

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: 09/30/2021

Petition Date: 08/26/2021

Months Pending: 1

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

10/22/2021

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.



2141034211022000000000001

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	\$22	
b. Total receipts (net of transfers between accounts)	\$290,400	\$290,400
c. Total disbursements (net of transfers between accounts)	\$192,896	\$192,896
d. Cash balance end of month (a+b-c)	\$97,526	
e. Disbursements made by third party for the benefit of the estate	\$0	\$0
f. Total disbursements for quarterly fee calculation (c+e)	\$192,896	\$192,896

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 checked="" type="radio"/> Market <input type="radio"/> Other <input type="radio"/> (attach explanation))	\$0
d. Total current assets	\$97,526
e. Total assets	\$97,526
f. Postpetition payables (excluding taxes)	\$0
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)	\$0
k. Prepetition secured debt	\$0
l. Prepetition priority debt	\$0
m. Prepetition unsecured debt	\$92,193
n. Total liabilities (debt) (j+k+l+m)	\$92,193
o. Ending equity/net worth (e-n)	\$5,333

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	\$192,896	
f. Other expenses	\$0	
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)	\$-192,896	\$-192,896

Debtor's Name Regional Housing and Community Services Corporation

Case No. 21-41034

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>					
	<i>Itemized Breakdown by Firm</i>					
		Firm Name	Role			
	i	None				
	ii					

b.			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debtor's professional fees & expenses (nonbankruptcy) <i>Aggregate Total</i>					
	<i>Itemized Breakdown by Firm</i>					
		Firm Name	Role			
	i	None				
	ii					
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 ☒

Debtor's Name Regional Housing and Community Services Corporation

Case No. 21-41034

- 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 ☐

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/ Katie S. Goodman

Signature of Responsible Party

Chief Restructuring Officer

Title

Katie S. Goodman

Printed Name of Responsible Party

10/22/2021

Date

In re Regional Housing and Community Services Corporation
Case No. 21-41034-pwb

NOTES

Postpetition Borrowings

The Debtors in these related cases collectively borrowed \$750,000 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		
	21-Sep	
Beginning Balance	\$ 22.10	
Cash Receipts	\$ 937,875.36	*
Cash Disbursements	\$ 840,371.90	
Ending Balance	\$ 97,525.56	
*Receipts net of Intercompany transfers:		
	DIP	\$ 750,000.00

EXPENDITURES NET OF INTERCOMPANY TRANSFERS	
Professional Fees	\$ 5,000.00
Bank Fees	\$ 63.49
Insurance	\$ 187,832.85
Total	\$ 192,896.34

CREDITS			
Date	Description	Amount	Account / Category
9/2/21	DIP Funding	\$ 600,000.00	
9/10/21	Transfer from Montgomery 1 for Insurance	\$ 56,908.53	***0716
9/10/21	Transfer rom Rome for Insurance	\$ 15,532.59	***9152
9/10/21	Transfer from Social Circle for Insurance	\$ 38,389.24	***5276
9/10/21	Transfer from Columbus for Insurance	\$ 22,650.65	***6329
9/10/21	Transfer from Douglas for Insurance	\$ 19,384.98	***9218
9/10/21	Transfer from Gainesville for Insurance	\$ 18,828.93	***4121
9/10/21	Transfer from Montgomery II for Insurance	\$ 6,751.53	***2219
9/10/21	Transfer from Savannah for Insurance	\$ 9,386.40	***8758
9/22/21	Transfer from Montgomery II	\$ 42.51	***2219
9/22/21	DIP Funding	\$ 150,000.00	
	Total Credits	\$ 937,875.36	

Debits			
Date	Description	Amount	Account / Category
9/3/21	Transfer to Montgomery 1	\$ 194,000.00	***0716
9/3/21	Transfer to Social Circle	\$ 120,200.00	***5276
9/3/21	Transfer to Columbus	\$ 91,800.00	***6329
9/3/21	Transfer to Savannah	\$ 21,600.00	***8758
9/3/21	Transfer to Montgomery 1	\$ 20,000.00	***0716
9/3/21	Transfer to Rome	\$ 20,000.00	***9152
9/3/21	Transfer to Savannah	\$ 20,000.00	***8758
9/3/21	Transfer to Columbus	\$ 20,000.00	***6329
9/3/21	Transfer to Monogomery II	\$ 13,200.00	***2219
9/10/21	BNF IPFS Corporation	\$ 187,832.85	Insurance
9/10/21	Transfer to Social Circle	\$ 10,000.00	***5276
9/10/21	Transfer to Montgomery II	\$ 10,000.00	***2219
9/14/21	Kurtzman Carlson Consultants	\$ 5,000.00	Professional Fees
9/16/21	Transfer to Gainesville	\$ 17,000.00	***4121
9/16/21	Transfer to Social Circle	\$ 10,000.00	***5276
9/16/21	Transfer to Douglas	\$ 8,000.00	***9218
9/16/21	Transfer to Savannah	\$ 8,000.00	***8758
9/21/21	Maintenance Fee	\$ 63.49	Bank Fee
9/22/21	Transfer to Douglas PropCo	\$ 42.51	***5945
9/22/21	Transfer to Gainesville Propco	\$ 42.51	***6868
9/22/21	Transfer to Montgomery 1 Propco	\$ 42.51	***2277
9/22/21	Transfer to Montgomery II	\$ 42.51	***2219
9/22/21	Transfer to Rome Propco	\$ 42.51	***9194
9/22/21	Transfer to Savannah Propco	\$ 42.51	***1793
9/22/21	Transfer to Social Circle Propco	\$ 42.51	***7314
9/22/21	Transfer to Montgomery II Propco	\$ 42.51	***1771
9/22/21	Transfer to Columbus Propco	\$ 16.48	***0021
9/27/21	Transfer to Utility Assurance Account	\$ 37,319.00	***9202
9/28/21	Transfer to Montgomery 1	\$ 5,000.00	***0716
9/30/21	Transfer to Douglas	\$ 4,000.00	***9218
9/30/21	Transfer to Gainesville	\$ 4,000.00	***4121
9/30/21	Transfer to Montgomery 1	\$ 4,000.00	***0716
9/30/21	Transfer to Rome	\$ 4,000.00	***9152
9/30/21	Transfer to Columbus	\$ 3,000.00	***6329
9/30/21	Transfer to Social Circle	\$ 2,000.00	***5276
	Total	\$ 840,371.90	



120 South LaSalle Street, Chicago, IL 60603

ADDRESS SERVICE REQUESTED

Last Statement: August 31, 2021
Statement Ending: September 30, 2021
Total Days in Statement Period: 30

Page 1 of 4

REGIONAL HOUSING&COMMUNITY SERVICES
CORP
OPERATING ACCOUNT
DEBTOR IN POSSESSION
400 2ND AVE NW
PO BOX 2568
HICKORY NC 28603-2568**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 08/31/21	\$	22.10
+ Deposits and Credits (11)		937,875.36
- Withdrawals and Debits (35)		840,371.90
Ending Balance as of 09/30/21	\$	97,525.56
Average Balance	\$	94,317.52
Low Balance	\$	22.10

Debits

Date	Description	Subtractions
09/03	Cash Mgmt Trsfr Dr REF 2461350LFUNDS TRANSFER TODEP [REDACTED] 0716 FROMDIP TO MONTGOMERY I	194,000.00
09/03	Cash Mgmt Trsfr Dr REF 2461354LFUNDS TRANSFER TODEP [REDACTED] 5276 FROMDIP FUNDS TO SOCIAL CIRCLE	120,200.00
09/03	Cash Mgmt Trsfr Dr REF 2461352LFUNDS TRANSFER TODEP [REDACTED] 6329 FROMDIP FUNDS TO COLUMBUS	91,800.00
09/03	Cash Mgmt Trsfr Dr REF 2461351LFUNDS TRANSFER TODEP [REDACTED] 8758 FROMDIP FUNDS TO SAVANNAH	21,600.00
09/03	Cash Mgmt Trsfr Dr REF 2461024LFUNDS TRANSFER TODEP [REDACTED] 0716 FROMDIP FUNDS TO MONTGOMERY I	20,000.00
09/03	Cash Mgmt Trsfr Dr REF 2461025LFUNDS TRANSFER TODEP [REDACTED] 9152 FROMDIP FUNDS TO ROME	20,000.00
09/03	Cash Mgmt Trsfr Dr REF 2461026LFUNDS TRANSFER TODEP [REDACTED] 8758 FROMDIP FUNDS TO SAVANNAH	20,000.00
09/03	Cash Mgmt Trsfr Dr REF 2461027LFUNDS TRANSFER TODEP [REDACTED] 6329 FROMDIP FUNDS TO COLUMBUS	20,000.00
09/03	Cash Mgmt Trsfr Dr REF 2461353LFUNDS TRANSFER TODEP [REDACTED] 2219 FROMDIP FUNDS TO MONTGOMERY II	13,200.00

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 Email:
cibcusadmin@cibc.com

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



REGIONAL HOUSING&COMMUNITY SERVICES

CORP

Statement Ending: September 30, 2021

Page 2 of 4

BUSINESS CHECKING (continued)

Account Number: [REDACTED] 3242

Debits (continued)

Date	Description	Subtractions
09/10	Term-outgoing Wt/Dom BNF IPFS CORPORATION OBI CAF-B34537\$21,897.07, CAF-B2 8451 \$ 165,935.78	187,832.85
09/10	Cash Mgmt Trsfr Dr REF 2531559LFUNDS TRANSFER TODEP [REDACTED] 5276 FROMDIP ACCOUNT FUNDSTO SOCIAL CIRCLE	10,000.00
09/10	Cash Mgmt Trsfr Dr REF 2531600LFUNDS TRANSFER TODEP [REDACTED] 2219 FROMDIP ACCOUNT FUNDSTO MONTGOMERY II	10,000.00
09/14	Term-outgoing Wt/Dom BNF KURTZMAN CARSON CONSULTANTS LLC OBI REGIONAL HOUSI NG RHCSC	5,000.00
09/16	Cash Mgmt Trsfr Dr REF 2591611LFUNDS TRANSFER TODEP [REDACTED] 4121 FROMDIP FUNDS TO GAINESVILLE	17,000.00
09/16	Cash Mgmt Trsfr Dr REF 2591615LFUNDS TRANSFER TODEP [REDACTED] 5276 FROMDIP FUNDS TO SOCIAL CIRCLE	10,000.00
09/16	Cash Mgmt Trsfr Dr REF 2591612LFUNDS TRANSFER TODEP [REDACTED] 9218 FROMDIP FUNDS TO DOUGLAS	8,000.00
09/16	Cash Mgmt Trsfr Dr REF 2591612LFUNDS TRANSFER TODEP [REDACTED] 8758 FROMDIP FUNDS TO SAVANNAH	8,000.00
09/21	Maintenance Fee ANALYSIS ACTIVITYFOR 08/21	63.49
09/22	Cash Mgmt Trsfr Dr REF 2650948LFUNDS TRANSFER TODEP [REDACTED] 5945 FROMDIP FUNDS TO DOUGLAS	42.51
09/22	Cash Mgmt Trsfr Dr REF 2650948LFUNDS TRANSFER TODEP [REDACTED] 6868 FROMDIP FUNDS TO GAINESVILLE	42.51
09/22	Cash Mgmt Trsfr Dr REF 2650949LFUNDS TRANSFER TODEP [REDACTED] 2277 FROMDIP FUNDS TO WATERFORD	42.51
09/22	Cash Mgmt Trsfr Dr REF 2650949LFUNDS TRANSFER TODEP [REDACTED] 2219 FROMDIP FUNDS TO MONTGOMERY II	42.51
09/22	Cash Mgmt Trsfr Dr REF 2650950LFUNDS TRANSFER TODEP [REDACTED] 9194 FROMDIP FUNDS TO ROME	42.51
09/22	Cash Mgmt Trsfr Dr REF 2650950LFUNDS TRANSFER TODEP [REDACTED] 1793 FROMDIP FUNDS TO SAVANNAH	42.51
09/22	Cash Mgmt Trsfr Dr REF 2650951LFUNDS TRANSFER TODEP [REDACTED] 7314 FROMDIP FUNDS TO SOCIAL CIR	42.51
09/22	Cash Mgmt Trsfr Dr REF 2651036LFUNDS TRANSFER TODEP [REDACTED] 1771 FROMDIP FUNDS TO MONTGOMERY II	42.51
09/22	Cash Mgmt Trsfr Dr REF 2650947LFUNDS TRANSFER TODEP [REDACTED] 0021 FROMDIP FUNDS TO COLUMBUS	16.48
09/27	Cash Mgmt Trsfr Dr REF 2701221LFUNDS TRANSFER TODEP [REDACTED] 9202 FROMRH TO RH UTILITY ASSURANCE ACCOUNT	37,319.00



REGIONAL HOUSING&COMMUNITY SERVICES

CORP

Statement Ending: September 30, 2021

Page 3 of 4

BUSINESS CHECKING (continued)

Account Number: [REDACTED] 3242

Debits (continued)

Date	Description	Subtractions
09/28	Cash Mgmt Trsfr Dr REF 2710731LFUNDS TRANSFER TODEP [REDACTED] 0716 FROMDIP FUNDS TO WATERFORD	5,000.00
09/30	Cash Mgmt Trsfr Dr REF 2731552LFUNDS TRANSFER TODEP [REDACTED] 9218 FROMDIP FUNDS TO DOUGLAS	4,000.00
09/30	Cash Mgmt Trsfr Dr REF 2731552LFUNDS TRANSFER TODEP [REDACTED] 4121 FROMDIP FUNDS TO GAINESVILLE	4,000.00
09/30	Cash Mgmt Trsfr Dr REF 2731552LFUNDS TRANSFER TODEP [REDACTED] 0716 FROMDIP FUNDS TO WATERFORD	4,000.00
09/30	Cash Mgmt Trsfr Dr REF 2731552LFUNDS TRANSFER TODEP [REDACTED] 9152 FROMDIP FUNDS TO ROME	4,000.00
09/30	Cash Mgmt Trsfr Dr REF 2731552LFUNDS TRANSFER TODEP [REDACTED] 6329 FROMDIP FUNDS TO COLUMBUS	3,000.00
09/30	Cash Mgmt Trsfr Dr REF 2731552LFUNDS TRANSFER TODEP [REDACTED] 5276 FROMDIP FUNDS TO SOCIAL CIRCLE	2,000.00

Credits

Date	Description	Additions
09/02	Incoming Wire-dom ORG GREENBERG TRAUIG, LLP OBI	600,000.00
09/10	Cash Mgmt Trsfr Cr REF 2531605LFUNDS TRANSFER FRMDEP [REDACTED] 0716 FROMINSURANCE PAYMENTSEPTEMBER	56,908.53
09/10	Cash Mgmt Trsfr Cr REF 2531606LFUNDS TRANSFER FRMDEP [REDACTED] 9152 FROMINSURANCE PAYMENTSEPTEMBER	15,532.59
09/10	Cash Mgmt Trsfr Cr REF 2531606LFUNDS TRANSFER FRMDEP [REDACTED] 5276 FROMINSURANCE PAYMENTSEPTEMBER	38,389.24
09/10	Cash Mgmt Trsfr Cr REF 2531607LFUNDS TRANSFER FRMDEP [REDACTED] 6329 FROMINSURANCE PAYMENTSEPTEMBER	22,650.65
09/10	Cash Mgmt Trsfr Cr REF 2531607LFUNDS TRANSFER FRMDEP [REDACTED] 9218 FROMINSURANCE PAYMENTSEPTEMBER	19,384.98
09/10	Cash Mgmt Trsfr Cr REF 2531609LFUNDS TRANSFER FRMDEP [REDACTED] 4121 FROMINSURANCE PAYMENTSEPTEMBER	18,828.93
09/10	Cash Mgmt Trsfr Cr REF 2531610LFUNDS TRANSFER FRMDEP [REDACTED] 2219 FROMINSURANCE PAYMENTSEPTEMBER	6,751.53
09/10	Cash Mgmt Trsfr Cr REF 2531610LFUNDS TRANSFER FRMDEP [REDACTED] 8758 FROMINSURANCE PAYMENTSEPTEMBER	9,386.40



REGIONAL HOUSING&COMMUNITY SERVICES

CORP

Statement Ending: September 30, 2021

Page 4 of 4

BUSINESS CHECKING (continued)

Account Number: [REDACTED] 3242

Credits (continued)

Date	Description	Additions
09/22	Cash Mgmt Trsfr Cr REF 2651035LFUNDS TRANSFER FRMDEP [REDACTED] 2219 FROMDIP FUNDS TO MONTGOMERY II REVERSE	42.51
09/22	Incoming Wire-dom ORG GREENBERG TRAURIG, LLP OBI	150,000.00

Daily Balances

Date	Amount	Date	Amount	Date	Amount
08/31	22.10	09/14	54,222.10	09/27	123,525.56
09/02	600,022.10	09/16	11,222.10	09/28	118,525.56
09/03	79,222.10	09/21	11,158.61	09/30	97,525.56
09/10	59,222.10	09/22	160,844.56		

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