHECKING**

Account Number: [REDACTED] 3242

**Balance Summary**

<b>Beginning Balance as of 08/31/23</b>	\$	<b>372,542.11</b>
+ Deposits and Credits (1)		228.00
- Withdrawals and Debits (34)		282,005.94
<b>Ending Balance as of 09/30/23</b>	\$	<b>90,764.17</b>
Average Balance	\$	192,137.14
Low Balance	\$	90,764.17

**Debits**

Date	Description	Subtractions
09/01	Preauthorized Wd BILL.comPAYABLESHEALTHCARE MANAGEM ENT PARTNERS, LLCBILL.com 025YYYYAEUQM3U7U INV #INV-10	10,000.00
09/05	Cash Mgmt Trsfr Dr REF 2481149LFUNDS TRANSFER TODEP [REDACTED] 4121 FROM	3,632.09
09/05	Cash Mgmt Trsfr Dr REF 2481150LFUNDS TRANSFER TODEP [REDACTED] 5276 FROM	3,412.82
09/05	Preauthorized Wd IPFS800-584-9969IPFSPMTGAA230905 D31652	31,366.60
09/07	Cash Mgmt Trsfr Dr REF 2500445LFUNDS TRANSFER TODEP [REDACTED] 0716 FROM	45,715.43
09/07	Cash Mgmt Trsfr Dr REF 2500446LFUNDS TRANSFER TODEP [REDACTED] 5276 FROM	32,352.27
09/07	Cash Mgmt Trsfr Dr REF 2500445LFUNDS TRANSFER TODEP [REDACTED] 6329 FROM	28,151.67
09/07	Cash Mgmt Trsfr Dr REF 2500445LFUNDS TRANSFER TODEP [REDACTED] 4121 FROM	20,181.33
09/07	Cash Mgmt Trsfr Dr REF 2500445LFUNDS TRANSFER TODEP [REDACTED] 8758 FROM	13,888.73

*Thank you for banking with CIBC*

**Keeping Good Records**

To keep your financial records in good order, it is important to balance each of your checking accounts as soon as you receive a statement. We suggest you use this easy balancing method to detect errors early so they can be resolved as soon as possible in accordance with the Account Agreement.  
 If you find an error, immediately call or write us at the phone number and address on this statement.

**THIS FORM WILL HELP YOU BALANCE YOUR CHECKBOOK**

CHECKS OUTSTANDING NOT CHARGED TO YOUR ACCOUNT					
Check No.	Amount	Check No.	Amount		
TOTAL	\$	TOTAL	\$		

**ENDING BALANCE** \$ \_\_\_\_\_  
 Shown on this statement

**ADD (+)**  
 Deposits and other credits made but not shown on this statement \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**SUBTRACT (-)** \$ \_\_\_\_\_  
 Total of checks outstanding

**BALANCE** \$ \_\_\_\_\_  
 Current Checkbook Balance

**ADD (+)** \$ \_\_\_\_\_  
 Interest earned from this statement

**SUBTRACT (-)** \$ \_\_\_\_\_  
 Miscellaneous charges from this statement

**NEW CHECKBOOK BALANCE** \$ \_\_\_\_\_  
 Should agree with **BALANCE** line

**DEPOSIT ACCOUNT INFORMATION  
 IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS  
 (FOR CONSUMER ACCOUNTS ONLY)**

Please call or write us at the phone number or address on this statement as soon as you can if 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 sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

1. Provide your name and account number.
2. Describe the error or 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 ten (10) business days to do this, we will re-credit your account for the amount you think is in error, so that you have use of the money during the time it takes to complete our investigation.

**To Report Lost or Stolen ATM / Debit Cards, Please Call The Emergency Help Desk (24 Hours) 800 236-2442**



**GENERAL CONTACT INFORMATION**

**By Phone:**  
 Client Support Center  
 877 448-6500  
 CIBC Telephone Banking (24 Hours)  
 877 825-5554

CIBC NetBanking Help Desk (24 Hours)  
 877 327-7375  
 CIBC Business NetBanking Help Desk  
 Monday – Friday: 7:00 am – 8:00 pm CST  
 800 733-9970

**By Mail:**  
 Client Support Center  
 CIBC Bank USA  
 120 South LaSalle Street  
 Chicago, IL 60603

**By Email:**  
 cibcusadmin@cibc.com



120 S. LaSalle Street  
 Chicago, IL 60603

REGIONAL HOUSING&COMMUNITY SERVICES  
 CORP

Statement Ending: September 30, 2023

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**BUSINESS CHECKING (continued)**

Account Number: [REDACTED] 3242

**Debits (continued)**

Date	Description	Subtractions
09/07	Cash Mgmt Trsfr Dr REF 2500445LFUNDS TRANSFER TO DEP [REDACTED] 2219 FROM	6,708.33
09/11	Cash Mgmt Trsfr Dr REF 2540955LFUNDS TRANSFER TO DEP [REDACTED] 6329 FROM	1,083.06
09/15	Preauthorized Wd RHCSACH PAY230915	4,000.00
09/18	Preauthorized Wd BILL.comPAYABLESHEALTHCARE MANAGEM ENT PARTNERS, LLCBILL.com 025QIJZVEPMNUYH INV #INV-10	10,000.00
09/20	Cash Mgmt Trsfr Dr REF 2630909LFUNDS TRANSFER TO DEP [REDACTED] 2219 FROM	231.22
09/20	Cash Mgmt Trsfr Dr REF 2630908LFUNDS TRANSFER TO DEP [REDACTED] 0021 FROM	60.02
09/20	Cash Mgmt Trsfr Dr REF 2630908LFUNDS TRANSFER TO DEP [REDACTED] 5945 FROM	60.02
09/20	Cash Mgmt Trsfr Dr REF 2630908LFUNDS TRANSFER TO DEP [REDACTED] 6868 FROM	60.02
09/20	Cash Mgmt Trsfr Dr REF 2630909LFUNDS TRANSFER TO DEP [REDACTED] 2277 FROM	60.02
09/20	Cash Mgmt Trsfr Dr REF 2630909LFUNDS TRANSFER TO DEP [REDACTED] 1771 FROM	60.02
09/20	Cash Mgmt Trsfr Dr REF 2630909LFUNDS TRANSFER TO DEP [REDACTED] 9194 FROM	60.02
09/20	Cash Mgmt Trsfr Dr REF 2630910LFUNDS TRANSFER TO DEP [REDACTED] 1793 FROM	60.02
09/22	Preauthorized Wd BILL.comPAYABLESMULTIPLE PAYMENTS BILL.com PAYABLES025VVBAXCJMV34N	5,040.64
09/25	Cash Mgmt Trsfr Dr REF 2680823LFUNDS TRANSFER TO DEP [REDACTED] 4121 FROM	25,349.10
09/25	Cash Mgmt Trsfr Dr REF 2680823LFUNDS TRANSFER TO DEP [REDACTED] 8758 FROM	8,902.40
09/25	Preauthorized Wd MATRIXCARE, INC.PAYMENT230922	2,334.50
09/25	Preauthorized Wd MATRIXCARE, INC.PAYMENT230922	1,474.00
09/25	Preauthorized Wd MATRIXCARE, INC.PAYMENT230922	1,327.00
09/25	Preauthorized Wd MATRIXCARE, INC.PAYMENT230922	1,265.00
09/25	Preauthorized Wd MATRIXCARE, INC.PAYMENT230922	1,223.00
09/25	Preauthorized Wd MATRIXCARE, INC.PAYMENT230922	1,118.00



120 S. LaSalle Street  
 Chicago, IL 60603

REGIONAL HOUSING&COMMUNITY SERVICES  
 CORP

Statement Ending: September 30, 2023

Page 3 of 3

**BUSINESS CHECKING (continued)**

Account Number: [REDACTED] 3242

**Debits (continued)**

Date	Description	Subtractions
09/25	Preauthorized Wd MATRIXCARE, INC.PAYMENT230922	908.50
09/28	Cash Mgmt Trsfr Dr REF 2710917LFUNDS TRANSFER TO DEP [REDACTED] 6329 FROM	5,275.14
09/28	Cash Mgmt Trsfr Dr REF 2710917LFUNDS TRANSFER TO DEP [REDACTED] 8758 FROM	5,243.47
09/29	Preauthorized Wd BILL.comPAYABLESHEALTHCARE MANAGEM ENT PARTNERS, LLCBILL.com 025UHHSLVFN4G8F MULTIPLE IN	11,401.50

**Credits**

Date	Description	Additions
09/29	Preauthorized Credit WEBTPA EMP SVCSMEC MO FD230929	228.00

**Daily Balances**

Date	Amount	Date	Amount	Date	Amount
08/31	372,542.11	09/15	172,049.78	09/25	112,456.28
09/01	362,542.11	09/18	162,049.78	09/28	101,937.67
09/05	324,130.60	09/20	161,398.42	09/29	90,764.17
09/07	177,132.84	09/22	156,357.78	09/30	90,764.17
09/11	176,049.78				

**Overdraft/Return Item Summary**

Description	Total for this Period	Total Year to Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Items	\$0.00	\$0.00



120 S. LaSalle Street  
 Chicago, IL 60603  
**Address Service Requested**

Last Statement: August 31, 2023  
 Statement Ending: September 30, 2023  
 Total Days in Statement Period: 30

REGIONAL HOUSING&COMMUNITY SERVICES  
 CORP  
 DEBTOR IN POSSESSION  
 CASE #21-41034  
 1033 DEMONBREUN ST SUITE 300  
 NASHVILLE TN 37203-4512

**Customer Service Information**

**For Personal Assistance, Call:**  
 312 564-1231  
 SAM DENDRINOS

**Visit Us Online:**  
[www.cibc.com/US](http://www.cibc.com/US)

**Written Inquiries:**  
 CIBC Bank USA  
 120 South LaSalle Street  
 Chicago, IL 60603

**BUSINESS CHECKING**

Account Number: [REDACTED] 9202

**Balance Summary**

<b>Beginning Balance as of 08/31/23</b>	\$	<b>37,306.02</b>
+ Deposits and Credits (0)		0.00
- Withdrawals and Debits (1)		2.07
<b>Ending Balance as of 09/30/23</b>	\$	<b>37,303.95</b>
Average Balance	\$	37,305.19
Low Balance	\$	37,303.95

**Debits**

Date	Description	Subtractions
09/19	Maintenance Fee ANALYSIS ACTIVITYFOR 08/23	2.07

**Daily Balances**

Date	Amount	Date	Amount	Date	Amount
08/31	37,306.02	09/19	37,303.95	09/30	37,303.95

**Overdraft/Return Item Summary**

Description	Total for this Period	Total Year to Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Items	\$0.00	\$0.00

*Thank you for banking with CIBC*

**Keeping Good Records**

To keep your financial records in good order, it is important to balance each of your checking accounts as soon as you receive a statement. We suggest you use this easy balancing method to detect errors early so they can be resolved as soon as possible in accordance with the Account Agreement.  
 If you find an error, immediately call or write us at the phone number and address on this statement.

**THIS FORM WILL HELP YOU BALANCE YOUR CHECKBOOK**

CHECKS OUTSTANDING NOT CHARGED TO YOUR ACCOUNT					
Check No.	Amount	Check No.	Amount		
TOTAL	\$	TOTAL	\$		

**ENDING BALANCE** \$ \_\_\_\_\_  
 Shown on this statement

**ADD (+)**  
 Deposits and other credits made but not shown on this statement \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**SUBTRACT (-)** \$ \_\_\_\_\_  
 Total of checks outstanding

**BALANCE** \$ \_\_\_\_\_  
 Current Checkbook Balance

**ADD (+)** \$ \_\_\_\_\_  
 Interest earned from this statement

**SUBTRACT (-)** \$ \_\_\_\_\_  
 Miscellaneous charges from this statement

**NEW CHECKBOOK BALANCE** \$ \_\_\_\_\_  
 Should agree with **BALANCE** line

**DEPOSIT ACCOUNT INFORMATION  
 IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS  
 (FOR CONSUMER ACCOUNTS ONLY)**

Please call or write us at the phone number or address on this statement as soon as you can if 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 sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

1. Provide your name and account number.
2. Describe the error or 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 ten (10) business days to do this, we will re-credit your account for the amount you think is in error, so that you have use of the money during the time it takes to complete our investigation.

**To Report Lost or Stolen ATM / Debit Cards, Please Call The Emergency Help Desk (24 Hours) 800 236-2442**



**GENERAL CONTACT INFORMATION**

**By Phone:**  
 Client Support Center  
 877 448-6500  
 CIBC Telephone Banking (24 Hours)  
 877 825-5554

**CIBC NetBanking Help Desk (24 Hours)**  
 877 327-7375  
**CIBC Business NetBanking Help Desk**  
 Monday – Friday: 7:00 am – 8:00 pm CST  
 800 733-9970

**By Mail:**  
 Client Support Center  
 CIBC Bank USA  
 120 South LaSalle Street  
 Chicago, IL 60603

**By Email:**  
 cibcusadmin@cibc.com