UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF GEORGIA ROME DIVISION In Re. Regional Housing and Community Services Case No. 21-41034 § Corporation. § Lead Case No. 21-41034 Debtor(s) **Monthly Operating Report** Chapter 11 Petition Date: 08/26/2021 Reporting Period Ended: 03/31/2023 Months Pending: 19 Industry Classification: 2 3 Reporting Method: Accrual Basis (Cash Basis (•) Debtor's Full-Time Employees (current): Debtor's Full-Time Employees (as of date of order for relief): **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) X 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 Matthew W. Levin Signature of Responsible Party Printed Name of Responsible Party

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



4401 Northside Parkway, Suite 450

Atlanta, GA 30327

Address

04/21/2023

Date

Debtor's Name Regional Housing and Community Services Corporation.

Pa	rt 1: Cash Receipts and Disbursements	Current Month	Cumulative
a.	Cash balance beginning of month	\$390,192	
b.	Total receipts (net of transfers between accounts)	\$-115,506	\$3,420,369
c.	Total disbursements (net of transfers between accounts)	\$142,287	\$3,325,312
d.	Cash balance end of month (a+b-c)	\$132,398	
e.	Disbursements made by third party for the benefit of the estate	\$0	\$0
f.	Total disbursements for quarterly fee calculation (c+e)	\$142,287	\$3,325,312
	rt 2: Asset and Liability Status ot 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 Market Other (attach explanation))	\$0	
d	Total current assets	\$132,398	
e.	Total assets	\$132,398	
f.	Postpetition payables (excluding taxes)	\$67,726	
	Postpetition payables (excluding taxes) Postpetition payables past due (excluding taxes)	\$0	
g.			
h.	Postpetition taxes payable	\$0	
i.	Postpetition taxes past due	\$0	
j.	Total postpetition debt (f+h)	\$67,726	
k.	Prepetition secured debt	\$0	
1.	Prepetition priority debt	\$0	
m.	Prepetition unsecured debt	\$92,193	
n.	Total liabilities (debt) (j+k+l+m)	\$159,919	
о.	Ending equity/net worth (e-n)	\$-27,521	
Pa	rt 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 Net cash proceeds from assets sold/transferred outside the ordinary	\$0	\$0
c.	course of business (a-b)	\$0	\$0
Par	rt 4: Income Statement (Statement of Operations)	Current Month	Cumulative
	ot generally applicable to Individual Debtors. See Instructions.)		
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	\$87,287	
g.	Depreciation and/or amortization (not included in 4b)	\$0	
h.	Interest	\$0	
i.	Taxes (local, state, and federal)	\$0	
j.	Reorganization items	\$55,000	* 2 22 2 2 : -
k.	Profit (loss)	\$-142,287	\$-3,325,312

				Approved	Approved	Paid Current	Paid
				Current Month	Cumulative	Month	Cumulative
a.		r's professional fees & expenses (bankr	uptcy) Aggregate Total	\$0	\$0	\$55,000	\$1,350,380
	Itemiz	ed Breakdown by Firm					
		Firm Name	Role				
	i	Scroggins & Williamson	Lead Counsel	\$0	\$0	\$30,000	\$780,000
	ii	·	Financial Professional	\$0	\$0	\$15,000	\$375,000
	iii	Kurtzman Carson & Associates	Other	\$0	\$0	\$10,000	\$195,380
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				Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
b.	Debto	or's professional fees & expen	ases (nonbankruptcy) Aggregate Total				
	Itemized Breakdown by Firm						
		Firm Name	Role				
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Debtor's Name Regional Housing and Community Services Corporation.

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(с.	All pro	ofessional fees and expenses (de	btor & committees)		

Pa	rt 6: Postpetition Taxes	Curr	ent 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
Pa	rt 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 O N/A O	
i.	Do you have: Worker's compensation insurance?	Yes •	No 🔿	
	If yes, are your premiums current?	Yes •	No O N/A O	(if no, see Instructions)
	Casualty/property insurance?	Yes 🔘	No 💿	
	If yes, are your premiums current?	Yes 🔘	No O N/A •	(if no, see Instructions)
	General liability insurance?	Yes 🔘	No 💿	
	If yes, are your premiums current?	Yes 🔘	No O 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 💿	
1.	Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?	Yes •	No 🔿	

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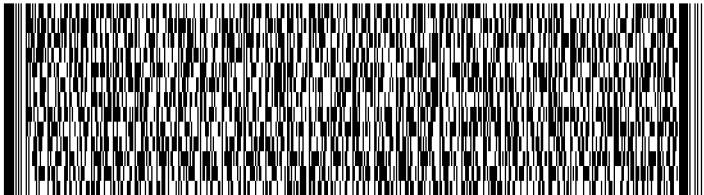
Debtor's Name Regional Housing and Community Services Corporation.

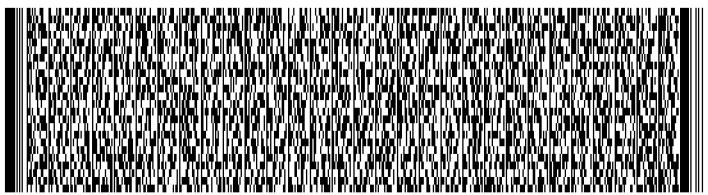
Case No. 21-41034

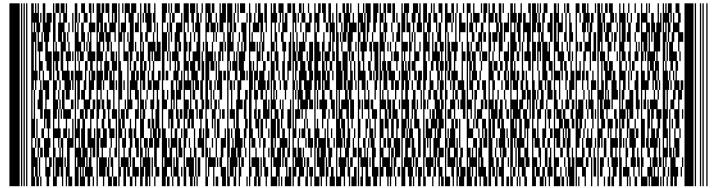
Par	t 8: Individual Chapter 11 Debtors (Only)	
a.	Gross income (receipts) from salary and wages	\$0
b.	Gross income (receipts) from self-employment	\$0
c.	Gross income from all other sources	\$0
d.	Total income in the reporting period (a+b+c)	\$0
e.	Payroll deductions	\$0
f.	Self-employment related expenses	\$0
g.	Living expenses	
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
1.	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 O No N/A •
thr bei is r law ma Ex Re wv	704, 1106, and 1107. The United States Trustee will use this information S.C. § 1930(a)(6). The United States Trustee will also use this information ough the bankruptcy system, including the likelihood of a plan of reorgang prosecuted in good faith. This information may be disclosed to a bankeeded to perform the trustee's or examiner's duties or to the appropriate of the enforcement agency when the information indicates a violation or poter defor routine purposes. For a discussion of the types of routine disclosure ecutive Office for United States Trustee's systems of records notice, UST cords." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the new justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this eversion of your bankruptcy case or other action by the United States Trustee's regulations of the united States Trustee's regulation by the United States Trustee's regul	on to evaluate a chapter 11 debtor's progress nization being confirmed and whether the case is kruptcy trustee or examiner when the information federal, state, local, regulatory, tribal, or foreign itial violation of law. Other disclosures may be res that may be made, you may consult the '-001, "Bankruptcy Case Files and Associated otice may be obtained at the following link: http://s information could result in the dismissal or
<u>do</u>	eclare under penalty of perjury that the foregoing Monthly Opcumentation are true and correct and that I have been authoriate.	
/s/	Katie S. Goodman Katie	e S. Goodman
Sign	ature of Responsible Party Printed	d Name of Responsible Party
Ch	ef Restructuring Officer 04/2	1/2023

Date

Title







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

Notes

1) Payments to Professionals

\$30,000 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 \$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.

Regional Housing & Community Services Corporation						
Schedule of Cash Receip	ts and	l Disbursemen	its			
Case # 21-41034		Mar-23				
Beginning Balance	\$	390,191.77				
Cash Receipts	\$	352.00				
Cash Disbursements	\$	258,145.32				
Ending Balance	\$	132,398.45				

EXPENDITURES NET OF INTERCOMPANY TRANSFERS						
Professional Fees	\$	55,000.00				
United States Trustee						
Bank Fees	\$	8.54				
Other	\$	87,278.48				
Insurance						
Total	\$	142,287.02				

CREDITS				
Operating				
Date	Description	Amount		Account / Category
3/24/23	Web TPA Svc	\$	352.00	Other
	Subtotal	\$	352.00	
CREDITS				
Utilities				
Date	Description	Amount		Account / Category
	None			
	Subtotal	\$	-	
	Total	\$	352.00	

DEBITS					
Operatii	ng				
Date	•••	Description	Amo	unt	Account / Category
	3/1/23	Transfer to Columbus	\$	4,349.39	***6329
	3/3/23	Bill.com	\$	1,253.00	Other
		Futurecare	\$	41,532.90	Other
	3/6/23		\$	18,506.98	Other
		Transfer to Montgomery 1	\$	37,038.13	***0716
		Transfer to Columbus	\$	4,187.52	***6329
		Transfer to Savannah	\$	933.52	***8758
		Transfer to Montgomery 2	\$	419.48	***2219
		Bill.com	\$	1,253.00	Other
		Transfer to Montgomery 2	\$	5,545.04	***2219
		Scorggins & Williamson	\$	45,000.00	Professional Fees
		Kurtzman Carson	\$	10,000.00	Professional Fees
	3/17/23		\$	6,793.32	Other
		Waller Lansden	\$	4,210.00	Other
		ACH Pay	\$	4,000.00	Other
		Transfer to Columbus	\$	5,278.69	***6329
		Transfer to Columbus	\$	27,040.40	***6329
		Transfer to Columbus Transfer to Savannah	\$	23,662.34	***8758
			\$		***4121
		Transfer to Gainesville	\$	1,899.91	***8758
		Transfer to Savannah		291.41	
		Transfer to Montgomery 2	\$	231.62	***2219
		Transfer to Columbus Propco	\$	60.02	***0021
		Transfer to Douglas PropCo	\$	60.02	***5945
		Transfer to Gainesville Propco	\$	60.02	***6868
		Transfer to Montgomery II Propco	\$	60.02	***1771
		Transfer to Savannah Propco	\$	60.02	***1793
		Transfer from Columbus	\$	449.09	***6329
		Transfer to Gainesville	\$	337.92	***4121
	•	Transfer to Gainesville	\$	809.90	***4121
		Transfer to Columbus	\$	336.34	***6329
	3/28/23	Matrixcare	\$	2,334.50	Other
	3/28/23	Matrixcare	\$	1,474.00	Other
	3/28/23	Matrixcare	\$	1,327.00	Other
	3/28/23	Matrixcare	\$	1,265.00	Other
	3/28/23	Matrixcare	\$	1,223.00	Other
	3/28/23	Matrixcare	\$	1,118.00	Other
	3/28/23	Matrixcare	\$	908.50	Other
	3/30/23	Transfer to Columbus	\$	2,621.50	***6329
	3/31/23	Tranfer to Douglas	\$	126.00	***5732
	3/31/23	Bill.com	\$	79.28	Other
		Subtotal	\$	258,136.78	
DEBITS					
Utilities					
Date		Description	Amo	unt	Account / Category
	3/21/23	Maintenance Fee	\$	8.54	Bank Fees
	· · · · ·	Subtotal	\$	8.54	
		Total	\$	258,145.32	

MEMBER EQUAL HOUSING LENDER

120 S. LaSalle Street Chicago, IL 60603

Address Service Requested

Last Statement: February 28, 2023 Statement Ending: March 31, 2023 Total Days in Statement Period: 31

Page 1 of 3

REGIONAL HOUSING&COMMUNITY SERVICES CORP OPERATING ACCOUNT

CASE #21-41034 1033 DEMONBREUN ST SUITE 300 NASHVILLE TN 37203-4512

<u>Customer Service Information</u>

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:

3242

Balance Summary

3 \$	353,197.24
	352.00
	258,136.78
\$	95,412.46
\$	205,415.48
\$	95,412.46
	\$ \$

Debits

Date	Description	Subtractions
03/01	Cash Mgmt Trsfr Dr	4,349.39
	REF 0601101LFUNDS TRANSFER TODEP 6329	
00/00	FROM	4.050.00
03/03	Preauthorized Wd	1,253.00
	BILL.comPAYABLESSENIOR SIGN B ILL.com 025VEDJGNKFQKZG INV #2569 RHCSC	
03/06	Preauthorized Wd	41,532.90
03/00	FUTURECARERKREREGIONAL H230306	41,332.90
	REGIONAL	
03/06	Preauthorized Wd	18,506.98
	AFCO CREDIT CORPPAYMENTS230306	
	11564908	
03/08	Cash Mgmt Trsfr Dr	37,038.13
	REF 0671028LFUNDS TRANSFER TODEP 0716	
00/00	FROM	4 407 50
03/08	Cash Mgmt Trsfr Dr	4,187.52
	REF 0671028LFUNDS TRANSFER TODEP 6329 FROM	
03/08	Cash Mgmt Trsfr Dr	933.52
00/00	REF 0671031LFUNDS TRANSFER TODEP 8758	000.02
	FROM	
03/08	Cash Mgmt Trsfr Dr	419.48
	REF 0671030LFUNDS TRANSFER TODEP 2219	
	FROM	
03/10	Preauthorized Wd	1,253.00
	BILL.comPAYABLESSENIOR SIGN B	
	ILL.com 025SBXGZKLFYXL8 INV #2646 RHCSC	

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			NT	ENDING BALANCE Shown on this statement	\$
Check No.	Amount	Check No.	Amount	ADD (1)	
				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	\$
TOTAL	\$	TOTAL	\$	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 Case 21-41034-pwb Doc 245-2 Filed 04/21/23 Entered 04/21/23 12:08:32 Desc Bank Account Statement (Operating) Page 3 of 4

120 S. LaSalle Street Chicago, IL 60603

REGIONAL HOUSING&COMMUNITY SERVICES CORP

Statement Ending:

March 31, 2023

Page 2 of 3

BUSINESS CHECKING (continued)

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Debits	(continued)
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Date	Description	Subtractions
03/14	Cash Mgmt Trsfr Dr	5,545.04
	REF 0730958LFUNDS TRANSFER TODEP 2219 FROM	
03/17	Term-outgoing Wt/Dom	45,000.00
	BNF SCROGGINS ANDWILLIAMSON, P.C. OBI	
03/17	Term-outgoing Wt/Dom	10,000.00
02/17	BNF KURTZMAN CARSON CONSULTANTS LLCOBI Term-outgoing Wt/Dom	6 702 22
03/17	BNF HEALTHCARE MANAGEMENT PARTNERS OBI	6,793.32
03/17	Term-outgoing Wt/Dom	4,210.00
	BNF WALLER LANSDENDORTCH AND DAVISOBI	.,
03/17	Preauthorized Wd	4,000.00
00/00	RHCSCACH PAY230317	F 070 CO
03/20	Cash Mgmt Trsfr Dr REF 0791327LFUNDS TRANSFER TODEP 6329	5,278.69
	FROM	
03/22	Cash Mgmt Trsfr Dr	27,040.40
	REF 0810932LFUNDS TRANSFER TODEP 6329	
00/00	FROM	00 000 04
03/22	Cash Mgmt Trsfr Dr REF 0810938LFUNDS TRANSFER TODEP 8758	23,662.34
	FROM	
03/22	Cash Mgmt Trsfr Dr	1,899.91
	REF 0810933LFUNDS TRANSFER TODEP 4121	
02/22	FROM Cook Mamt Treft Dr	291.41
03/22	Cash Mgmt Trsfr Dr REF 0810935LFUNDS TRANSFER TODEP 8758	291.41
	FROM	
03/22	Cash Mgmt Trsfr Dr	231.62
	REF 0810934LFUNDS TRANSFER TODEP 2219	
03/22	FROM Cash Mgmt Trsfr Dr	60.02
03/22	REF 0810933LFUNDS TRANSFER TODEP 0021	00.02
	FROM	
03/22	Cash Mgmt Trsfr Dr	60.02
	REF 0810933LFUNDS TRANSFER TODEP 5945 FROM	
03/22	Cash Mgmt Trsfr Dr	60.02
00,22	REF 0810934LFUNDS TRANSFER TODEP 6868	00.02
	FROM	
03/22	Cash Mgmt Trsfr Dr	60.02
	REF 0810935LFUNDS TRANSFER TODEP 1771 FROM	
03/22	Cash Mgmt Trsfr Dr	60.02
	REF 0810936LFUNDS TRANSFER TODEP 1793	
00/04	FROM	440.00
03/24	Cash Mgmt Trsfr Dr	449.09
	REF 0830958LFUNDS TRANSFER TODEP 6329 FROM	
03/24	Cash Mgmt Trsfr Dr	337.92
	REF 0830959LFUNDS TRANSFER TODEP 4121	
02/20	FROM Cook Mamt Treft Dr	000.00
03/28	Cash Mgmt Trsfr Dr REF 0870904LFUNDS TRANSFER TODEP 4121	809.90
	FROM	

120 S. LaSalle Street Chicago, IL 60603

REGIONAL HOUSING&COMMUNITY SERVICES CORP

Statement Ending:

March 31, 2023 Page 3 of 3

BUSINESS CHECKING (continued)

Account Number:

3242

Debits (continued)

Date	Description	Subtractions
03/28	Cash Mgmt Trsfr Dr	336.34
	REF 0870903LFUNDS TRANSFER TODEP 6329	
	FROM	
03/28	Preauthorized Wd	2,334.50
	MATRIXCARE, INC.PAYMENT230324	
03/28	Preauthorized Wd	1,474.00
	MATRIXCARE, INC.PAYMENT230324	
03/28	Preauthorized Wd	1,327.00
	MATRIXCARE, INC.PAYMENT230324	
03/28	Preauthorized Wd	1,265.00
	MATRIXCARE, INC.PAYMENT230324	
03/28	Preauthorized Wd	1,223.00
	MATRIXCARE, INC.PAYMENT230324	
03/28	Preauthorized Wd	1,118.00
	MATRIXCARE, INC.PAYMENT230324	
03/28	Preauthorized Wd	908.50
	MATRIXCARE, INC.PAYMENT230324	
03/30	Cash Mgmt Trsfr Dr	2,621.50
	REF 0891433LFUNDS TRANSFER TODEP 6329	
	FROM	
03/31	Cash Mgmt Trsfr Dr	126.00
	REF 0901551LFUNDS TRANSFER TODEP 5732	
00/04	FROM	=
03/31	Preauthorized Wd	79.28
	BILL.comPAYABLESUNIVERSAL BACKGROU	
	ND SCREENING BILL.com 025JEKEJPEGMRKC INV #20230202210	

Credits

Date	Description	Additions
03/24	Preauthorized Credit	352.00
	WERTPA EMP SVCSMEC MO ED230324	

Daily Balances

Date	Amount	Date	Amount	Date	Amount
02/28	353,197.24	03/10	243,723.32	03/24	109,035.48
03/01	348,847.85	03/14	238,178.28	03/28	98,239.24
03/03	347,594.85	03/17	168,174.96	03/30	95,617.74
03/06	287,554.97	03/20	162,896.27	03/31	95,412.46
03/08	244,976.32	03/22	109,470.49		

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

MEMBER EQUAL HOUSING LENDER

120 S. LaSalle Street Chicago, IL 60603 **Address Service Requested** Last Statement: February 28, 2023 Statement Ending: March 31, 2023 Total Days in Statement Period: 31

Page 1 of 1

REGIONAL HOUSING&COMMUNITY SERVICES CORP **DEBTOR IN POSSESION** 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:

9202

Balance Summary

Beginning Balance as of 02/28/23	\$ 36,994.53
+ Deposits and Credits (0)	0.00
 Withdrawals and Debits (1) 	8.54
Ending Balance as of 03/31/23	\$ 36,985.99
Average Balance	\$ 36,991.50
Low Balance	\$ 36,985.99

Debits

Date Description **Subtractions** 03/21 Maintenance Fee 8.54

ANALYSIS ACTIVITYFOR 02/23

Daily Balances

Date	Amount	Date	Amount	Date	Amount
02/28	36,994.53	03/21	36,985.99	03/31	36,985.99

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	

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				ENDING BALANCE Shown on this statement	\$
Check No.	ck No. Amount Check No.		Amount	ADD (1)	
				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	\$
TOTAL	\$	TOTAL	\$	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