

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: 02/29/2024

Petition Date: 08/26/2021

Months Pending: 31

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
03/20/2024
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.



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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	\$109,595	
b. Total receipts (net of transfers between accounts)	\$366,488	\$4,894,354
c. Total disbursements (net of transfers between accounts)	\$430,606	\$4,886,217
d. Cash balance end of month (a+b-c)	\$45,478	
e. Disbursements made by third party for the benefit of the estate	\$0	\$0
f. Total disbursements for quarterly fee calculation (c+e)	\$430,606	\$4,886,217

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	\$45,478
e. Total assets	\$45,478
f. Postpetition payables (excluding taxes)	\$73,030
g. Postpetition payables past due (excluding taxes)	\$0
h. Postpetition taxes payable	\$0
i. Postpetition taxes past due	\$0
j. Total postpetition debt (f+h)	\$73,030
k. Prepetition secured debt	\$0
l. Prepetition priority debt	\$0
m. Prepetition unsecured debt	\$92,193
n. Total liabilities (debt) (j+k+l+m)	\$165,223
o. Ending equity/net worth (e-n)	\$-119,745

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	\$121,645	
g. Depreciation and/or amortization (not included in 4b)	\$0	
h. Interest	\$0	
i. Taxes (local, state, and federal)	\$0	
j. Reorganization items	\$30,250	
k. Profit (loss)	\$-151,895	\$-4,607,507

Debtor's Name Regional Housing and Community Services Corporation.

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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	\$30,000	\$1,555,741
	<i>Itemized Breakdown by Firm</i>					
	Firm Name	Role				
i	Scroggins & Williamson	Lead Counsel	\$0	\$0	\$15,000	\$900,000
ii	GGG Partners, LLC	Financial Professional	\$0	\$0	\$15,000	\$450,000
iii	Kurtzman Carson & Associates	Other	\$0	\$0	\$0	\$205,741
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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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			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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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.

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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"/>

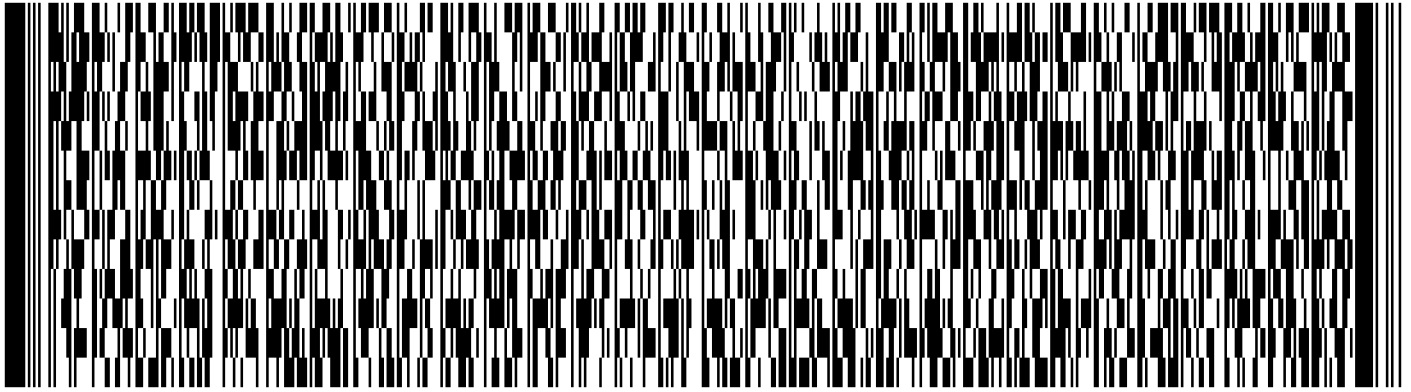
Privacy Act Statement

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. 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).

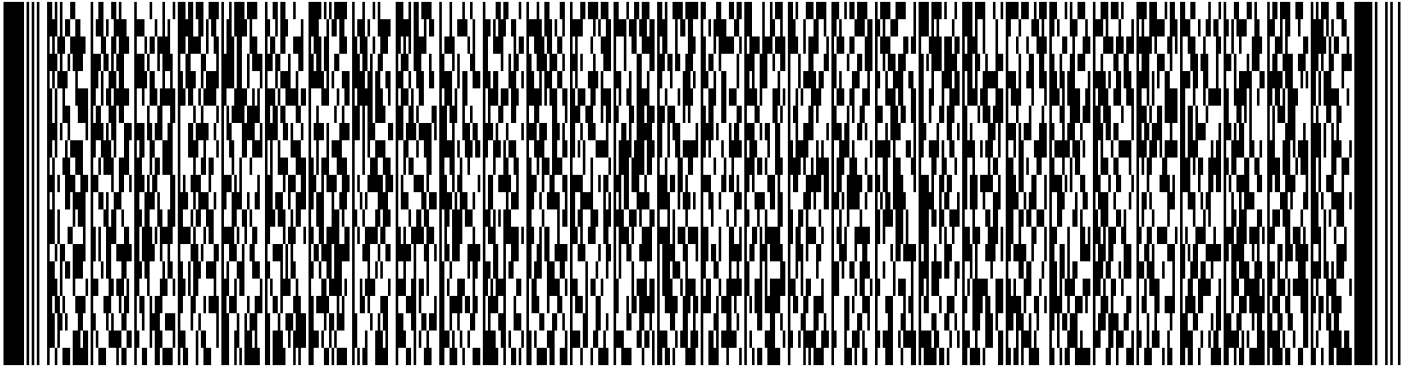
I declare under penalty of perjury that the foregoing Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate.

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

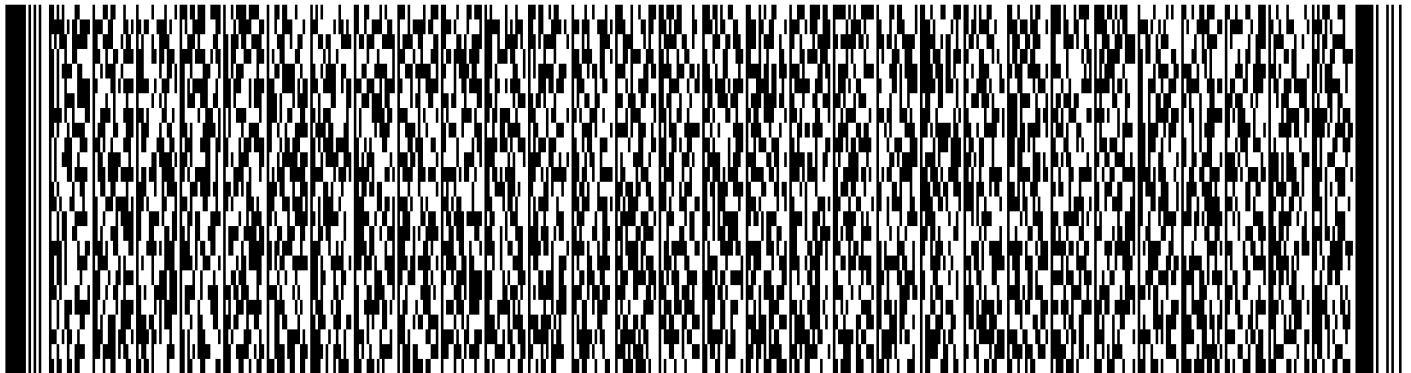
Katie S. Goodman
 Printed Name of Responsible Party
03/20/2024
 Date



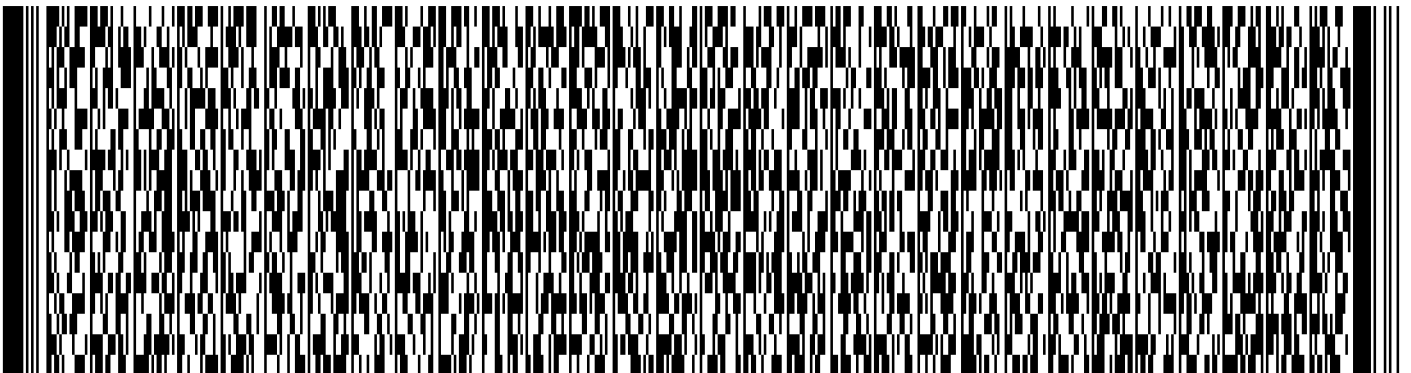
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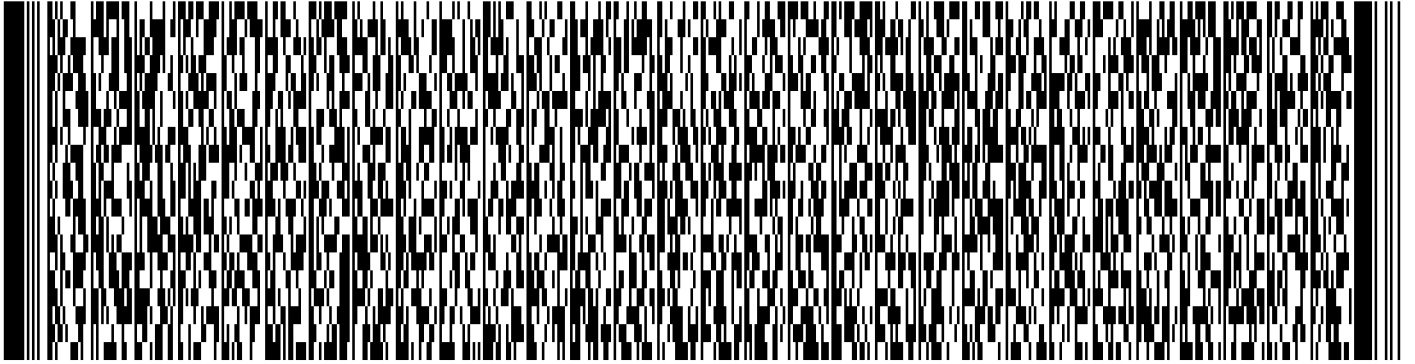
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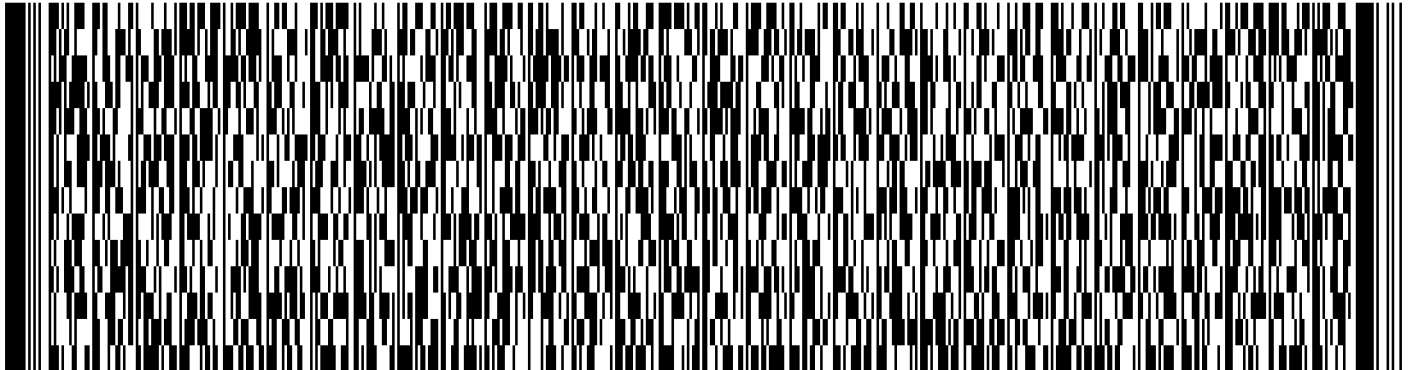
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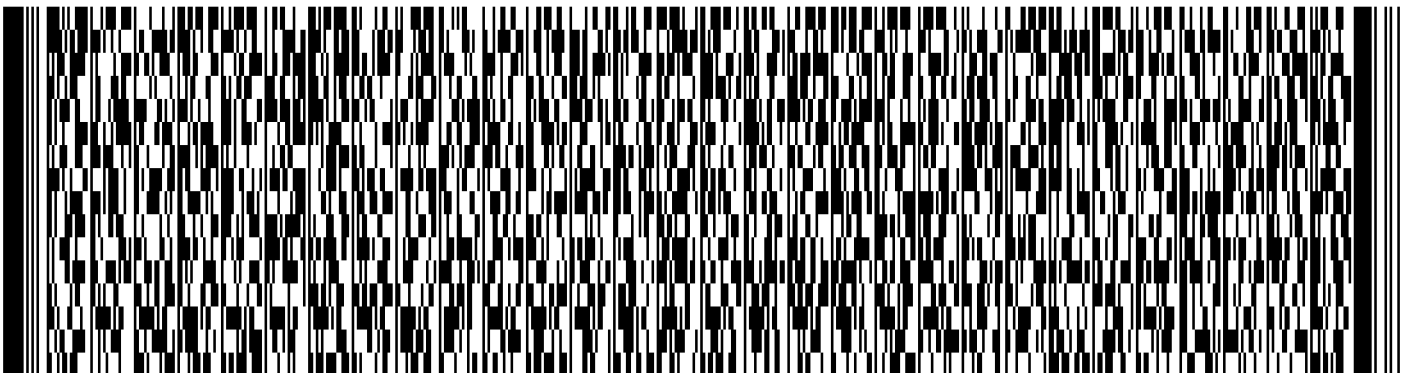
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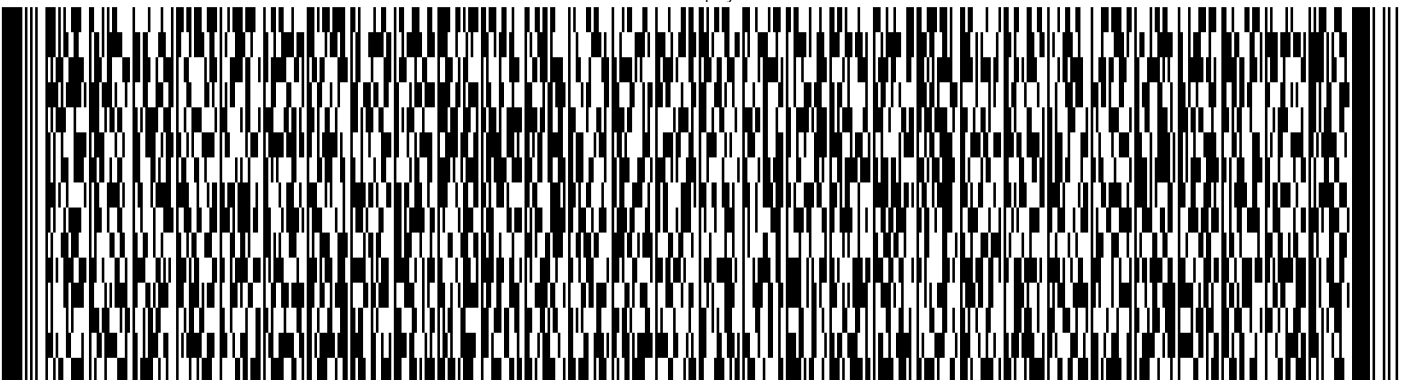
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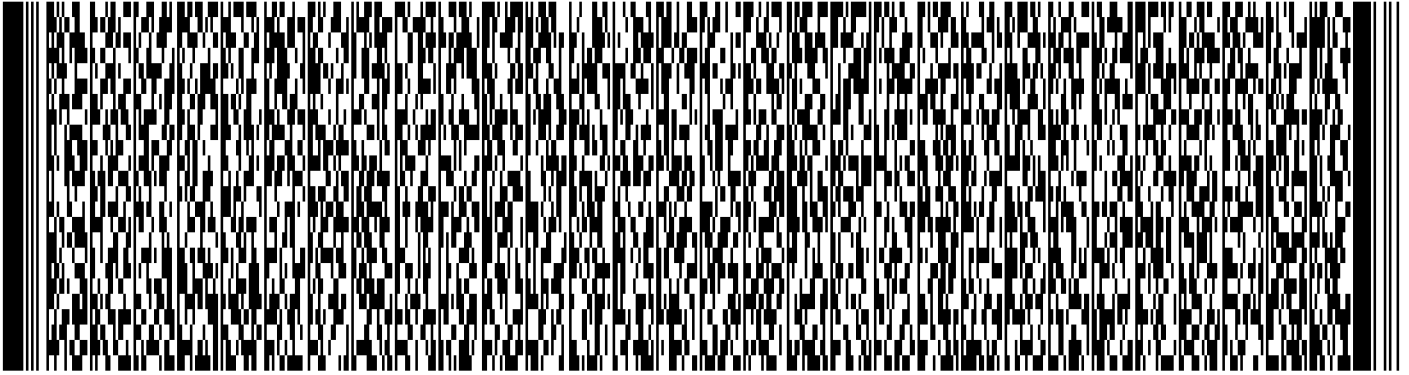
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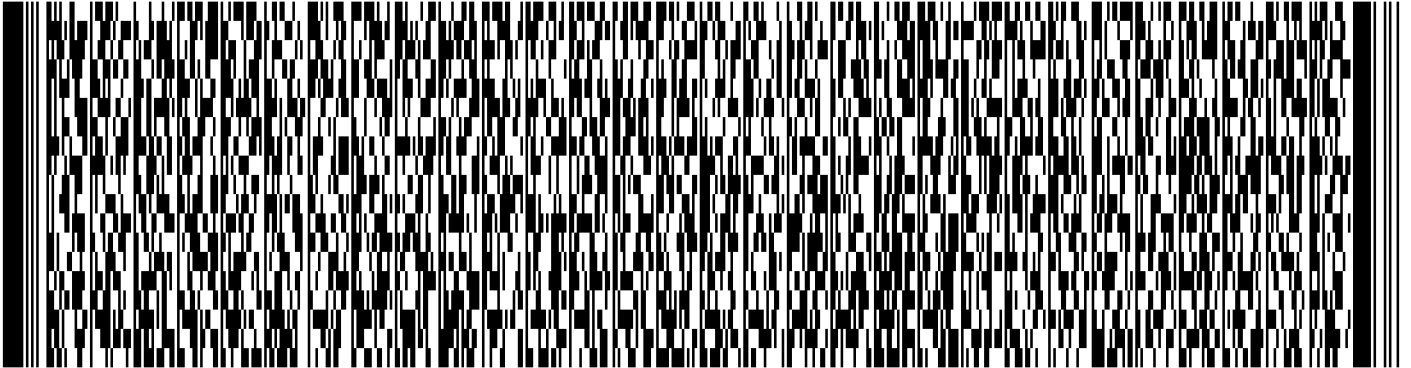
NonBankruptcy51to100

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

\$15,000 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 \$15,000 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 \$350,000 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.

Regional Housing & Community Services Corporation		
Schedule of Cash Receipts and Disbursements		
Case # 21-41034	Feb-24	
Beginning Balance	\$	109,595.42
Cash Receipts	\$	366,488.33
Cash Disbursements	\$	430,606.17
Ending Balance	\$	45,477.58

EXPENDITURES NET OF INTERCOMPANY TRANSFERS	
Professional Fees	\$ 30,000.00
United States Trustee	\$ 249.79
Bank Fees	\$ 215.95
Other	\$ 26,000.49
Insurance	\$ 95,428.86
Total	\$ 151,895.09

CREDITS			
Operating			
Date	Description	Amount	Account / Category
2/1/24	From Gainesville	\$ 1,406.65	***6868
2/2/24	From Gainesville	\$ 1,249.97	***6868
2/2/24	From Gainesville	\$ 3,965.61	***6868
2/2/24	From Gainesville	\$ 2,294.18	***6868
2/2/24	From Gainesville	\$ 2,138.56	***6868
2/2/24	From Gainesville	\$ 5,433.36	***6868
2/6/24	From Gainesville	\$ 245,000.00	DIP Funding
2/6/24	From Gainesville	\$ 105,000.00	DIP Funding
	Subtotal	\$ 366,488.33	
CREDITS			
Utilities			
Date	Description	Amount	Account / Category
	<i>None</i>		
	Subtotal	\$ -	
	Total	\$ 366,488.33	

DEBITS			
Operating			
Date	Description	Amount	Account / Category
2/1/24	Transfer to Savannah	\$ 1,406.65	***8758
2/1/24	Propel Insurance	\$ 46,041.72	Insurance
2/1/24	IPFS	\$ 26,257.26	Insurance
2/2/24	Transfer to Rome	\$ 5,433.36	***9152
2/2/24	Transfer to Columbus	\$ 3,965.61	***6329
2/2/24	Transfer to Gainesville	\$ 2,294.18	***4121
2/2/24	Transfer to Savannah	\$ 2,138.56	***8758
2/2/24	Bill.com	\$ 1,253.00	Other
2/6/24	Quarterly Fees	\$ 249.79	UST
2/8/24	Transfer to Gainesville	\$ 34,920.92	***4121
2/8/24	Transfer to Montgomery 1	\$ 22,100.77	***0716
2/8/24	Transfer to Montgomery 2	\$ 6,240.77	***2219
2/9/24	Virtuesense Tech	\$ 2,475.00	Other
2/9/24	Bill.com	\$ 43.16	Other
2/12/24	IPFS	\$ 20,391.54	Insurance
2/13/24	Philadelphia Insurance	\$ 2,738.34	Insurance
2/14/24	Transfer to Gainesville	\$ 6,952.68	***4121
2/14/24	Transfer to Savannah	\$ 4,843.40	***8758
2/15/24	Scroggins & Williamson	\$ 30,000.00	Professional Fees
2/15/24	Transfer to Gainesville	\$ 6,245.65	***4121
2/16/24	HMP	\$ 14,548.05	Other
2/16/24	Transfer to Gainesville	\$ 8,769.02	***4121
2/16/24	Transfer to Columbus	\$ 5,323.60	***6329
2/16/24	Transfer to Rome	\$ 5,293.24	***9152
2/16/24	Transfer to Savannah	\$ 5,222.99	***8758
2/16/24	Transfer to Savannah	\$ 2,502.59	***8758
2/16/24	Transfer to Gainesville	\$ 1,982.99	***4121
2/16/24	Transfer to Columbus	\$ 1,489.81	***6329
2/16/24	Transfer to Rome	\$ 1,226.52	***9152
2/21/24	Transfer to Gainesville	\$ 383.75	***4121
2/21/24	Bank Fee	\$ 213.78	Bank Fee
2/22/24	Transfer to Columbus	\$ 41,639.20	***6329
2/22/24	Transfer to Rome	\$ 41,255.24	***9152
2/22/24	Transfer to Savannah	\$ 32,571.90	***8758
2/22/24	Transfer to Montgomery 1	\$ 16,845.75	***0716
2/22/24	Transfer to Gainesville	\$ 290.94	***4121
2/22/24	Transfer to Gainesville	\$ 250.32	***4121
2/22/24	Transfer to Montgomery 2	\$ 232.90	***2219
2/22/24	Transfer to Columbus	\$ 60.02	***0021
2/22/24	Transfer to Douglas	\$ 60.02	***5945
2/22/24	Transfer to Montgomery 1	\$ 60.02	***2277
2/22/24	Transfer to Montgomery 2	\$ 60.02	***1771
2/22/24	Transfer to Rome	\$ 60.02	***9194
2/22/24	Transfer to Savannah	\$ 60.02	***1793
2/26/24	Transfer to Columbus	\$ 500.00	***7058
2/26/24	Matrixcare	\$ 1,547.70	Other
2/26/24	Matrixcare	\$ 1,393.35	Other
2/26/24	Matrixcare	\$ 1,328.25	Other
2/26/24	Matrixcare	\$ 1,284.15	Other
2/26/24	Matrixcare	\$ 1,173.90	Other
2/26/24	Matrixcare	\$ 953.93	Other
2/29/24	Transfer to Columbus	\$ 6,238.13	***6329
2/29/24	Transfer to Montgomery 1	\$ 5,063.03	***0716
2/29/24	Transfer to Gainesville	\$ 2,803.57	***4121
2/29/24	Transfer to Savannah	\$ 1,922.92	***8758
	Subtotal	\$ 430,604.00	
DEBITS			
Utilities			
Date	Description	Amount	Account / Category
2/21/24	Maintenance Fee	\$ 2.17	Bank Fees
	Subtotal	\$ 2.17	
	Total	\$ 430,606.17	

Accounts Payable

	0-30	31-60	61-90	91-120	121-	Total
Healthcare Management Partners, LLC	31,617.23	0.00	0.00	0.00	0.00	31,617.23
IPFS Corporation	20,391.54	0.00	0.00	0.00	0.00	20,391.54
KCC	4,507.69	5,772.05	0.00	0.00	0.00	10,279.74 *
Michael Roye	0.00	4,000.00	0.00	0.00	0.00	4,000.00 *
Philadelphia Insurance	2,738.34	0.00	0.00	0.00	0.00	2,738.34
Senior Sign	0.00	1,253.00	0.00	0.00	0.00	1,253.00 *
Virtusense Technologies, Inc.	2,750.00	0.00	0.00	0.00	0.00	2,750.00
Total	62,004.80	11,025.05	0.00	0.00	0.00	73,029.85

* Paid week ending 3/9



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

Last Statement: January 31, 2024
 Statement Ending: February 29, 2024
 Total Days in Statement Period: 29

Customer Service Information

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

Visit Us Online:
www.cibc.com/US

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

BUSINESS CHECKING

Account Number: [REDACTED] 3242

Balance Summary

Beginning Balance as of 01/31/24	\$	72,302.01
+ Deposits and Credits (8)		366,488.33
- Withdrawals and Debits (55)		430,604.00
Ending Balance as of 02/29/24	\$	8,186.34
Average Balance	\$	139,055.39
Low Balance	\$	0.00

Debits

Date	Description	Subtractions
02/01	Cash Mgmt Trsfr Dr REF 0321206LFUNDS TRANSFER TODEP [REDACTED] 8758 FROM	1,406.65
02/01	Preauthorized Wd PROPEL INSURANCEPAYMENTS240201 16225218	46,041.72
02/01	Preauthorized Wd IPFS800-584-9969IPFSPMTGAA240201 D31652	26,257.26
02/02	Cash Mgmt Trsfr Dr REF 0330528LFUNDS TRANSFER TODEP [REDACTED] 9152 FROM	5,433.36
02/02	Cash Mgmt Trsfr Dr REF 0330526LFUNDS TRANSFER TODEP [REDACTED] 6329 FROM	3,965.61
02/02	Cash Mgmt Trsfr Dr REF 0330526LFUNDS TRANSFER TODEP [REDACTED] 4121 FROM	2,294.18
02/02	Cash Mgmt Trsfr Dr REF 0330527LFUNDS TRANSFER TODEP [REDACTED] 8758 FROM	2,138.56
02/02	Preauthorized Wd BILL.comPAYABLESSENIOR SIGN B ILL.com 025IPYNFLOS4BVW INV 4652 RHCSC	1,253.00
02/06	Preauthorized Wd QUARTERLY FEEPAYMENT240206 0000	249.79

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.

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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: February 29, 2024
 Page 2 of 5

BUSINESS CHECKING (continued)

Account Number: [REDACTED] 3242

Debits (continued)

Date	Description	Subtractions
02/08	Cash Mgmt Trsfr Dr REF 0391232LFUNDS TRANSFER TO DEP [REDACTED] 4121 FROM	34,920.92
02/08	Cash Mgmt Trsfr Dr REF 0391233LFUNDS TRANSFER TO DEP [REDACTED] 0716 FROM	22,100.77
02/08	Cash Mgmt Trsfr Dr REF 0391233LFUNDS TRANSFER TO DEP [REDACTED] 2219 FROM	6,240.77
02/09	Preauthorized Wd VIRTUSENSE TECHRECURRINGINITIAL DUE 6/8 IN V-6807	2,475.00
02/09	Preauthorized Wd BILL.comPAYABLESUNIVERSAL BACKGROU ND SCREENING BILL.com 025TCJSRFYSEVWN INV 202401022106	43.16
02/12	Preauthorized Wd IPFS800-584-9969IPFSPMTGAA240212 D43899	20,391.54
02/13	Preauthorized Wd PHILA INS COINS IN240213	2,738.34
02/14	Cash Mgmt Trsfr Dr REF 0451239LFUNDS TRANSFER TO DEP [REDACTED] 4121 FROM	6,952.68
02/14	Cash Mgmt Trsfr Dr REF 0451239LFUNDS TRANSFER TO DEP [REDACTED] 8758 FROM	4,843.40
02/15	Term-outgoing Wt/Dom BNF SCROGGINS ANDWILLIAMSON, P.C. OBI	30,000.00
02/15	Cash Mgmt Trsfr Dr REF 0460525LFUNDS TRANSFER TO DEP [REDACTED] 4121 FROM	6,245.65
02/16	Term-outgoing Wt/Dom BNF HEALTHCARE MANAGEMENT PARTNERS OBI	14,548.05
02/16	Cash Mgmt Trsfr Dr REF 0471447LFUNDS TRANSFER TO DEP [REDACTED] 4121 FROM	8,769.02
02/16	Cash Mgmt Trsfr Dr REF 0471345LFUNDS TRANSFER TO DEP [REDACTED] 6329 FROM	5,323.60
02/16	Cash Mgmt Trsfr Dr REF 0471443LFUNDS TRANSFER TO DEP [REDACTED] 9152 FROM	5,293.24
02/16	Cash Mgmt Trsfr Dr REF 0471445LFUNDS TRANSFER TO DEP [REDACTED] 8758 FROM	5,222.99
02/16	Cash Mgmt Trsfr Dr REF 0471321LFUNDS TRANSFER TO DEP [REDACTED] 8758 FROM	2,502.59
02/16	Cash Mgmt Trsfr Dr REF 0471321LFUNDS TRANSFER TO DEP [REDACTED] 4121 FROM	1,982.99
02/16	Cash Mgmt Trsfr Dr REF 0471321LFUNDS TRANSFER TO DEP [REDACTED] 6329 FROM	1,489.81



120 S. LaSalle Street
 Chicago, IL 60603

REGIONAL HOUSING&COMMUNITY SERVICES
 CORP

Statement Ending: February 29, 2024

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BUSINESS CHECKING (continued)

Account Number: [REDACTED] 3242

Debits (continued)

Date	Description	Subtractions
02/16	Cash Mgmt Trsfr Dr REF 0471321LFUNDS TRANSFER TO DEP [REDACTED] 9152 FROM	1,226.52
02/21	Cash Mgmt Trsfr Dr REF 0520845LFUNDS TRANSFER TO DEP [REDACTED] 4121 FROM	383.75
02/21	Maintenance Fee ANALYSIS ACTIVITY FOR 01/24	213.78
02/22	Cash Mgmt Trsfr Dr REF 0531325LFUNDS TRANSFER TO DEP [REDACTED] 6329 FROM	41,639.20
02/22	Cash Mgmt Trsfr Dr REF 0531328LFUNDS TRANSFER TO DEP [REDACTED] 9152 FROM	41,255.24
02/22	Cash Mgmt Trsfr Dr REF 0531328LFUNDS TRANSFER TO DEP [REDACTED] 8758 FROM	32,571.90
02/22	Cash Mgmt Trsfr Dr REF 0531328LFUNDS TRANSFER TO DEP [REDACTED] 0716 FROM	16,845.75
02/22	Cash Mgmt Trsfr Dr REF 0531324LFUNDS TRANSFER TO DEP [REDACTED] 4121 FROM	290.94
02/22	Cash Mgmt Trsfr Dr REF 0531326LFUNDS TRANSFER TO DEP [REDACTED] 4121 FROM	250.32
02/22	Cash Mgmt Trsfr Dr REF 0531324LFUNDS TRANSFER TO DEP [REDACTED] 2219 FROM	232.90
02/22	Cash Mgmt Trsfr Dr REF 0531323LFUNDS TRANSFER TO DEP [REDACTED] 0021 FROM	60.02
02/22	Cash Mgmt Trsfr Dr REF 0531323LFUNDS TRANSFER TO DEP [REDACTED] 5945 FROM	60.02
02/22	Cash Mgmt Trsfr Dr REF 0531324LFUNDS TRANSFER TO DEP [REDACTED] 2277 FROM	60.02
02/22	Cash Mgmt Trsfr Dr REF 0531325LFUNDS TRANSFER TO DEP [REDACTED] 1771 FROM	60.02
02/22	Cash Mgmt Trsfr Dr REF 0531325LFUNDS TRANSFER TO DEP [REDACTED] 9194 FROM	60.02
02/22	Cash Mgmt Trsfr Dr REF 0531325LFUNDS TRANSFER TO DEP [REDACTED] 1793 FROM	60.02
02/26	Cash Mgmt Trsfr Dr REF 0570943LFUNDS TRANSFER TO DEP [REDACTED] 7058 FROM	500.00
02/26	Preauthorized Wd MATRIXCARE, INC.PAYMENT240223	1,547.70
02/26	Preauthorized Wd MATRIXCARE, INC.PAYMENT240223	1,393.35
02/26	Preauthorized Wd MATRIXCARE, INC.PAYMENT240223	1,328.25



120 S. LaSalle Street
 Chicago, IL 60603

REGIONAL HOUSING&COMMUNITY SERVICES
 CORP

Statement Ending: February 29, 2024

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BUSINESS CHECKING (continued)

Account Number: [REDACTED] 3242

Debits (continued)

Date	Description	Subtractions
02/26	Preauthorized Wd MATRIXCARE, INC.PAYMENT240223	1,284.15
02/26	Preauthorized Wd MATRIXCARE, INC.PAYMENT240223	1,173.90
02/26	Preauthorized Wd MATRIXCARE, INC.PAYMENT240223	953.93
02/29	Cash Mgmt Trsfr Dr REF 0600633LFUNDS TRANSFER TO DEP [REDACTED] 6329 FROM	6,238.13
02/29	Cash Mgmt Trsfr Dr REF 0600633LFUNDS TRANSFER TO DEP [REDACTED] 0716 FROM	5,063.03
02/29	Cash Mgmt Trsfr Dr REF 0600633LFUNDS TRANSFER TO DEP [REDACTED] 4121 FROM	2,803.57
02/29	Cash Mgmt Trsfr Dr REF 0600634LFUNDS TRANSFER TO DEP [REDACTED] 8758 FROM	1,922.92

Credits

Date	Description	Additions
02/01	Cash Mgmt Trsfr Cr REF 0321205LFUNDS TRANSFER FRM DEP [REDACTED] 6868 FROM	1,406.65
02/02	Cash Mgmt Trsfr Cr REF 0330525LFUNDS TRANSFER FRM DEP [REDACTED] 6868 FROM	1,249.97
02/02	Cash Mgmt Trsfr Cr REF 0330526LFUNDS TRANSFER FRM DEP [REDACTED] 6868 FROM	3,965.61
02/02	Cash Mgmt Trsfr Cr REF 0330526LFUNDS TRANSFER FRM DEP [REDACTED] 6868 FROM	2,294.18
02/02	Cash Mgmt Trsfr Cr REF 0330527LFUNDS TRANSFER FRM DEP [REDACTED] 6868 FROM	2,138.56
02/02	Cash Mgmt Trsfr Cr REF 0330527LFUNDS TRANSFER FRM DEP [REDACTED] 6868 FROM	5,433.36
02/06	Incoming Wire-dom ORG ECOFIN DIRECTMUNI OPP FUND OBIREGIONAL HOUSING C COMMUNITY SERVICE CORP CLOSING RHCSC	245,000.00
02/06	Incoming Wire-dom ORG ECOFIN TAX ADVSOCIAL IMPACT FDOBI REGIONAL HOUSI NG COMMUNITY SERVICE CORP CLOSING R	105,000.00



120 S. LaSalle Street
 Chicago, IL 60603

REGIONAL HOUSING&COMMUNITY SERVICES
 CORP

Statement Ending: February 29, 2024

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BUSINESS CHECKING (continued)

Account Number: [REDACTED] 3242

Daily Balances

Date	Amount	Date	Amount	Date	Amount
01/31	72,302.01	02/09	283,969.59	02/16	166,439.17
02/01	3.03	02/12	263,578.05	02/21	165,841.64
02/02	0.00	02/13	260,839.71	02/22	32,395.27
02/06	349,750.21	02/14	249,043.63	02/26	24,213.99
02/08	286,487.75	02/15	212,797.98	02/29	8,186.34

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: January 31, 2024
 Statement Ending: February 29, 2024
 Total Days in Statement Period: 29

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

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

BUSINESS CHECKING

Account Number: [REDACTED] 9202

Balance Summary

Beginning Balance as of 01/31/24	\$	37,293.41
+ Deposits and Credits (0)		0.00
- Withdrawals and Debits (1)		2.17
Ending Balance as of 02/29/24	\$	37,291.24
Average Balance	\$	37,292.74
Low Balance	\$	37,291.24

Debits

Date	Description	Subtractions
02/21	Maintenance Fee ANALYSIS ACTIVITYFOR 01/24	2.17

Daily Balances

Date	Amount	Date	Amount	Date	Amount
01/31	37,293.41	02/21	37,291.24	02/29	37,291.24

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.

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