

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: 02/28/2025

Petition Date: 08/26/2021

Months Pending: 43

Industry Classification: 

6	2	3	3
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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

03/24/2025

Date

Matthew W. Levin

Printed Name of Responsible Party

4401 Northside Parkway, Suite 230

Atlanta, GA 30327

Address

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



2141034250324000000000001

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	\$343,837	
b. Total receipts (net of transfers between accounts)	\$101,867	\$6,505,230
c. Total disbursements (net of transfers between accounts)	\$193,542	\$6,290,408
d. Cash balance end of month (a+b-c)	\$252,163	
e. Disbursements made by third party for the benefit of the estate	\$0	\$0
f. Total disbursements for quarterly fee calculation (c+e)	\$193,542	\$6,290,408

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	\$252,163
e. Total assets	\$252,163
f. Postpetition payables (excluding taxes)	\$99,831
g. Postpetition payables past due (excluding taxes)	\$32,837
h. Postpetition taxes payable	\$0
i. Postpetition taxes past due	\$0
j. Total postpetition debt (f+h)	\$99,831
k. Prepetition secured debt	\$0
l. Prepetition priority debt	\$0
m. Prepetition unsecured debt	\$92,193
n. Total liabilities (debt) (j+k+l+m)	\$192,024
o. Ending equity/net worth (e-n)	\$60,139

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	\$58,047	
g. Depreciation and/or amortization (not included in 4b)	\$0	
h. Interest	\$0	
i. Taxes (local, state, and federal)	\$0	
j. Reorganization items	\$135,495	
k. Profit (loss)	\$-193,542	\$-6,138,974

Debtor's Name Regional Housing and Community Services Corporation.

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**Part 5: Professional Fees and Expenses**

a.			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debtor's professional fees & expenses (bankruptcy) <i>Aggregate Total</i>		\$0	\$0	\$80,000	\$2,390,741
	<i>Itemized Breakdown by Firm</i>					
	Firm Name	Role				
i	Scroggins, Williamson & Ray	Lead Counsel	\$0	\$0	\$65,000	\$1,570,000
ii	GGG Partners, LLC	Financial Professional	\$0	\$0	\$15,000	\$615,000
iii	Kurtzman Carson & Associates	Other	\$0	\$0	\$0	\$205,741
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Case No. 21-41034

Debtor's Name Regional Housing and Community Services Corporation.

Case No. 21-41034

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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				
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	ii					
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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.

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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 ☐ 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](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

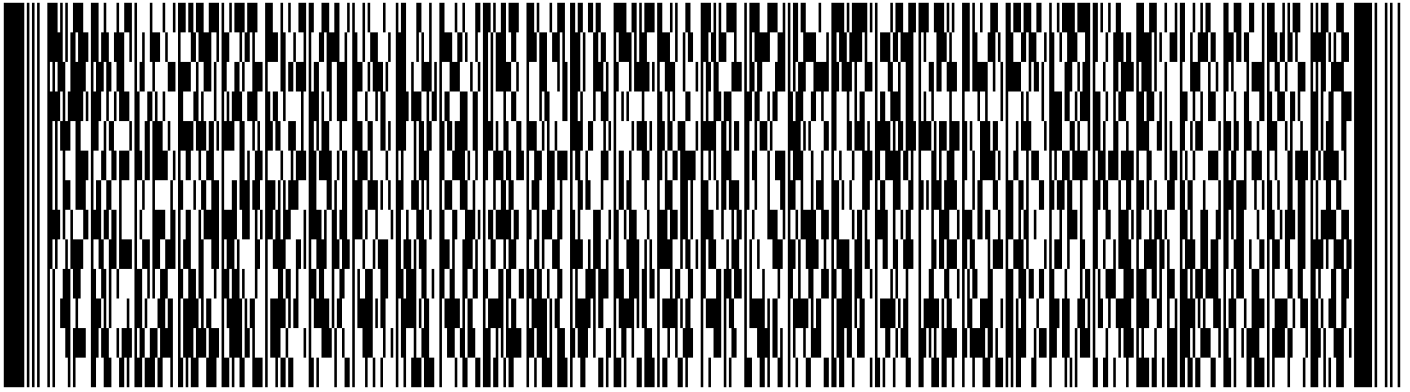
Printed Name of Responsible Party

03/24/2025

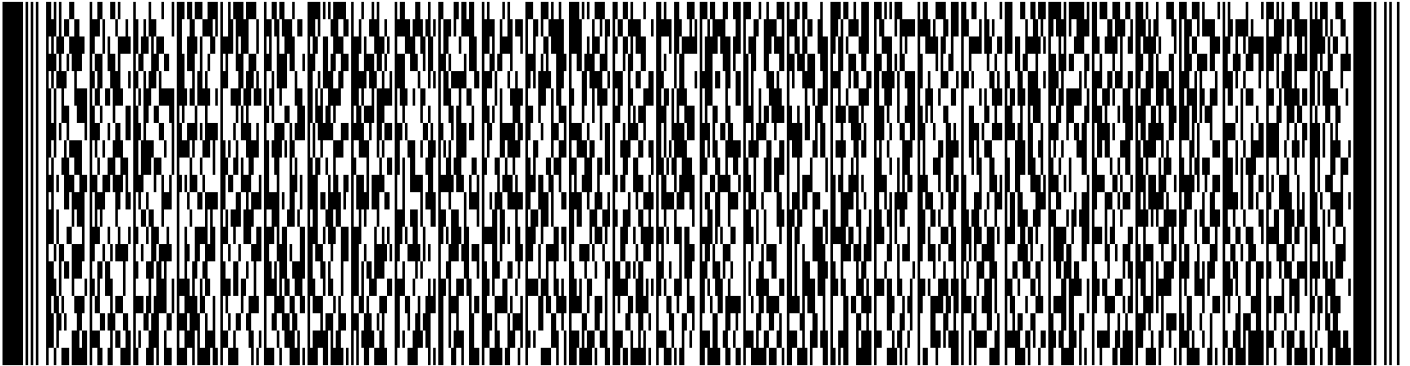
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Debtor's Name Regional Housing and Community Services Corporation.

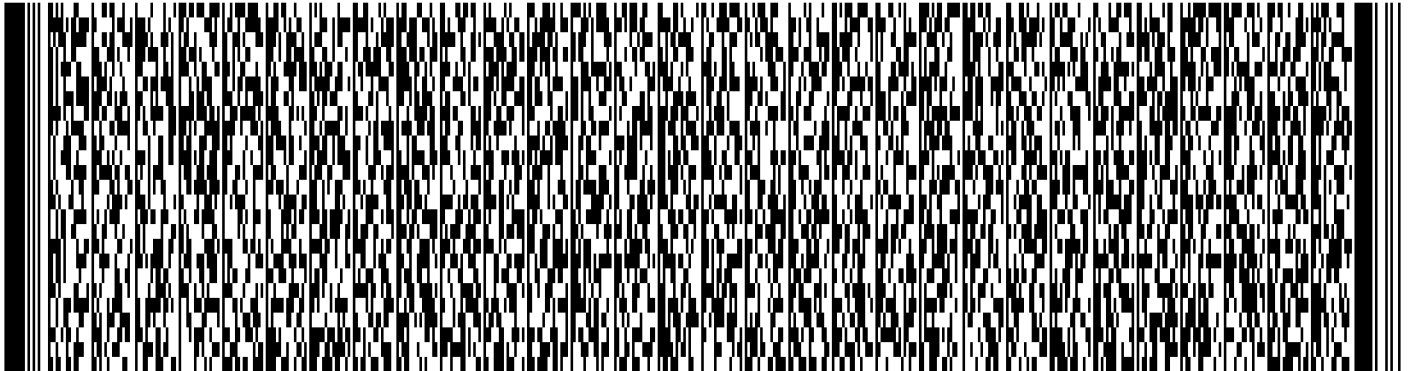
Case No. 21-41034



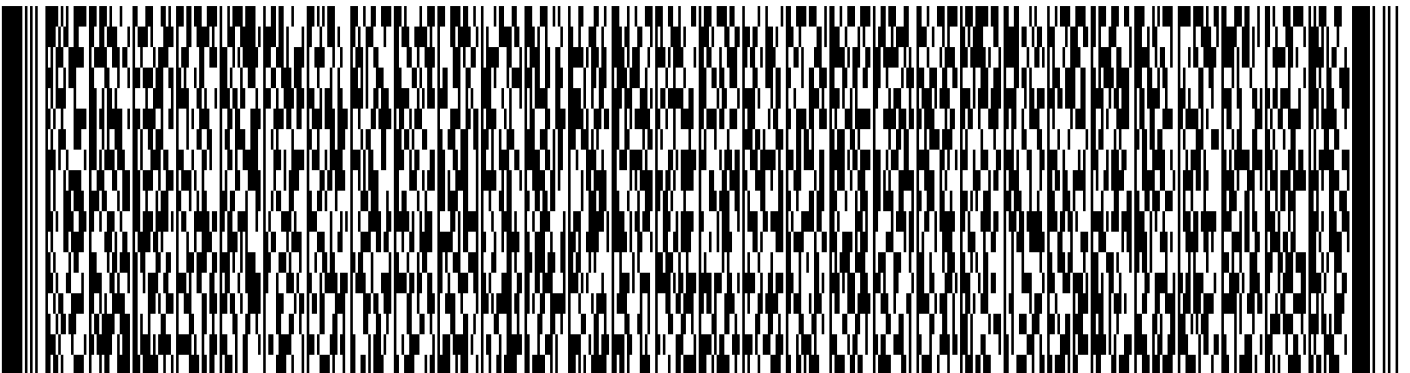
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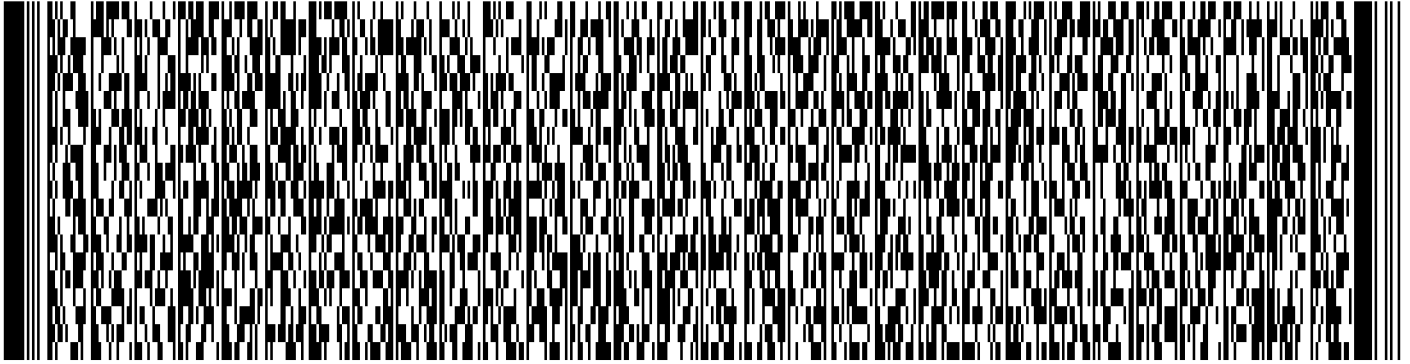
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Debtor's Name Regional Housing and Community Services Corporation.

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Bankruptcy1to50



Bankruptcy51to100



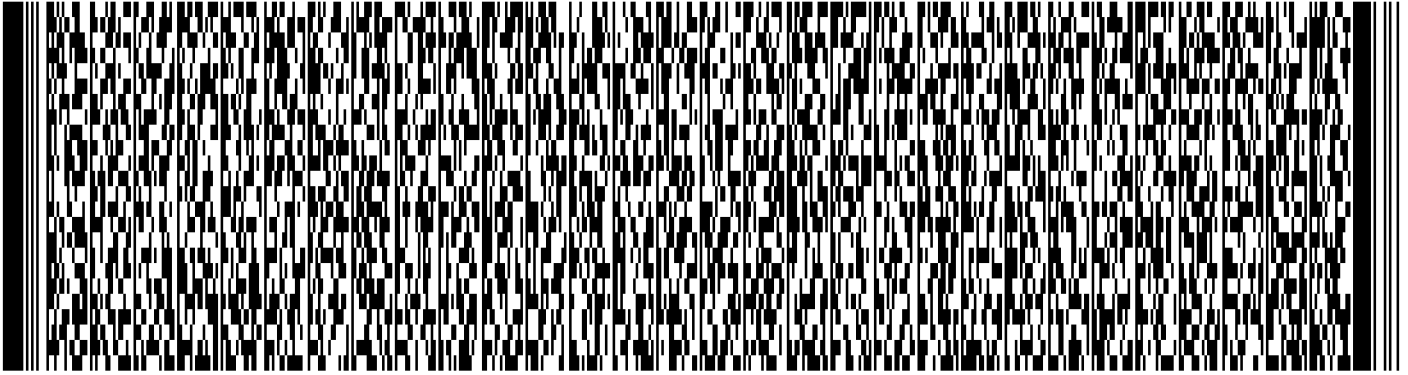
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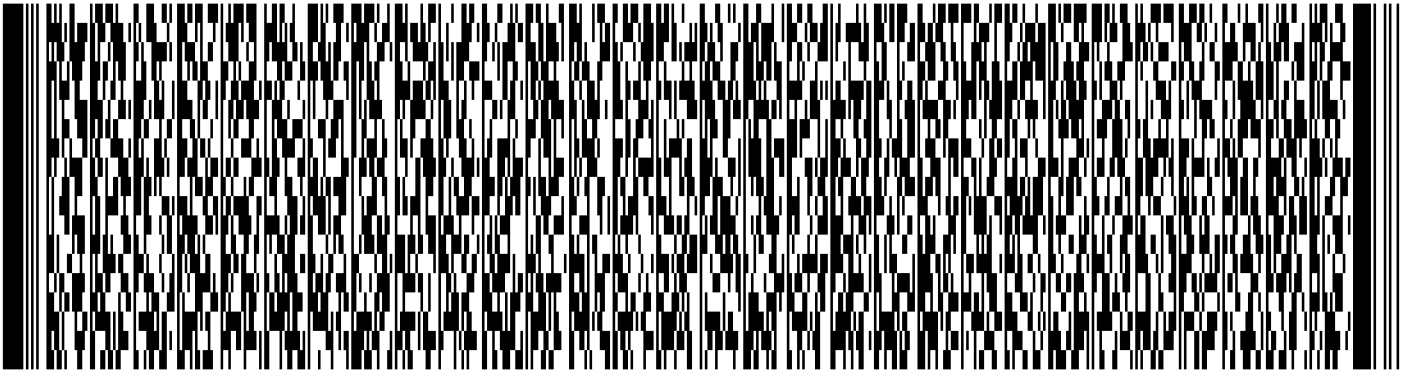
NonBankruptcy51to100

Debtor's Name Regional Housing and Community Services Corporation.

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

Notes

**1) Payments to Professionals**

\$65,000 was paid by Regional Housing and Community Services Corporation (Case No: 21-41034) to Scroggins, Williamson & Ray 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 \$260,000 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-25	
Beginning Balance	\$ 343,837.43	
Cash Receipts	\$ 260,288.10	
Cash Disbursements	\$ 351,962.57	
Ending Balance	\$ 252,162.96	

EXPENDITURES NET OF INTERCOMPANY TRANSFERS	
Professional Fees	\$ 110,000.00
United States Trustee	\$ 25,495.05
Bank Fees	\$ 5.28
Other	\$ 27,205.04
Insurance	\$ 30,836.44
Total	\$ 193,541.81

\*

\* \$30k for January fees; \$50k for February Fees. Note that the remaining \$30k was returned on 1/31 due to a wire error and is accounted for in the January bank statement and MOR.

<b>CREDITS</b>			
<b>Operating</b>			
<b>Date</b>	<b>Description</b>	<b>Amount</b>	<b>Account / Category</b>
2/4/25	From Columbus	\$ 287.60	***6329
2/7/25	EcoFin	\$ 182,000.00	DIP Funding
2/7/25	EcoFin	\$ 78,000.00	DIP Funding
2/11/25	Bill.com	\$ 0.50	Other
	<b>Subtotal</b>	<b>\$ 260,288.10</b>	
<b>CREDITS</b>			
<b>Utilities</b>			
<b>Date</b>	<b>Description</b>	<b>Amount</b>	<b>Account / Category</b>
	None		
	<b>Subtotal</b>	<b>\$ -</b>	
	<b>Total</b>	<b>\$ 260,288.10</b>	
<b>DEBITS</b>			
<b>Operating</b>			
<b>Date</b>	<b>Description</b>	<b>Amount</b>	<b>Account / Category</b>
1/31/25	Scroggins & Williamson	\$ 30,000.00	Professional Fees
2/3/25	Transfer to Douglas	\$ 11,744.21	***9218
2/3/25	Transfer to Montgomery 1	\$ 1,819.96	***0716
2/4/25	Transfer to Columbus	\$ 10,576.44	***6329
2/4/25	Transfer to Columbus	\$ 287.60	***6329
2/4/25	Transfer to Montgomery 1	\$ 287.60	***0716
2/4/25	IPFS	\$ 16,602.38	Insurance
2/4/25	IPFS	\$ 13,908.16	Insurance
2/4/25	Propel Insurance	\$ 325.90	Insurance
2/5/25	Scroggins & Williamson	\$ 30,000.00	Professional Fees
2/11/25	UST	\$ 22,604.26	UST
2/11/25	UST	\$ 2,890.79	UST
2/11/25	TMN Services	\$ 1,975.75	Other
2/11/25	Bill.com	\$ 0.50	Other
2/12/25	Transfer to Rome	\$ 354.29	***9152
2/12/25	Transfer to Montgomery 1	\$ 108,010.70	***0716
2/19/25	Transfer to Montgomery 1	\$ 3,000.00	***0716
2/20/25	Transfer to Montgomery 1	\$ 396.94	***0716
2/20/25	Transfer to Rome	\$ 181.80	***9152
2/20/25	Transfer to Columbus	\$ 60.02	***0021
2/21/25	Scroggins & Williamson	\$ 50,000.00	Professional Fees
2/21/25	Transfer to Douglas	\$ 18,748.13	***9218
2/21/25	Transfer to Montgomery 1	\$ 2,953.07	***0716
2/21/25	Bill.com	\$ 17,565.91	Other
2/21/25	Bill.com	\$ 210.89	Other
2/28/25	Bill.com	\$ 7,451.99	Other
	<b>Subtotal</b>	<b>\$ 351,957.29</b>	
<b>DEBITS</b>			
<b>Utilities</b>			
<b>Date</b>	<b>Description</b>	<b>Amount</b>	<b>Account / Category</b>
2/19/25	Maintenance Fee	\$ 5.28	Bank Fees
	<b>Subtotal</b>	<b>\$ 5.28</b>	
	<b>Total</b>	<b>\$ 351,962.57</b>	

## Accounts Payable

		0-30	31-60	61-90	91-120	121-	Total	
HMP		36,484.22	0.00	22,988.54	0.00	0.00	59,472.76	*
IPFS Corporation		30,510.54	0.00	0.00	0.00	0.00	30,510.54	
KCC		0.00	5,299.26	0.00	0.00	0.00	5,299.26	**
MatrixCare		0.00	548.76	0.00	0.00	0.00	548.76	**
Michael Roye		0.00	4,000.00	0.00	0.00	0.00	4,000.00	**
<b>Total</b>		<b>66,994.76</b>	<b>9,848.02</b>	<b>22,988.54</b>	<b>0.00</b>	<b>0.00</b>	<b>99,831.32</b>	

\* Management company agrees to terms

\*\* Paid in March





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

Last Statement: January 31, 2025  
 Statement Ending: February 28, 2025  
 Total Days in Statement Period: 28  
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### 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 01/31/25</b>	<b>\$</b>	<b>306,586.35</b>
+ Deposits and Credits (4)		260,288.10
- Withdrawals and Debits (26)		351,957.29
<b>Ending Balance as of 02/28/25</b>	<b>\$</b>	<b>214,917.16</b>
Average Balance	\$	294,769.05
Low Balance	\$	191,321.70

### Debits

Date	Description	Subtractions
01/31	Outgoing Wire-dom 2025013111384283SCROGGINS & WILLIA 026009593/ROC/NOTPROVIDED	30,000.00
02/03	IFMS Transfer Debit TRANSFER TODEPOSIT ACCOUNT [REDACTED] 9218	11,744.21
02/03	IFMS Transfer Debit TRANSFER TODEPOSIT ACCOUNT [REDACTED] 0716	1,819.96
02/04	IFMS Transfer Debit TRANSFER TODEPOSIT ACCOUNT [REDACTED] 6329	10,576.44
02/04	IFMS Transfer Debit TRANSFER TODEPOSIT ACCOUNT [REDACTED] 6329	287.60
02/04	IFMS Transfer Debit TRANSFER TODEPOSIT ACCOUNT [REDACTED] 0716	287.60
02/04	Preauthorized Wd IPFS800-584-9969IPFSPMTGAA250204 D66169	16,602.38
02/04	Preauthorized Wd IPFS800-584-9969IPFSPMTGAA250204 D51085	13,908.16
02/04	Preauthorized Wd PROPEL INSURANCEPAYMENTS250204 22275458	325.90
02/05	Outgoing Wire-dom 2025020511482202SCROGGINS & WILLIA 026009593/ROC/NOTPROVIDED	30,000.00
02/11	Preauthorized Wd QUARTERLY FEEPAYMENT250211 0000	22,604.26

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



120 S. LaSalle Street  
Chicago, IL 60603

REGIONAL HOUSING&COMMUNITY SERVICES  
CORP

Statement Ending: February 28, 2025

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**BUSINESS CHECKING (continued)**

Account Number: [REDACTED] 3242

**Debits (continued)**

Date	Description	Subtractions
02/11	Preauthorized Wd QUARTERLY FEEPAYMENT250211 0000	2,890.79
02/11	Preauthorized Wd TMNASERVICESTMNASPHLY250211	1,975.75
02/11	Preauthorized Wd BILL.comACCTVERIFY250211 015ZGWFCOYC0RP6	0.50
02/12	IFMS Transfer Debit TRANSFER TODEPOSIT ACCOUNT [REDACTED] 9152	354.29
02/12	Cash Mgmt Trsfr Dr REF 0431328LFUNDS TRANSFER TODEP [REDACTED] 50716 FROM	108,010.70
02/19	Cash Mgmt Trsfr Dr REF 0500903LFUNDS TRANSFER TODEP [REDACTED] 0716 FROM	3,000.00
02/20	Cash Mgmt Trsfr Dr REF 0510750LFUNDS TRANSFER TODEP [REDACTED] 0716 FROM	396.94
02/20	Cash Mgmt Trsfr Dr REF 0510752LFUNDS TRANSFER TODEP [REDACTED] 9152 FROM	181.80
02/20	Cash Mgmt Trsfr Dr REF 0510750LFUNDS TRANSFER TODEP [REDACTED] 0021 FROM	60.02
02/21	Term-outgoing Wt/Dom 2938327481SCROGGINS AND WILL 026009593/ROC/2505210033801513	50,000.00
02/21	Cash Mgmt Trsfr Dr REF 0520815LFUNDS TRANSFER TODEP [REDACTED] 9218 FROM	18,748.13
02/21	Cash Mgmt Trsfr Dr REF 0520816LFUNDS TRANSFER TODEP [REDACTED] 0716 FROM	2,953.07
02/21	Preauthorized Wd BILL.comPAYABLESMULTIPLE PAYMENTS BILL.com PAYABLES015WBUWAQSCHLZ2	17,565.91
02/21	Preauthorized Wd BILL.comPAYABLESIRON MOUNTAIN B ILL.com 026PGPYVO1A7LJW ACCT H3999/STONEYBROOK HEALTHC	210.89
02/28	Preauthorized Wd BILL.comPAYABLESMULTIPLE PAYMENTS BILL.com PAYABLES015CTKGRPLCTOHB	7,451.99

**Credits**

Date	Description	Additions
02/04	IFMS Transfer Credit TRANSFER FROMDEPOSIT ACCOUNT [REDACTED] 6329	287.60
02/07	Incoming Wire-dom DD1C1C6A-2AAF-4198-81F6-77731638BC14503 CP DIRECT MUNI /ROC/250207B0086V	182,000.00
02/07	Incoming Wire-dom 1FAC4407-9842-4DC4-80F3-21A854D61879TAX-EXEMPT PRIVATE /ROC/250207B0086L	78,000.00



120 S. LaSalle Street  
Chicago, IL 60603

REGIONAL HOUSING&COMMUNITY SERVICES  
CORP

Statement Ending: February 28, 2025

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**BUSINESS CHECKING (continued)**

Account Number: [REDACTED] 3242

**Credits (continued)**

Date	Description	Additions
02/11	Preauthorized Credit BILL.comACCTVERIFY250211 015ZGWFCOYC0RP6	0.50

**Daily Balances**

Date	Amount	Date	Amount	Date	Amount
01/31	276,586.35	02/07	451,321.70	02/20	311,847.15
02/03	263,022.18	02/11	423,850.90	02/21	222,369.15
02/04	221,321.70	02/12	315,485.91	02/28	214,917.16
02/05	191,321.70	02/19	312,485.91		

**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, 2025  
 Statement Ending: February 28, 2025  
 Total Days in Statement Period: 28

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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 01/31/25</b>	<b>\$</b>	<b>37,251.08</b>
+ Deposits and Credits (0)		0.00
- Withdrawals and Debits (1)		5.28
<b>Ending Balance as of 02/28/25</b>	<b>\$</b>	<b>37,245.80</b>
Average Balance	\$	37,249.19
Low Balance	\$	37,245.80

### Debits

Date	Description	Subtractions
02/19	Maintenance Fee ANALYSIS ACTIVITYFOR 01/25	5.28

### Daily Balances

Date	Amount	Date	Amount	Date	Amount
01/31	37,251.08	02/19	37,245.80	02/28	37,245.80

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

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