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**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

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In re:

SHELTERING ARMS CHILDREN AND
FAMILY SERVICES, INC.

Chapter 11

Case No. 24-41037 (JMM)

Debtor.

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GLOBAL NOTES

1. Description of the Case.

On March 7, 2024 (the “**Petition Date**”), Sheltering Arms Children and Family Services, Inc. (the “**Debtor**”) filed a voluntary petition under chapter 11 of Title 11 of the United States Code (the “**Bankruptcy Code**”) in the United States Bankruptcy Court for the Eastern District of New York (the “**Bankruptcy Court**”). The Debtor remains in possession and operations of its assets and continues to manage its business as a debtor-in-possession pursuant to sections 1107 and 1108 of the Bankruptcy Code.

2. Basis of Presentation.

These Global Notes (the or these “**Global Notes**”) pertain to, are incorporated by reference in, and comprise an integral part of all of the Debtor’s Schedules and Statements (as defined below). These Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements.

The Schedules of Assets and Liabilities (the “**Schedules**”) and the Statement of Financial Affairs (the “**Statement of Financial Affairs**” and, together with the Schedules, collectively, the “**Schedules and Statements**”) of the Debtor have been prepared pursuant to section 521 of the Bankruptcy Code and Rule 1007 of the Federal Rules of Bankruptcy Procedure by management of the Debtor with the assistance of its court-appointed advisors. The Schedules and Statements are unaudited and the Debtor makes no representation that any of the financial information contained on the Schedules and Statements have been prepared in accordance with GAAP.

Although management has made every reasonable effort to ensure that the Schedules and Statements are accurate and complete based on the information that was available to them at the time of preparation, subsequent information or discovery may result in material changes to the Schedules and Statements, and inadvertent errors or omissions may exist. Moreover, because the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment, there can be no assurance that the Schedules and Statements are complete. The Debtor reserves all rights to amend and/or supplement its Schedules and Statements as is necessary and appropriate. Furthermore, nothing contained on the Schedules and Statements shall constitute a waiver of any rights or claims of the Debtor against any third party, or with respect to any aspect of its chapter 11 case.

The Debtor and its agents, attorneys, and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided herein or in the Schedules and Statements and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein or in the Schedules and Statements. While reasonable efforts have been made to provide accurate and complete information herein and in the Schedules and Statements, inadvertent errors or omissions may exist. In no event shall the Debtor or its agents, attorneys, and financial advisors be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtor or damages to business reputation, lost business, or lost profits) on account of the information contained herein or in the Schedules and Statements, whether foreseeable or not and however caused, even if the Debtor or its agents, attorneys, and financial advisors are advised of the possibility of such damages.

3. Summary of Significant Reporting Policies.

The Schedules and Statements have been signed by Ms. Judith Pincus, solely in her capacity as the Debtor's Wind-Down Chief Executive Officer. In reviewing and signing the Schedules and Statements, Ms. Pincus has necessarily relied upon the efforts, statements and representations of the Debtor's accounting, financial, and other personnel. Ms. Pincus has not, and could not have, personally verified the accuracy of each such statement and representation, including statements and representations concerning amounts owed to creditors, classification of such amounts, and creditor addresses.

4. Debtor.

The Debtor's Schedules and Statements were prepared using the assets and liabilities pursuant to such Debtor's accounting records and other available resources.

5. Reporting Date.

The Debtor's Schedules and Statements were prepared with data as of the Petition Date. The Debtor has made efforts to separate pre- and postpetition activities on its books and records, however due to the short time frame allotted several accounts may continue to be adjusted after the Schedules and Statements are filed.

6. Value.

To the extent available, the appraised value of assets is noted; otherwise while recent valuations were obtained with respect to certain major assets, it was too expensive and unduly burdensome to obtain current market valuations of the Debtor's property interests. Other values reflected on the Debtor's Schedules and Statements are either based on the value indicated on the Debtor's books and records or an estimate of the current value based on the Debtor's books and records and other available resources.

7. Accounts Receivable and Payable.

The Debtor maintains its own records pertaining to its accounts receivable and payable.

8. Property and Equipment – Owned.

Unless otherwise noted, owned property and equipment are stated at an estimate of the current value based on the Debtor's books and records and other available resources. Amounts ultimately realized from any asset, or the actual value of any such asset to the extent it must be determined in connection with this chapter 11 case, may vary from the values stated on the Schedules and Statements and such variance may be material. The Debtor reserves the right to contend and/or prove that the value of any asset set forth on the Schedules may, in fact, be different from the value ascribed to that asset on the Schedules.

9. Property and Equipment – Leased.

In the ordinary course of business, the Debtor leases equipment from certain third-party lessors for use in daily operations. The property subject to such leases is not reflected on the Schedules and Statements as either owned property or assets of the Debtor or property or assets of third parties within the control of the Debtor. Nothing on the Schedules and Statements is or shall be construed as an admission or determination as to the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtor reserves all rights with respect to any such issues. Similarly, the Debtor may have in its possession certain equipment which is owned by third party customers but which remains in the Debtor's possession. To identify each item would be unduly burdensome. Accordingly, such property and equipment is not reflected on the Schedules and Statements as owned property or property of third parties within the control of the Debtor.

10. Payments to Creditors.

The Debtor has scheduled payments to creditors made within the ninety (90) days prior to the Petition Date on its Statement of Financial Affairs. The Debtor has not scheduled payments made to employees that were not officers or directors of the Debtor or one of its affiliates during the ninety (90) days prior to the Petition Date to the extent such payments were ordinary course payments of wages or other compensation.

11. Intellectual Property Rights.

Inclusion of certain intellectual property rights on the Schedules and Statements shall not be construed as an admission that such intellectual property rights have not been abandoned, have not been terminated or otherwise expired by their terms, or have not been assigned or otherwise transferred pursuant to a sale, acquisition or other transaction. Accordingly, the Debtor reserves all of its rights with respect to the legal status of any such intellectual property rights.

12. Causes of Action.

The Debtor has not set forth all causes of action against all third parties as assets on its Schedules and Statements. The Debtor reserves all of its rights with respect to any causes of action they may have and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such causes of action.

13. Schedule D.

Except as otherwise agreed in accordance with a stipulation or agreed order or any other order entered by the Bankruptcy Court, the Debtor reserve its rights to dispute or challenge the validity, perfection or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a secured creditor listed on Schedule D. Holders of secured claims by virtue of holding setoff rights against the Debtor are not included on Schedule D. Lessors, utility companies and other parties which may hold security deposits may not have been listed on Schedule D. The Debtor may not have scheduled all alleged mechanics' or materialmen's liens on Schedule D. The descriptions provided in Schedule D are intended only to be a summary of the information available to the Debtor. Finally, the balances reflected on Schedule D are, to the best of Debtor's knowledge as of the Petition Date, and accordingly have not been reduced for authorized postpetition payments.

14. Schedule E/F.

In accordance with certain "first day" interim and final orders, the Debtor is authorized to pay the prepetition claims of various creditors in the ordinary course of business. Payments made after the Petition Date pursuant to the first day orders are not accounted for on Schedule E/F. The Debtor also expressly incorporates by reference into Schedule E/F all parties to pending and potential litigation listed on the Debtor's Statement of Financial Affairs as contingent, unliquidated and disputed claims, to the extent not already listed on Schedule E/F. All parties to executory contracts, including those listed on Schedule G, are holders of contingent and unliquidated unsecured claims against the Debtor arising from: (a) obligations under such executory contracts; and/or (b) rejection damages in the event any such executory contract is rejected. Not all of these claims are listed on Schedule E/F.

15. Schedule G.

While reasonable best efforts have been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred. The Debtor hereby reserves all its rights to dispute the validity, status or enforceability of any contracts, agreements or leases set forth in Schedule G and to amend or supplement Schedule G as necessary. Additionally, the placing of a

contract or lease onto Schedule G shall not be deemed an admission that such contract is an executory contract or unexpired lease, or that it is necessarily a binding, valid and enforceable contract. The contracts, agreements and leases listed on Schedule G may have expired or may have been modified, amended and supplemented from time to time by various amendments, change orders, restatements, waivers, estoppel certificates, letters and other documents, instruments, and agreements which may not be listed therein. Certain of the real property leases listed on Schedule G may contain renewal options, guarantees of payment, options to purchase, rights of first refusal, rights to lease additional space and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth on Schedule G. Certain of the executory agreements may not have been memorialized and could be subject to dispute. All executory agreements that are oral in nature have not been scheduled. The Debtor may be party to various other agreements concerning real property, such as easements, rights of way, subordination, non-disturbance, supplemental agreements, amendments/letter agreements, title documents, consents, site plans, maps and other miscellaneous agreements. Such documents are not set forth on Schedule G.

16. Claims.

The Debtor's Schedules identify creditors and set forth the Debtor's estimate of the claims of creditors as of the Petition Date. Such Schedules capture claims the Debtor were aware of as of the Petition Date but may not have captured all claims. Claim amounts will be amended as appropriate for any such items subsequently identified. In addition, payments have subsequently been made to certain claimants in accordance with Bankruptcy Court orders in the Debtor's chapter 11 case. Accordingly, the actual unpaid claims of creditors will differ from the amounts set forth on the Schedules and Statements.

17. Employee Claims.

The Bankruptcy Court entered "first day" interim and final orders granting authority to the Debtor to pay certain prepetition and postpetition employee wages, salaries, benefits and other obligations. Pursuant to such authority, the Debtor made postpetition payments to employees on account of prepetition obligations. Accordingly, the Debtor believes that almost all employee claims for prepetition amounts for which the Debtor has received authorization to make payment either have been satisfied or are in the process of being satisfied.

18. Disputed, Contingent and/or Unliquidated Claims.

Schedule D and Schedule E/F permit the Debtor to designate a claim as disputed, contingent and/or unliquidated. A failure to designate a claim on any of these Schedules as disputed, contingent and/or unliquidated does not constitute an admission that such claim is not subject to objection. The Debtor reserves its right to dispute, or assert offsets or defenses to any claim reflected on these Schedules as to nature, amount, liability or status, or to otherwise subsequently designate any claim as disputed, contingent, or unliquidated.

19. Totals.

All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total maybe different than the listed total.

Additionally, given, among other things, the uncertainty surrounding the valuation and nature of certain assets and liabilities, to the extent that the Debtor shows more assets than liabilities, this is not an admission that the Debtor was solvent on the Petition Date or at any time prior to the Petition Date. Likewise, to the extent that the Debtor shows more liabilities than assets, it is not an admission that the Debtor was insolvent on the Petition Date or any time prior to the Petition Date.

20. Confidential or Sensitive Information.

There may be instances in which certain information in the Schedules and Statements has been intentionally omitted due to the nature of an agreement between the Debtor and a third party, concerns about the confidential nature of certain information, or concerns for the privacy of an individual based on the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), applicable New York State Law, or otherwise. Addresses, and in some instances names, of certain individual creditors may have been removed or redacted from entries listed throughout the Schedules and Statements, as authorized by the Bankruptcy Court in the *Interim Order Authorizing: (a) the Implementation of Procedures to Maintain and Protect Confidential Information of Protected Parties; and (b) Granting Related Relief* [ECF 36].¹

21. Accuracy.

While the Debtor has sought to file complete and accurate Schedules and Statements, inadvertent errors and omissions may exist. Accordingly, the Debtor reserves all rights to amend, modify, supplement, correct, change, or alter any part of its Schedules and Statements as necessary or appropriate.

22. Global Notes Control.

In the event that the Schedules and Statements differ from these Global Notes, these Global Notes shall control.

***** END OF GLOBAL NOTES *****

***** SCHEDULES AND STATEMENTS BEGIN ON THE FOLLOWING PAGE*****

¹ The relief requested by the Debtor’s Motion for Entry of an Order: (a) Authorizing the Implementation of Procedures to Maintain and Protect Confidential Information of Certain Former Clients of the Debtor; and (b) Granting Related Relief [ECF 9] was granted by the Bankruptcy Court on final basis at the Omnibus Hearing held on April 10, 2024, however at the time of the filing of the Debtor’s Schedules and Statements a final order had not yet been entered.

Fill in this information to identify the case:Debtor name **Sheltering Arms Children and Family Services, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **24-41037 (JMM)**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1.	TD Bank, N.A. Corporate Head Office 1701 Route 70 East Cherry Hill, NJ 08003	Disbursement Account for Vendor Payments	6775	\$0.00
3.2.	TD Bank, N.A. Corporate Head Office 1701 Route 70 East Cherry Hill, NJ 08003	Payroll Account	6816	\$0.00
3.3.	TD Bank, N.A. Corporate Head Office 1701 Route 70 East Cherry Hill, NJ 08003	General Operating Account	6783	\$5,619,880.68
3.4.	TD Bank, N.A. Corporate Head Office 1701 Route 70 East Cherry Hill, NJ 08003	Employee Benefit Program Account	8498	\$0.00
3.5.	TD Bank, N.A. Corporate Head Office 1701 Route 70 East Cherry Hill, NJ 08003	Collection/Receipt Account	8407	\$0.00

Debtor Sheltering Arms Children and Family Services, Inc.
NameCase number (If known) 24-41037 (JMM)

3.6.	Citibank, N.A. Citibank CBO Services P.O. Box 6201 Sioux Falls, SD 57117-6201	General Operating Account	9387	\$1,304,743.52
3.7.	Citibank, N.A. Citibank CBO Services P.O. Box 6201 Sioux Falls, SD 57117-6201	Collection Receipt Account	9353	\$9,491.66
3.8.	Morgan Stanley Corporate Headquarters 1585 Broadway New York, NY 10036	Investment Account	8649	\$1,010,633.02
3.9.	Morgan Stanley Corporate Headquarters 1585 Broadway New York, NY 10036	Investment Account	9523	\$0.00
3.10.	JPMorgan Chase Bank, N.A. PO Box 182051 Columbus, OH 43218-2051	Petty Cash Account	9799	\$2,168.00
3.11.	JPMorgan Chase Bank, N.A. PO Box 182051 Columbus, OH 43218-2051	Petty Cash Account	6091	\$1,232.34
3.12.	JPMorgan Chase Bank, N.A. PO Box 182051 Columbus, OH 43218-2051	Petty Cash Account	8097	\$35.55
3.13.	JPMorgan Chase Bank, N.A. PO Box 182051 Columbus, OH 43218-2051	Petty Cash Account	9951	\$144.60

4. **Other cash equivalents** (Identify all)5. **Total of Part 1.****\$7,948,329.37**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit7.1. Security Deposit Held By Tsafon Associates, LLC **\$58,813.01**

Debtor **Sheltering Arms Children and Family Services, Inc.**
NameCase number (If known) **24-41037 (JMM)**

7.2.	<u>Security Deposit Held By Upper Westside Realty</u>	<u>\$60,000.00</u>
7.3.	<u>Security Deposit Held By Global Realty</u>	<u>\$11,600.00</u>
7.4.	<u>Security Deposit Held By Gothan 149 Realty</u>	<u>\$33,833.33</u>
7.5.	<u>Security Deposit Held By 107-14 Liberty Properties LLC</u>	<u>\$15,000.00</u>
7.6.	<u>Security Deposit Held By 43rd Street Holding Company</u>	<u>\$4,800.00</u>
7.7.	<u>Security Deposit Held By River Crossing Owner LLC</u>	<u>\$14,866.17</u>
7.8.	<u>Security Deposit Held By River Crossing Owner LLC</u>	<u>\$14,958.89</u>
7.9.	<u>Utility Deposit Held By ConEdison</u>	<u>\$23,097.00</u>
7.10	<u>Utility Deposit Held by National Grid</u>	<u>\$100.00</u>
7.11	<u>Funds held by Crum & Forster relating to the Debtor's workers compensation insurance.</u>	<u>\$329,114.17</u>
8.	Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent Description, including name of holder of prepayment	
8.1.	<u>Retainer held by Garfunkel Wild, P.C.</u>	<u>\$22,433.88</u>
8.2.	<u>Retainer held by The Wagner Law Group</u>	<u>\$2,580.00</u>
8.3.	<u>Retainer held by Golenbock Eiseman Assor Bell & Peskoe LLP</u>	<u>\$41,496.16</u>

Debtor Sheltering Arms Children and Family Services, Inc.
NameCase number (If known) 24-41037 (JMM)**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
- ☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
- ☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Miscellaneous office equipment, including computers, phones, software and related equipment.	Unknown		Unknown

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
- ☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
- ☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.

Debtor **Sheltering Arms Children and Family Services, Inc.**
NameCase number (If known) **24-41037 (JMM)**☒ Yes Fill in the information below.55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 2749 University Avenue, Bronx, NY 10468	Fee simple	Unknown	Gross Third Part	\$769,827.57
55.2. 1980 Morris Avenue, Bronx, NY 10453	Fee simple	Unknown		Unknown
55.3. 305 7th Avenue, 4A & 4B New York, NY 10001	Fee simple	Unknown		Unknown
55.4. 2 Park Avenue, 20th Floor, New York, New York 11016	Leasehold	\$0.00		\$0.00

56. **Total of Part 9.**Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.**\$769,827.57**57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property59. **Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites https://shelteringarmsny.org/	Unknown		Unknown

62. **Licenses, franchises, and royalties**

Debtor **Sheltering Arms Children and Family Services, Inc.**
Name

Case number (If known) **24-41037 (JMM)**

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor **Sheltering Arms Children and Family Services, Inc.**
NameCase number (If known) **24-41037 (JMM)****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$7,948,329.37</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$881,279.32</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$495,480.80</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$769,827.57</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$9,325,089.49</u>	+ 91b. <u>\$769,827.57</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$10,094,917.06</u>

Fill in this information to identify the case:Debtor name **Sheltering Arms Children and Family Services, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **24-41037(JMM)**☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	25 Broadway Office Properties, LLC Creditor's Name c/o Olshan Frome Wolosky LLP Attn: Jospheh Weiner, Esq. 1325 Avenue of the Americas New York, NY 10019 Creditor's mailing address jweiner@olshanlaw.com Creditor's email address, if known Date debt was incurred October 24, 2019 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Letter of Credit Describe the lien Security Deposit Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,724,440.47	\$547,800.00

2.2	De Lage Landen Financial Services, Inc. Creditor's Name 1111 Old Eagle School Road Wilmington, DE 19807 Attn: Maria Farzetta Creditor's mailing address sfantini@leasedirect.com Creditor's email address, if known Date debt was incurred January 26, 2022 Last 4 digits of account number	Describe debtor's property that is subject to a lien Copiers Describe the lien Security Interest in Leased Equipment Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$27,424.41	Unknown
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Debtor **Sheltering Arms Children and Family Services, Inc.**
NameCase number (if known) **24-41037 (JMM)****Do multiple creditors have an interest in the same property?**

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

2.3 First Commerce LLC

Creditor's Name

155 "B" Avenue, Suite 300
Attn: David E. Wall
Lake Oswego, OR 97034

Creditor's mailing address

davewall@firstcommercell
c.com

Creditor's email address, if known

Date debt was incurred

July 17, 2014

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

2749 University Avenue, Bronx, NY 10468**\$405,172.43****\$1,175,000.00**

Describe the lien

Mortgage Lien

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

2.4 First Commerce LLC

Creditor's Name

155 "B" Avenue, Suite 300
Attn: David E. Wall
Lake Oswego, OR 97034

Creditor's mailing address

davewall@firstcommercell
c.com

Creditor's email address, if known

Date debt was incurred

January 7, 2009

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

1980 Morris Avenue, Bronx, NY 10453**\$14,541.83****Unknown**

Describe the lien

Mortgage Lien

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

2.5 Morgan Stanley Private Bank

Creditor's Name

Letter of Credit Department
1300 Thames Street
Wharf 4th Floor
Baltimore, MD 21231

Creditor's mailing address

Describe debtor's property that is subject to a lien

United States Treasuries Held in Brokerage Account**\$547,800.00****\$547,800.00**

Describe the lien

Collateral for Letter of Credit

Debtor **Sheltering Arms Children and Family Services, Inc.** Case number (if known) **24-41037 (JMM)**

Name

Creditor's email address, if known

Date debt was incurred

October 10, 2019

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent
☒ Unliquidated
☐ Disputed

2.6

New York Pooled PRI Fund, LLC

Creditor's Name

c/o Willkie Farr & Gallagher LLP**Attn: Daniel Durschlag, Loren Flath and Caitlin Cosby****787 Seventh Avenue
New York, NY 10019**

Creditor's mailing address

**ddurschlag@willkie.com
lflath@willkie.com
ccosby@willkie.com**

Creditor's email address, if known

Date debt was incurred

September 21, 2022

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

305 7th Avenue, Units 4A and 4B, NY, NY 10001**\$2,000,000.00****Unknown**

Describe the lien

Mortgage Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

2.7

New York State Department of Labor

Creditor's Name

Attn: Unemployment Insurance Division Building 12**W.A. Harriman Campus
Albany, NY 12226**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Multiple

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

Real Property and Chattels Real Located in Queens County, New York**\$724,137.31****Unknown**

Describe the lien

Warrant

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **Sheltering Arms Children and Family Services, Inc.**
NameCase number (if known) **24-41037 (JMM)**

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☒ Contingent
☒ Unliquidated
☒ Disputed

2.8 Tsafon Associates, LLC

Creditor's Name

**c/o Braun Management,
Inc.
160 Broadway, 1st Floor
New York, NY 10038**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**March 7, 2016****Last 4 digits of account number**

**Do multiple creditors have an
interest in the same property?**

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

Cash Held By Landlord**\$286,555.28****\$58,813.01**

Describe the lien

Security Deposit

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent
☒ Unliquidated
☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$5,730,071.73**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

**SeaChange Capital Partners, Inc.
420 Lexington Avenue
Suite 300
New York, NY 10170
Attention: Josh MacIntosh
Email: jmacintosh@seachangeap.org**

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

Line **2.6**

Fill in this information to identify the case:Debtor name **Sheltering Arms Children and Family Services, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **24-41037 (JMM)**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Aleong Juman, Coreen 4750 41st Street, Apt. 1G Sunnyside, NY 11104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$689.52	\$689.52
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Campos, Edith 2 Scudder Road Newtown, CT 06470	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$606.93	\$606.93
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Sheltering Arms Children and Family Services, Inc. Name	Case number (if known)	24-41037 (JMM)
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2.3	Priority creditor's name and mailing address Cherrie, Kathleen 398 3rd Avenue, Apt. 2A New York, NY 10016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,146.43	\$1,146.43
	Date or dates debt was incurred	Basis for the claim: Wages/Benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Duncan, Tiara 225-33 Hillside Avenue Queens Village, NY 11427	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,615.35	\$2,615.35
	Date or dates debt was incurred	Basis for the claim: Wages/Benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Feaser, Belgica 37 Gurdon St Staten Island, NY 10314	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,192.25	\$14,192.25
	Date or dates debt was incurred	Basis for the claim: Wages/Benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Gonzalez, Josie 1665 Bryant Avenue, 1C Bronx, NY 10460	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,141.35	\$2,141.35
	Date or dates debt was incurred	Basis for the claim: Wages/Benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Sheltering Arms Children and Family Services, Inc.		Case number (if known)	24-41037 (JMM)	
	Name				
2.7	Priority creditor's name and mailing address Machado, Brunilda 1625 Melville Street, PH Bronx, NY 10460	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,692.38	\$1,692.38
	Date or dates debt was incurred	Basis for the claim: Wages/Benefits			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.8	Priority creditor's name and mailing address Montero, Sandra 7 Parkside Road Sound Beach, NY 11789	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$5,902.64	\$5,902.64
	Date or dates debt was incurred	Basis for the claim: Wages/Benefits			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.9	Priority creditor's name and mailing address Morrison, Kerrian 1380 Ogden Avenue Apt. 4A Bronx, NY 10452	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$730.41	\$730.41
	Date or dates debt was incurred	Basis for the claim: Wages/Benefits			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.10	Priority creditor's name and mailing address Nourmania, Lely 85-35 Britton Avenue Apt. 3F Elmhurst, NY 11373	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,355.95	\$1,355.95
	Date or dates debt was incurred	Basis for the claim: Wages/Benefits			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	Sheltering Arms Children and Family Services, Inc. Name	Case number (if known)	24-41037 (JMM)
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2.11	Priority creditor's name and mailing address Olownia, Richard A 12-24 116th Street College Point, NY 11356	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,960.57	\$6,960.57
Date or dates debt was incurred		Basis for the claim: Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Oudkerk, Michelle 4 E 92nd St Brooklyn, NY 11212	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,751.37	\$1,751.37
Date or dates debt was incurred		Basis for the claim: Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Perez, Oscar 626 Baker Avenue Bronx, NY 10460	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,722.96	\$6,722.96
Date or dates debt was incurred		Basis for the claim: Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Pincus, Judith 334 West 87th Street Apt. 7C New York, NY 10024	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,516.62	\$13,516.62
Date or dates debt was incurred		Basis for the claim: Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Sheltering Arms Children and Family Services, Inc. Name	Case number (if known)	24-41037 (JMM)
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2.15	Priority creditor's name and mailing address Rosario, Rosita 118-22 Atlantic Ave Apt. 3R South Richmond Hill, NY 11419	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,270.75	\$3,270.75
Date or dates debt was incurred		Basis for the claim: Wages/Benefits		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Scott, Makido 28 Portland Way Wheatley Heights, NY 11798	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$203.49	\$203.49
Date or dates debt was incurred		Basis for the claim: Wages/Benefits		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Scott, Michele R. 1176 Ocean Ave Apt. 2B Brooklyn, NY 11230	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,093.75	\$7,093.75
Date or dates debt was incurred		Basis for the claim: Wages/Benefits		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address Washington, Deborah M 880 Sterling Place Brooklyn, NY 11216	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,093.58	\$2,093.58
Date or dates debt was incurred		Basis for the claim: Wages/Benefits		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor Name	Case number (if known)	
Sheltering Arms Children and Family Services, Inc.	24-41037 (JMM)	
3.1 Nonpriority creditor's name and mailing address 25 Broadway Office Properties, LLC c/o Olshan Frome Wolosky LLP Attn: Joseph Weiner 1225 Avenue of the Americas New York, NY 10019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,176,640.47
3.2 Nonpriority creditor's name and mailing address 25 Broadway Office Properties, LLC c/o Malapero Prisco & Klauber LLP 271 Madison Ave., 17th Fl Attn: Andrew L. Klauber New York, NY 10019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.3 Nonpriority creditor's name and mailing address A+ Conferencing, Ltd. 3600 S. Gessner Road Suite 250 Houston, TX 77063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.20
3.4 Nonpriority creditor's name and mailing address A.B. c/o Herman Law 475 5th Ave., 17th Floor Attn: Melissa Ferraro New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.5 Nonpriority creditor's name and mailing address A.J. c/o Michael Logiudice LLP 2022 Route 22, Ste. 105 Attn: Michael Logiudice Brewster, NY 10509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.6 Nonpriority creditor's name and mailing address Ace Endico Food Service 80 International Blvd. Brewster, NY 10509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.86
3.7 Nonpriority creditor's name and mailing address ADP, Inc. One ADP Boulevard Roseland, NJ 07068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,897.36

Debtor	Sheltering Arms Children and Family Services, Inc. <small>Name</small>	Case number (if known)	24-41037 (JMM)
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3.8	Nonpriority creditor's name and mailing address Adu Boahen, Lily 85 Pilling Street #3 Brooklyn, NY 11207 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.78
3.9	Nonpriority creditor's name and mailing address Advanced Technology Group, Inc. 15 W. 39th Street 13th Floor New York, NY 10018 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,513.00
3.10	Nonpriority creditor's name and mailing address Aetna Life Insurance 151 Farmington Avenue Hartford, CT 06156 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$15,280.42
3.11	Nonpriority creditor's name and mailing address AFA Protective Systems Inc. 519 8th Avenue, 4th Floor New York, NY 10018 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$990.00
3.12	Nonpriority creditor's name and mailing address Affinity Legacy 922 E. Tremont Ave. #2105 Bronx, NY 10460 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Grant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.13	Nonpriority creditor's name and mailing address Al-Khamash, Angela 481 East 171st St. #6 Bronx, NY 10457 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.00
3.14	Nonpriority creditor's name and mailing address Aldridge, Shakema 1610 Sedgwick Ave, Apt 5C Bronx, NY 10453 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.68

Debtor Name	Case number (if known)	
Sheltering Arms Children and Family Services, Inc.	24-41037 (JMM)	
3.15 Nonpriority creditor's name and mailing address All County Sewer & Drain, Inc. 7 Greenfield Drive Warwick, NY 10990 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,053.65
3.16 Nonpriority creditor's name and mailing address American Commercial Equipment Repair 234 Meserole Street Lower Level Brooklyn, NY 11206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,762.27
3.17 Nonpriority creditor's name and mailing address American Express 200 Vessey Street New York, NY 10285 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115,936.03
3.18 Nonpriority creditor's name and mailing address Andre, Marie A. c/o Sinel & Olesen PLLC 330 7th Ave., 10th Fl. Attn: Elliot Sinel New York, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.19 Nonpriority creditor's name and mailing address Andrews, Hayes 739 Miller Ave. #3F Brooklyn, NY 11207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.20
3.20 Nonpriority creditor's name and mailing address Apex Mechanical Corp. 2800 Webster Avenue Bronx, NY 10458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,383.50
3.21 Nonpriority creditor's name and mailing address Armory Glass Company Inc. 2717 Reservoir Avenue Bronx, NY 10468 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,079.25

Debtor	Sheltering Arms Children and Family Services, Inc. <small>Name</small>	Case number (if known)	24-41037 (JMM)
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3.22	Nonpriority creditor's name and mailing address Arrow Mechanical Corp. 588 W. Merrick Road Valley Stream, NY 11580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,575.00
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3.23	Nonpriority creditor's name and mailing address Art Start, Inc. 526 W. 26th Street Suite 501 New York, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
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3.24	Nonpriority creditor's name and mailing address Aruna, Musu 41 North 11th Street Newark, NJ 07107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.74
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3.25	Nonpriority creditor's name and mailing address Atlas Search LLC 1540 Broadway, 10th Floor New York, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,213.88
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3.26	Nonpriority creditor's name and mailing address Balbuena, Yarhissa 4 Coyne Dr Haverstraw, NY 10927 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,360.15
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3.27	Nonpriority creditor's name and mailing address Banks, Taylor 144-45 Springfield Blvd Springfield Gardens, NY 11413 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.02
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3.28	Nonpriority creditor's name and mailing address Barksdale, Jan 521 Decatur St. #3 Brooklyn, NY 11233 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$849.87
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3.29	Nonpriority creditor's name and mailing address Barton & Associates Inc. 300 Jubilee Drive Peabody, MA 01960 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,042.50
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3.30	Nonpriority creditor's name and mailing address Base Concept HVAC and General Construction Inc. 25 Mist Lane Westbury, NY 11590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,460.00
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3.31	Nonpriority creditor's name and mailing address Batista, Ronald c/o Law Office of Stephen B. Kaufman 3397 E. Tremont Avenue Bronx, NY 10461 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.32	Nonpriority creditor's name and mailing address Batista, Rosemary c/o Law Office of Stephen B. Kaufman 3397 E. Tremont Avenue Bronx, NY 10461 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.33	Nonpriority creditor's name and mailing address Beacon Therapy Services PLLC 1441 Old Northern Blvd. Roslyn, NY 11576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,372.41
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3.34	Nonpriority creditor's name and mailing address BenefitPlan Manager 100 Valley Road Suite 101 Mount Arlington, NJ 07856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.35	Nonpriority creditor's name and mailing address Benzal, Laura 103-11 68th Drive #1M Forest Hills, NY 11375 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.40
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Debtor Name	Case number (if known)	24-41037 (JMM)
3.36 Nonpriority creditor's name and mailing address Bespoke Architecture PLLC 22 W. 130th Street New York, NY 10037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,075.00
3.37 Nonpriority creditor's name and mailing address Bethany, Colee 536 West 136th St. #6B New York, NY 10031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.20
3.38 Nonpriority creditor's name and mailing address Blash, Danzel 2160 Bolton St. #4L Bronx, NY 10462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.80
3.39 Nonpriority creditor's name and mailing address BLDG Management Co. Inc. c/o 125th Street Office Center LLC 417 5th Avenue 4th Floor New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$19,054.41
3.40 Nonpriority creditor's name and mailing address Bond Health Staffing LLC 5824 12th Avenue Brooklyn, NY 11219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,275.71
3.41 Nonpriority creditor's name and mailing address Boney, Devin 125 W 116th St. #4B New York, NY 10026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.62
3.42 Nonpriority creditor's name and mailing address Boyd, Malcolm 48-50 37th St. #7-T Long Island City, NY 11101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages/Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$458.27

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3.43	Nonpriority creditor's name and mailing address Briscoe Protective Systems Inc. 99 Mark Tree Road Suite 201 Centereach, NY 11720 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,571.36
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3.44	Nonpriority creditor's name and mailing address Brown, Dorothy 126 W. 109th Street New York, NY 10025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.20
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3.45	Nonpriority creditor's name and mailing address Brown, Karen S. 3003 Cruger Ave., 3rd Fl. Bronx, NY 10467 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.02
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3.46	Nonpriority creditor's name and mailing address Brown, Lloyd 11 Raafenberg Road Tarrytown, NY 10591 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.40
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3.47	Nonpriority creditor's name and mailing address Business Relocation Services Inc. 20 Aquarium Drive Secaucus, NJ 07094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,025.00
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3.48	Nonpriority creditor's name and mailing address C.J. c/o Herman Law 475 5th Ave., 17th Floor Attn: Nicholas MacInnis New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.49	Nonpriority creditor's name and mailing address C.M. c/o Herman Law 475 5th Ave., 17th Floor Attn: Yusuf Sattar New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.50	Nonpriority creditor's name and mailing address Cablevision Lightpath Inc. c/o Alticce Business PO Box 360111 Pittsburgh, PA 15251-6111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,171.05
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3.51	Nonpriority creditor's name and mailing address Calderon, Nicole 231 Main Street #212 Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113.08
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3.52	Nonpriority creditor's name and mailing address Campbell, Fatima 26-10 93rd St East Elmhurst, NY 11369 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,558.30
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3.53	Nonpriority creditor's name and mailing address Central Office Alarm Company 140 S. Columbus Avenue Mount Vernon, NY 10550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$475.66
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3.54	Nonpriority creditor's name and mailing address Champion Elevator Corp. 1450 Broadway, 5th Floor New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.55	Nonpriority creditor's name and mailing address Child Welfare Fund 606 Post Road, Ste. 586 Westport, CT 06880 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Grant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.56	Nonpriority creditor's name and mailing address Citywide Fire Sprinkler PO Box 070-468 Brooklyn, NY 11207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.00
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Debtor Name	Case number (if known)	
Sheltering Arms Children and Family Services, Inc.	24-41037 (JMM)	
3.57 Nonpriority creditor's name and mailing address Citywide Safety Compliance PO Box 564520 College Point, NY 11356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,480.00
3.58 Nonpriority creditor's name and mailing address Cleaning Specialists America, Inc. PO Box 789 Port Washington, NY 11050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,545.00
3.59 Nonpriority creditor's name and mailing address CMS Perm Review Contractor, Empower AI 8701 Park Central Drive Suite 400-B Richmond, VA 23227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495.58
3.60 Nonpriority creditor's name and mailing address Cogent Communications, Inc. 2450 N Street NW Washington, DC 20037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,094.81
3.61 Nonpriority creditor's name and mailing address Collins Building Services Inc. 24-01 44th Road Long Island City, NY 11101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,212.25
3.62 Nonpriority creditor's name and mailing address Colon, Jessica 116-80 Guy R Brewer Blvd #4B Jamaica, NY 11434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$188.44
3.63 Nonpriority creditor's name and mailing address Commissioner of Labor New York State Department of Labor Building 12, Room 266A W.A. Harriman Campus Albany, NY 12240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Penalty</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,814.01

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3.64	Nonpriority creditor's name and mailing address CompHealth 6440 Millrock Drive Suite 175 Salt Lake City, UT 84121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,200.00
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3.65	Nonpriority creditor's name and mailing address ConEdison PO Box 1702 New York, NY 10116-1702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$3,903.71
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3.66	Nonpriority creditor's name and mailing address Creative Financial Staffing LLC PO Box 95111 Chicago, IL 60694-5111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,800.30
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3.67	Nonpriority creditor's name and mailing address Cummings, Shanelle M. 20-41 Seagirt Blvd. #41 Far Rockaway, NY 11691 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.59
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3.68	Nonpriority creditor's name and mailing address CWS Vending, Inc. c/o Michael A. Markowitz, PC Attn: Michael A. Markowitz 1553 Broadway Hewlett, NY 11557 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.69	Nonpriority creditor's name and mailing address Cynthia LeCruise c/o Silver & Kelmacher LLP 11 Park Place, Ste. 1503 New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.70	Nonpriority creditor's name and mailing address Dace, Andrea 2998 Williamsbridge Road Bronx, NY 10467 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,198.70
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3.71	Nonpriority creditor's name and mailing address De Jesus, Gloraluis 156 Autumn Ave Brooklyn, NY 11208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.81
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3.72	Nonpriority creditor's name and mailing address De Lage Landen Financial Services, Inc. Lease Processing Center 1111 Old Eagle School Rd. Wayne, PA 19087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Copier Leases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,424.41
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3.73	Nonpriority creditor's name and mailing address DeCamp, Conrad c/o Bornstein & Emanuel P 200 Garden City Plaza Suite 201 Garden City, NY 11530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.74	Nonpriority creditor's name and mailing address Diaz, Kassandra 1575 Thieriot Ave. #3J Bronx, NY 10460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.13
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3.75	Nonpriority creditor's name and mailing address Diet Delights, Inc. 120 E. 90th Street Suite 5J New York, NY 10128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,000.00
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3.76	Nonpriority creditor's name and mailing address Dixon, Xavier 88 Arlo Road #1A Staten Island, NY 10301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.59
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3.77	Nonpriority creditor's name and mailing address Drakes, Sandy 289 N Fulton Ave Mount Vernon, NY 10552 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,999.90
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3.78	Nonpriority creditor's name and mailing address E.S. c/o Herman Law 475 5th Ave., 17th Floor Attn: Yusuf Sattar New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.79	Nonpriority creditor's name and mailing address Edwards, Lawrence 318 South 11th Street #2R Newark, NJ 07107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.80
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3.80	Nonpriority creditor's name and mailing address Empire Blue Cross Blue Shield Health Plus PO Box 933657 Atlanta, GA 31193-3657 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,906.36
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3.81	Nonpriority creditor's name and mailing address Endicott f/k/a Message, Inc. PO Box 2720 Ocala, FL 34478 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$356.82
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3.82	Nonpriority creditor's name and mailing address Espinoza, Daisy 1261 67th Street Brooklyn, NY 11219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.81
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3.83	Nonpriority creditor's name and mailing address First Insurance Funding 450 Skokie Boulevard Suite 1000 Northbrook, IL 60062-7917 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,721.83
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3.84	Nonpriority creditor's name and mailing address Foothold Technology, Inc. Attn: Marlowe Greenberg 666 Broadway, Suite 600 New York, NY 10012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,400.00
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3.85	Nonpriority creditor's name and mailing address Force 500, Inc. c/o Mastermind 668 Crescent Avenue Bronx, NY 10458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$500.00	
3.86	Nonpriority creditor's name and mailing address Forvis, LLP f/k/a BKD LLP 1155 Avenue of the Americas Suite 1200 New York, NY 10036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,930.94	
3.87	Nonpriority creditor's name and mailing address Foster, Bryan 195 Willoughby Ave. #1607 Brooklyn, NY 11205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00	
3.88	Nonpriority creditor's name and mailing address Francis, Kaymar 556 Bergen Ave. #1118 Bronx, NY 10455 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148.60	
3.89	Nonpriority creditor's name and mailing address Franklin, Aiesha 112-32 227th Street Queens Village, NY 11429 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.99	
3.90	Nonpriority creditor's name and mailing address Gadsden, Gerald 1517 Purdy Street #2 Bronx, NY 10462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.33	
3.91	Nonpriority creditor's name and mailing address Gaskin, Christina 139-44 182nd St. #1 Springfield Gardens, NY 11413 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.15	

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3.92 Nonpriority creditor's name and mailing address Geico General Insurance c/o Law Office of Ricky J. Lucyk 2 Huntington Quadrangle Suite 2N01 Melville, NY 11747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.93 Nonpriority creditor's name and mailing address Geneva Worldwide 256 W. 38th Street 10th Floor New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.75
3.94 Nonpriority creditor's name and mailing address Givergy, Inc. 530 7th Avenue, Floor M1 New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,312.00
3.95 Nonpriority creditor's name and mailing address Glover, Anthony 500 Union Avenue Bronx, NY 10455 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$349.06
3.96 Nonpriority creditor's name and mailing address Gonzalez, Gregorio c/o Law Office of David A. Kapelman PC 3 W. 35th Street New York, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.97 Nonpriority creditor's name and mailing address Gotham Sewer & Drain LLC 12 Trina Lane Staten Island, NY 10309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,225.00
3.98 Nonpriority creditor's name and mailing address Great Neck Chemists Inc. 69 Allen Boulevard Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,496.32

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3.99	Nonpriority creditor's name and mailing address Greenwich House, Inc. 27 Barrow Street New York, NY 10014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,457.03
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3.100	Nonpriority creditor's name and mailing address Guidance & Productivity Staffing Solutions Services LLC 3310 Nostrand Avenue #412 Brooklyn, NY 11229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,260.00
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3.101	Nonpriority creditor's name and mailing address Headen, Abdul 1966 1st Avenue #10L New York, NY 10029 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.27
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3.102	Nonpriority creditor's name and mailing address Health First PHSP Inc. PO Box 95000 Philadelphia, PA 19195-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,181.58
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3.103	Nonpriority creditor's name and mailing address HealthFirst 100 Church Street New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,115.00
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3.104	Nonpriority creditor's name and mailing address Henry, Tiara 112 West Clearwater Road Lindenhurst, NY 11757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$239.21
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3.105	Nonpriority creditor's name and mailing address Hicks, Shaniqua 146-58 177th Street Jamaica, NY 11434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
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Sheltering Arms Children and Family Services, Inc.	24-41037 (JMM)	
3.106 Nonpriority creditor's name and mailing address Hilario Graterol, Erick L c/o Morgan & Morgan of NY PLLC 350 5th Ave., Ste. 6705 Attn: Daniel Watts New York, NY 10118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.107 Nonpriority creditor's name and mailing address Hodge, Yvette 153 Chester St., 1st Fl. Mount Vernon, NY 10552 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.11
3.108 Nonpriority creditor's name and mailing address Hudgins, Charles 3515 Eastchester Road #2 Bronx, NY 10469 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$687.14
3.109 Nonpriority creditor's name and mailing address Hunte, Anyssa 150-19 73rd Ave. #2A Flushing, NY 11367 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.89
3.110 Nonpriority creditor's name and mailing address IMA Systems LLC 32 Broadway, Suite 614 New York, NY 10004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,180.00
3.111 Nonpriority creditor's name and mailing address InterAgency Transportation Solutions PO Box 2346 Hicksville, NY 11802-2346 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,156.64
3.112 Nonpriority creditor's name and mailing address Iron Mountain 2 Sun Court Norcross, GA 30092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,933.05

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3.113	Nonpriority creditor's name and mailing address J.D. c/o Bornstein & Emanuel PC 200 Garden City Plaza Suite 201 Garden City, NY 11530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.114	Nonpriority creditor's name and mailing address Jacob, Justin 3921 Wilder Avenue Bronx, NY 10466 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$446.41
3.115	Nonpriority creditor's name and mailing address Jane Doe--19271 c/o Greenstein & Milbauer LLP 1825 Park Ave., 9th Fl. Attn: Robert Greenstein New York, NY 10035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.116	Nonpriority creditor's name and mailing address Jeffers, Kernesha 67 Gladys Avenue Hempstead, NY 11550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.117	Nonpriority creditor's name and mailing address Jerez, Jairo 1535 Undercliff Ave. Apt. A Bronx, NY 10453 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,116.82
3.118	Nonpriority creditor's name and mailing address John Doe--19269 c/o Greenstein & Milbauer LLP 1825 Park Ave., 9th Fl. Attn: Robert Greenstein New York, NY 10035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.119	Nonpriority creditor's name and mailing address John Doe--19531 c/o Greenstein & Milbauer LLP 1825 Park Ave., 9th Fl. Attn: Robert Greenstein New York, NY 10035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Sheltering Arms Children and Family Services, Inc. Name	Case number (if known)	24-41037 (JMM)
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3.120	Nonpriority creditor's name and mailing address Johnson, Fatima M. 340 Alexander Ave. #13B Bronx, NY 10454 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.56
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3.121	Nonpriority creditor's name and mailing address Johnson, Latoya 16 Ari Drive Apt. J Somerset, NJ 08873 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$304.44
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3.122	Nonpriority creditor's name and mailing address Johnson, Ramona 1330 Hancock Street #2B Brooklyn, NY 11237 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,742.22
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3.123	Nonpriority creditor's name and mailing address Jones, Blondell 1295 Amsterdam Ave. #11G New York, NY 10027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.79
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3.124	Nonpriority creditor's name and mailing address K&B of Queens, Inc. c/o William Jelley 63-18 75th Street Middle Village, NY 11379 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$20,000.00
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3.125	Nonpriority creditor's name and mailing address K.O. c/o Dansker & Aspromonte Assoc. 30 Vessey St., 16th Fl. Attn: Salvatore Aspromonte New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.126	Nonpriority creditor's name and mailing address Kapadia, Julie 126 Palmer Avenue Staten Island, NY 10302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.75
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Debtor Name	Case number (if known)	
Sheltering Arms Children and Family Services, Inc.	24-41037 (JMM)	
3.127 Nonpriority creditor's name and mailing address Karagiannis, Nikolaos c/o The Lambrou Law Firm 45 Broadway, Ste. 3120 Attn: Lambros Lambrou New York, NY 10006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.128 Nonpriority creditor's name and mailing address Ketcham Pump Company Inc. 34-20 64th Street Woodside, NY 11377-2398 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$395.00
3.129 Nonpriority creditor's name and mailing address Kingsway Exterminating Co., Inc. 2216 Flatbush Avenue Brooklyn, NY 11234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,740.00
3.130 Nonpriority creditor's name and mailing address Kuhn, Sophie 420 East 138th St. #3B Bronx, NY 10454 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.00
3.131 Nonpriority creditor's name and mailing address Lassiter, Charles T. 1545 Archer Road #6F Bronx, NY 10462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.19
3.132 Nonpriority creditor's name and mailing address Lazo, Cristian c/o Gorayeb & Assoc. PC 100 William St., 19th Fl. Attn: Christopher Gorayeb New York, NY 10038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.133 Nonpriority creditor's name and mailing address LEAF PO Box 5066 Hartford, CT 06102-5066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,019.17

Debtor Name	Case number (if known)	
Sheltering Arms Children and Family Services, Inc.	24-41037 (JMM)	
3.134 Nonpriority creditor's name and mailing address Lerco Electric, LLC 370 E. 146th Street Bronx, NY 10455 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,378.07
3.135 Nonpriority creditor's name and mailing address Lewis, Karim 22-12 Cornaga Ave. Apt. C2 Far Rockaway, NY 11691 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.24
3.136 Nonpriority creditor's name and mailing address Liberty Pest Control 8220 17th Avenue Brooklyn, NY 11214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,880.08
3.137 Nonpriority creditor's name and mailing address Lopez, Yvonne c/o Slater Slater Schulman LLP 488 Madison Ave., 20th Fl. Attn: Arielle Feldshon New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.138 Nonpriority creditor's name and mailing address M.S. c/o Herman Law 475 5th Ave., 17th Floor Attn: Jeff Herman New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.139 Nonpriority creditor's name and mailing address MAC Aids 233 Spring Street New York, NY 10013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Grant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.140 Nonpriority creditor's name and mailing address Martin, Denise c/o Herman Law 475 5th Ave., 17th Floor Attn: Jeff Herman New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Name	Case number (if known)	24-41037 (JMM)
Sheltering Arms Children and Family Services, Inc. Name 3.141 Nonpriority creditor's name and mailing address Martin, Desiree c/o Herman Law 475 5th Ave., 17th Floor Attn: Jeff Herman New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.142 Nonpriority creditor's name and mailing address Martinez-Holland, Maria c/o Herman Law 475 5th Ave., 17th Floor Attn: Melissa Ferraro New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.143 Nonpriority creditor's name and mailing address Matthijssen Business Systems PO Box 508 Cedar Knolls, NJ 07927 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,400.00
3.144 Nonpriority creditor's name and mailing address McBride, Nyoka 114-63 210th Street Cambria Heights, NY 11411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.82
3.145 Nonpriority creditor's name and mailing address McNeil, Rodney c/o Levy Konigsberg LLP 605 3rd Ave., 33rd Fl. Attn: Christopher Ganz New York, NY 10158 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.146 Nonpriority creditor's name and mailing address MDLand International 15 E. 32nd Street, 2nd Fl New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104.00
3.147 Nonpriority creditor's name and mailing address Millin Associates LLC 303 Merrick Road Suite 401 Lynbrook, NY 11563 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,977.13

Debtor Name	Case number (if known)	24-41037 (JMM)
Sheltering Arms Children and Family Services, Inc. Name 3.148 Nonpriority creditor's name and mailing address Milling, Waki c/o Goddard Law PLLC 39 Broadway, Ste. 1540 Attn: Megan Goddard New York, NY 10006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.149 Nonpriority creditor's name and mailing address Mirabal-Cardoso, Devon 335 East 236th Street #3 Bronx, NY 10470 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.46
3.150 Nonpriority creditor's name and mailing address Mitchel, Felicia c/o Slater Slater Schulman LLP 488 Madison Ave., 20th Fl. Attn: Arielle Feldshon New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.151 Nonpriority creditor's name and mailing address Mitchell, Dashanna 67-36 Parsons Boulevard Fresh Meadows, NY 11365 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.86
3.152 Nonpriority creditor's name and mailing address Mitchell, Keith c/o Sweeney Reich & Bolz 1981 Marcus Ave. Ste. 200 Attn: Gerard Sweeney New Hyde Park, NY 11042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.153 Nonpriority creditor's name and mailing address Molina HealthCare PO Box 2470 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,986.93
3.154 Nonpriority creditor's name and mailing address Morrison, Demrall 131-24 229th St. Springfield Gardens, NY 11413 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,500.00

Debtor	Sheltering Arms Children and Family Services, Inc.		Case number (if known)	24-41037 (JMM)
Name				
3.155	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$86.89	
	Morrison, Kerrian 1380 Ogden Avenue #4A Bronx, NY 10452	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.156	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$100.69	
	Myers-Hinds, Alexia 137-21 83rd Avenue #50 Jamaica, NY 11435	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.157	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$80,048.79	
	Netsmart Technologies Inc. c/o Shook, Hardy & Bacon L.L.P. Attention: Mark Moedritzer 2555 Grand Blvd. Kansas City, MO 64108	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.158	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$975,734.00	
	New Jersey Manufacturers Insurance Company 301 Sullivan Way Trenton, NJ 08628	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
3.159	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10,389,878.56	
	New York City Administration for Children's Services 150 Williams Street New York, NY 10038	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Government Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
3.160	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,376,274.06	
	New York City Department of Education 52 Chambers Street New York, NY 10007	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Government Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
3.161	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$168,427.90	
	New York City Department of Youth and Community Development 156 Williams St., 6th Fl. New York, NY 10038	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Government Contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

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3.162	Nonpriority creditor's name and mailing address New York State Commission on Ethics and Lobbying in Government 540 Broadway Albany, NY 12207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Government Fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$510.00
3.163	Nonpriority creditor's name and mailing address New York State Department of Labor Building 12 W.A. Harriman Campus Attn: Unemployment Ins. Division Albany, NY 12226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unemployment Insurance Contributions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,136,194.18
3.164	Nonpriority creditor's name and mailing address New York State Office of Temporary and Disability Assistance 40 N. Pearl Street Albany, NY 12207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,172.00
3.165	Nonpriority creditor's name and mailing address New York State Office of the Medicaid Inspector General 800 N. Pearl Street Albany, NY 12240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Medicaid</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$417,246.00
3.166	Nonpriority creditor's name and mailing address Newsome Cox, Kim 635 Castle Hills Ave Bronx, NY 10473 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.22
3.167	Nonpriority creditor's name and mailing address Nicot, Rodney 87 Louisiana Ave., 2nd Fl Brooklyn, NY 11207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.41

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3.168	Nonpriority creditor's name and mailing address Noel, Nevada c/o Herman Law 475 5th Ave., 17th Floor Attn: Nicholas MacInnis New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.169	Nonpriority creditor's name and mailing address Nourmania, Lely 85-35 Britton Ave. #3F Elmhurst, NY 11373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$147.74
3.170	Nonpriority creditor's name and mailing address NY Cleaning and Maintenance Services 107-45 133rd Street South Richmond Hill, NY 11419 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,520.00
3.171	Nonpriority creditor's name and mailing address NYC H+H Hospital Billing Self Pay PO Box 21641 New York, NY 10087-1641 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,271.71
3.172	Nonpriority creditor's name and mailing address O'Brien, Carolyn 2893 Fortesque Avenue Oceanside, NY 11572 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.22
3.173	Nonpriority creditor's name and mailing address Ohene, Fakheera c/o Dansker & Aspromonte Assoc. 30 Vessey St., 16th Fl. Attn: Salvatore Aspromonte New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.174	Nonpriority creditor's name and mailing address Olownia, Richard 12-24 116th Street College Point, NY 11356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.52

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3.175	Nonpriority creditor's name and mailing address Onuoha, Esther c/o Phillips & Associates PLLC 585 Stewart Avenue Suite 410 Garden City, NY 11530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.176	Nonpriority creditor's name and mailing address Optimum PO Box 371378 Pittsburgh, PA 15250-7378 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$825.75
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3.177	Nonpriority creditor's name and mailing address Ordonez, Shanell c/o Liakas Law PC 40 Wall St., 50th Fl. Attn: Dean Liakas New York, NY 10005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.178	Nonpriority creditor's name and mailing address P.P.H c/o Gersowitz Libo & Korek PC 111 Broadway, 12th Fl. Attn: Michael A. Fruhling New York, NY 10006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.179	Nonpriority creditor's name and mailing address Parrilla, Mary Elizabeth 190 Cozine Ave #7K Brooklyn, NY 11207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.90
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3.180	Nonpriority creditor's name and mailing address Parris, Shmika 2474 8th Avenue #5A New York, NY 10027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.58
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3.181	Nonpriority creditor's name and mailing address Parris, Tamesha A. 1345 5th Ave. #13C New York, NY 10029 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.28
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3.182	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$921.25
	Paul, Gesner 4801 Church Ave. #3R Brooklyn, NY 11203	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.183	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$3,150,000.00
	Pension Benefit Guaranty Corporation 445 12th Street, SW Attn: Zoe C. Wadge Washington, DC 20024	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>Pension Obligations</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.184	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$54.21
	Perry, Tatyane 102-42 183rd Place 2nd Fl. Hollis, NY 11423	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.185	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$13,421.50
	Petro Home Service 1000 Woodbury Road Suite 200 Woodbury, NY 11797	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.186	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$5,409.50
	Philip, Owen 4050 Murdock Ave Bronx, NY 10466	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.187	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
	Pinkerton Foundation 610 5th Ave., Ste. 316 New York, NY 10020	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>Grant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.188	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$245.45
	Poonai, Radeica 197 Pleasant Avenue Englewood, NJ 07631	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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3.189	Nonpriority creditor's name and mailing address Powell, Donald 924 Jefferson Boulevard Fishkill, NY 12524 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.48
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3.190	Nonpriority creditor's name and mailing address Pride Healthcare, LLC 420 Lexington Avenue 30th Floor New York, NY 10170 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,049.25
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3.191	Nonpriority creditor's name and mailing address Project Tactical Solutions, LLC 107 E. Broadway 5th Floor New York, NY 10002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,150.00
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3.192	Nonpriority creditor's name and mailing address Promaster 18 Inc. 415 Concord Avenue Bronx, NY 10455 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$567.50
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3.193	Nonpriority creditor's name and mailing address Prosecur Services Group, Inc. PO Box 7247-6200 Philadelphia, PA 19170-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,948.60
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3.194	Nonpriority creditor's name and mailing address Protected Party-00001 [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.195	Nonpriority creditor's name and mailing address Protected Party-00002 [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$419.27
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Sheltering Arms Children and Family Services, Inc.	24-41037 (JMM)	
3.196 Nonpriority creditor's name and mailing address Protected Party-00003 [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,095.26
3.197 Nonpriority creditor's name and mailing address Protected Party-00004 [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00
3.198 Nonpriority creditor's name and mailing address Protected Party-00005 [REDACTED] Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.199 Nonpriority creditor's name and mailing address Quantum Strategies LLC 1 Coopershawk Lane Chadds Ford, PA 19317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,128.00
3.200 Nonpriority creditor's name and mailing address Quinones, Thalia 555 Nereid Avenue #226 Bronx, NY 10470 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.64
3.201 Nonpriority creditor's name and mailing address R.V.F. c/o Herman Law 475 5th Ave., 17th Floor Attn: Suzzane Walsh New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.202 Nonpriority creditor's name and mailing address Rahman, Tariq 8724 Midland Pkwy #2K Jamaica, NY 11432 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$560.49

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3.203	Nonpriority creditor's name and mailing address Ramirez, Leony 2055 Harrison Avenue #1H Bronx, NY 10453 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,731.77
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3.204	Nonpriority creditor's name and mailing address Rich, Kayla 241-31 147th Drive Rosedale, NY 11422 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.77
<hr/>			
3.205	Nonpriority creditor's name and mailing address Richards, Shawn 37 Gray Street Brentwood, NY 11717 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.50
<hr/>			
3.206	Nonpriority creditor's name and mailing address Ruiz, Jasmine 148-48 88th Ave. #1A Jamaica, NY 11435 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.71
<hr/>			
3.207	Nonpriority creditor's name and mailing address S.G. c/o Leave & Steinberg LLP 75 Broad St., Ste. 1601 Attn: Alexander Kran III New York, NY 10004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
<hr/>			
3.208	Nonpriority creditor's name and mailing address S.O. c/o Herman Law 475 5th Ave., 17th Floor Attn: Melissa Ferraro New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
<hr/>			
3.209	Nonpriority creditor's name and mailing address S.S. c/o Leave & Steinberg LLP 75 Broad St., Ste. 1601 Attn: Alexander Kran III New York, NY 10004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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Sheltering Arms Children and Family Services, Inc.	24-41037 (JMM)	
3.210 Nonpriority creditor's name and mailing address Sandiford, Cassandra 309 Rockaway Parkway #2R Brooklyn, NY 11212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.18
3.211 Nonpriority creditor's name and mailing address Scientific Fire Prevention Company 54-59 43rd Street Maspeth, NY 11378 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$425.00
3.212 Nonpriority creditor's name and mailing address Shabazz, Aaliyah 133 West 90th Street #4B New York, NY 10024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.56
3.213 Nonpriority creditor's name and mailing address Shaw, Conise 1401 Blossom Street Elmont, NY 11003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.84
3.214 Nonpriority creditor's name and mailing address Smith, Franklyn 467 49th Street #3 Brooklyn, NY 11220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.82
3.215 Nonpriority creditor's name and mailing address Southerland, Sidney c/o Leave & Steinberg LLP 75 Broad St., Ste. 1601 Attn: Alexander Kran III New York, NY 10004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.216 Nonpriority creditor's name and mailing address Spectrotel, Inc. 3535 NJ-66 Neptune, NJ 07753 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,156.06

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3.217	Nonpriority creditor's name and mailing address Staples Business Advantage PO Box 70242 Philadelphia, PA 19176-0242 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,196.45
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3.218	Nonpriority creditor's name and mailing address Strassberg, Dana 13 Orchard Street Glen Head, NY 11545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$360.00
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3.219	Nonpriority creditor's name and mailing address Striggles, Charlotte 292 Frost Street Brooklyn, NY 11222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.39
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3.220	Nonpriority creditor's name and mailing address Sun Shiny Day Care Corp. 130-136 W. 142nd Street #1-A New York, NY 10030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,078.69
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3.221	Nonpriority creditor's name and mailing address Sunrise Medical Laboratories 250 Miller Place Hicksville, NY 11802-9070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,096.05
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3.222	Nonpriority creditor's name and mailing address Syratan, Faithlyn 247 East 51 Street #1F Brooklyn, NY 11203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.02
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3.223	Nonpriority creditor's name and mailing address Systems Vend Management 4021 Austin Boulevard Island Park, NY 11558 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,908.00
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Debtor Name	Case number (if known)	
Sheltering Arms Children and Family Services, Inc.	24-41037 (JMM)	
3.224 Nonpriority creditor's name and mailing address Tandym Group f/k/a The ExecuSearch Group, LLC 675 Third Avenue New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,310.00
3.225 Nonpriority creditor's name and mailing address Taveras, Rosa 336 Lafayette Street Brooklyn, NY 11238 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$480.72
3.226 Nonpriority creditor's name and mailing address TD Charitable Foundation 1 Vanderbilt Avenue New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Grant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.227 Nonpriority creditor's name and mailing address TemPositions Health Care, Inc. 622 Third Avenue 39th Floor New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,886.81
3.228 Nonpriority creditor's name and mailing address Terpstra, Anne 314 E 78th Street #7 New York, NY 10075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.64
3.229 Nonpriority creditor's name and mailing address Terry, Melina 147-40 Archer Ave. #2305 Jamaica, NY 11435 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.230 Nonpriority creditor's name and mailing address The Clark Foundation One Rockefeller Plaza 31st Floor New York, NY 10020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Grant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Name	Case number (if known)	
Sheltering Arms Children and Family Services, Inc.	24-41037 (JMM)	
3.231 Nonpriority creditor's name and mailing address The RobinHood Foundation 826 Broadway 9th Fl. New York, NY 10003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Grant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.232 Nonpriority creditor's name and mailing address The Stella and Charles Gutman Foundation 122 E. 42nd Street Suite 2010 New York, NY 10168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Grant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.233 Nonpriority creditor's name and mailing address Thomas, Michael 66 Saint Nicholas Place Apt. B-51 New York, NY 10032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.42
3.234 Nonpriority creditor's name and mailing address Tiger Foundation 101 Park Avenue New York, NY 10178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Grant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.235 Nonpriority creditor's name and mailing address Time Warner Cable of New York City PO Box 11820 Newark, NJ 07101-8120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.82
3.236 Nonpriority creditor's name and mailing address Trinity Church Wall Street 76 Trinity Place New York, NY 10006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Grant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.237 Nonpriority creditor's name and mailing address Tristate Apartment Furnishers, LLC 431 Timpson Place Bronx, NY 10455 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,580.00

Debtor Name	Case number (if known)	
Sheltering Arms Children and Family Services, Inc.	24-41037 (JMM)	
3.238 Nonpriority creditor's name and mailing address TriZetto Provider Solutions, LLC PO Box 734743 Chicago, IL 60673-4743 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$906.30
3.239 Nonpriority creditor's name and mailing address Tsafon Associates, LLC c/o Braun Management, Inc 160 Broadway, 1st Floor New York, NY 10038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$227,742.27
3.240 Nonpriority creditor's name and mailing address Turley, Lydia A. 169-30 Baisley Blvd. #8E Jamaica, NY 11434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.59
3.241 Nonpriority creditor's name and mailing address United States Fire Insurance PO Box 29898 New York, NY 10087-9898 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,501.51
3.242 Nonpriority creditor's name and mailing address Valerio, Alexis Ivan c/o Law Offices of Michael S. Lamonsoff PLLC 32 Old Slip, 8th Fl. New York, NY 10005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.243 Nonpriority creditor's name and mailing address Verizon PO Box 15043 Albany, NY 12212-5124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,226.97
3.244 Nonpriority creditor's name and mailing address Viking Global Foundation 55 Railroad Avenue Greenwich, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Grant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Sheltering Arms Children and Family Services, Inc. <small>Name</small>	Case number (if known)	24-41037 (JMM)
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3.245	Nonpriority creditor's name and mailing address Vocal IP Networx, Ltd. 15 W. 39th Street 13th Floor New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,988.57
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3.246	Nonpriority creditor's name and mailing address Wallace, Samantha 93-02 95th Avenue #5 Ozone Park, NY 11416 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
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3.247	Nonpriority creditor's name and mailing address Walsh Associates, Ltd. 111 John Street Suite 1204 New York, NY 10038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00
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3.248	Nonpriority creditor's name and mailing address Walters, Mark 28 Columbia Avenue Newark, NJ 07106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.00
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3.249	Nonpriority creditor's name and mailing address Webster Lock & Hardware Co., Inc. 2471 Webster Avenue Bronx, NY 10458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,854.50
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3.250	Nonpriority creditor's name and mailing address West, Sidney 1373 Washington Ave. #6A Bronx, NY 10456 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
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3.251	Nonpriority creditor's name and mailing address White, Deja 55 Strand Street Bridgeport, CT 06606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$245.45
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Debtor Name	Case number (if known)	
Sheltering Arms Children and Family Services, Inc.	24-41037 (JMM)	
3.252 Nonpriority creditor's name and mailing address Wilder, Lamont c/o Mark David Shirian PC 228 E. 45 St., St. 1700-B Attn: Mark Shirian New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.253 Nonpriority creditor's name and mailing address Wilkerson, Amy 19 Hillcrest Drive Cortlandt Manor, NY 10567 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$370.37
3.254 Nonpriority creditor's name and mailing address Williams, Shameika c/o Michael Logiudice LLP 2022 Route 22, Ste. 105 Attn: Michael Logiudice Brewster, NY 10509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.255 Nonpriority creditor's name and mailing address Williams, Shawnika 23-36 101st Street East Elmhurst, NY 11369 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$201.60
3.256 Nonpriority creditor's name and mailing address Williams, Trisha 12 Gardineer Road Putnam Valley, NY 10579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,392.60
3.257 Nonpriority creditor's name and mailing address Wise, Louis 1770 Story Avenue #14C Bronx, NY 10470 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,500.00
3.258 Nonpriority creditor's name and mailing address Workforce Professionals Training Institute 11 W. 42nd Street 3rd Floor New York, NY 10036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Grant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor **Sheltering Arms Children and Family Services, Inc.**
NameCase number (if known) **24-41037 (JMM)**

3.259	Nonpriority creditor's name and mailing address Wright Express FSC c/o Wex Bank PO Box 4337 Carol Stream, IL 60197-4337 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,122.30
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3.260	Nonpriority creditor's name and mailing address Z-Best Management, Inc. 716 Newman Springs Road Unit 279 Lincroft, NJ 07738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,840.00
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	c/o Law Offices of Michael G. Dowd 1981 Marcus Ave, Ste. 200 Attn: Michael Dowd New Hyde Park, NY 11042	Line <u>3.152</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	c/o Wigdor LLP 85 5th Avenue, 5th Fl. Attn: Marjorie Mesidor New York, NY 10003	Line <u>3.175</u> <input type="checkbox"/> Not listed. Explain ____	—
4.3	NYC Corporation Counsel 100 Church St., Rm 5-238 Attn: Zachary B. Kass New York, NY 10007	Line <u>3.159</u> <input type="checkbox"/> Not listed. Explain ____	—
4.4	NYC Corporation Counsel 100 Church St., Rm 5-238 Attn: Zachary B. Kass New York, NY 10007	Line <u>3.160</u> <input type="checkbox"/> Not listed. Explain ____	—
4.5	NYC Corporation Counsel 100 Church St., Rm 5-238 Attn: Zachary B. Kass New York, NY 10007	Line <u>3.161</u> <input type="checkbox"/> Not listed. Explain ____	—
4.6	Perez, Jessica c/o Gersowitz Libo & Kore 111 Broadway, 12th Fl. Attn: Michael A. Fruhling New York, NY 10006	Line <u>3.178</u> <input type="checkbox"/> Not listed. Explain ____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

Debtor **Sheltering Arms Children and Family Services, Inc.**
Name

Case number (if known) **24-41037 (JMM)**

5a. Total claims from Part 1

5a. \$ **72,686.30**

5b. Total claims from Part 2

5b. + \$ **20,262,484.62**

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ **20,335,170.92**

Fill in this information to identify the case:Debtor name **Sheltering Arms Children and Family Services, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **24-41037 (JMM)**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease****2.1. State what the contract or lease is for and the nature of the debtor's interest** **Guaranteed Price Agreement**

State the term remaining

List the contract number of any government contract

**ADP, Inc.
One ADP Boulevard
Roseland, NJ 07068****2.2. State what the contract or lease is for and the nature of the debtor's interest** **Lifion Agreement**

State the term remaining

List the contract number of any government contract

**ADP, LLC
One ADP Boulevard
Roseland, NJ 07068****2.3. State what the contract or lease is for and the nature of the debtor's interest** **Services Agreement**

State the term remaining

List the contract number of any government contract

**ADP, LLC
One ADP Boulevard
Roseland, NJ 07068****2.4. State what the contract or lease is for and the nature of the debtor's interest** **Services Agreement**

State the term remaining

List the contract number of any government contract

**AP Technology
5973 Avenida Encinas
Suite 140
Carlsbad, CA 92008**

Debtor 1 **Sheltering Arms Children and Family Services, Inc.**
 First Name Middle Name Last Name

Case number (if known) **24-41037 (JMM)**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Master Service Agreement**

State the term remaining

List the contract number of any government contract

**Atlas Search LLC
1540 Broadway, 10th Floor
New York, NY 10001**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement**

State the term remaining

List the contract number of any government contract

**B H Staffing, LLC
5824 12th Avenue
Brooklyn, NY 11219**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement and related terms and conditions**

State the term remaining

List the contract number of any government contract

**Barton & Associates, Inc.
300 Jubilee Drive
Peabody, MA 01960**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Agreement for Services**

State the term remaining

List the contract number of any government contract

**Beacon Therapy Services, PLLC
1441 Old Northern Blvd.
Roslyn, NY 11576**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Solutions Agreement and Related Renewal Forms**

State the term remaining

List the contract number of any government contract

**Blackbaud, Inc.
65 Fairchild Street
Charleston, SC 29492**

Debtor 1 **Sheltering Arms Children and Family Services, Inc.**
 First Name Middle Name Last Name

Case number (if known) **24-41037 (JMM)**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interest **Contract Providing Central Station Monitoring Services**

State the term remaining

List the contract number of any government contract

**Briscoe Protective LLC
305 Seventh Avenue
4th Floor
New York, NY 10001**

2.11. State what the contract or lease is for and the nature of the debtor's interest **Agreement (Consulting Services)**

State the term remaining

List the contract number of any government contract

**Carey & Co.
658 Peconic Avenue
West Babylon, NY 11704**

2.12. State what the contract or lease is for and the nature of the debtor's interest **Customer Subscriber Agreement**

State the term remaining

List the contract number of any government contract

**Cogent Communications, Inc.
2450 N Street NW
Washington, DC 20037**

2.13. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement for Physician Locum Tenens Coverage**

State the term remaining

List the contract number of any government contract

**CompHealth
6440 Millrock Drive
Suite 175
Salt Lake City, UT 84121**

2.14. State what the contract or lease is for and the nature of the debtor's interest **Office Services Agreement**

State the term remaining

List the contract number of any government contract

**Corporate Suites Two
Park, LLC
1180 Avenue of the
Americas, 8th Floor
New York, NY 10036**

Debtor 1 **Sheltering Arms Children and Family Services, Inc.**
 First Name Middle Name Last Name

Case number (if known) **24-41037 (JMM)**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.15. State what the contract or lease is for and the nature of the debtor's interest **Rental Agreement**

State the term remaining

List the contract number of any government contract

**CWS Vending, Inc.
 c/o Michael A. Markowitz PC
 Attn: Michael A. Markowitz
 1553 Broadway
 Hewlett, NY 11557**

2.16. State what the contract or lease is for and the nature of the debtor's interest **Lease Agreement**

State the term remaining

List the contract number of any government contract

**De Lage Landen
 Financial Services, Inc.
 Lease Processing Center
 1111 Old Eagle School Rd.
 Wayne, PA 19087**

2.17. State what the contract or lease is for and the nature of the debtor's interest **Lease Agreement**

State the term remaining

List the contract number of any government contract

**De Lage Landen
 Financial Services, Inc.
 Lease Processing Center
 1111 Old Eagle School Rd.
 Wayne, PA 19087**

2.18. State what the contract or lease is for and the nature of the debtor's interest **Various Engagement Letters**

State the term remaining

List the contract number of any government contract

**Dorfman Abrams Music LLC
 Park 80 West Plaza Two
 250 Pehle Ave., Ste. 702
 Saddle Brook, NJ 07663**

2.19. State what the contract or lease is for and the nature of the debtor's interest **Account Services Agreement**

State the term remaining

List the contract number of any government contract

**EB Employee Solutions LLC
 245 Main Street
 Suite 605
 White Plains, NY 10601**

Debtor 1 **Sheltering Arms Children and Family Services, Inc.**
 First Name Middle Name Last Name

Case number (if known) **24-41037 (JMM)**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.20. State what the contract or lease is for and the nature of the debtor's interest **Subscriber Agreement**

State the term remaining

List the contract number of any government contract

**Foothold Technology, Inc.
 Attn: Marlowe Greenberg
 666 Broadway, Suite 600
 New York, NY 10012**

2.21. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement**

State the term remaining

List the contract number of any government contract

**Forvis, LLP f/k/a BKD LLP
 1155 Avenue of
 the Americas
 Suite 1200
 New York, NY 10036**

2.22. State what the contract or lease is for and the nature of the debtor's interest **Agreement (Staffing)**

State the term remaining

List the contract number of any government contract

**Gotham Per Diem, Inc.
 75 Maiden Lane
 New York, NY 10038**

2.23. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining

List the contract number of any government contract

**Guidance & Productivity
 Staffing Solutions
 Services LLC
 3310 Nostrand Avenue #412
 Brooklyn, NY 11229**

2.24. State what the contract or lease is for and the nature of the debtor's interest **Software Subscription and Support Agreement**

State the term remaining

List the contract number of any government contract

**IMA Systems LLC
 32 Broadway, Suite 614
 New York, NY 10004**

Debtor 1 **Sheltering Arms Children and Family Services, Inc.**
 First Name Middle Name Last Name

Case number (if known) **24-41037 (JMM)**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.25. State what the contract or lease is for and the nature of the debtor's interest

 State the term remaining

 List the contract number of any government contract

Construction Management Agreement and Related Indemnification Agreement

**Imian Partners, LLC
 14 W. 23rd Street, 4th Fl
 New York, NY 10010**

2.26. State what the contract or lease is for and the nature of the debtor's interest

Consulting Agreement

State the term remaining

List the contract number of any government contract

**Innovative Access Consulting LLC
 Attn: Shirley Torho
 230 Seaman Avenue #5G
 New York, NY 10034**

2.27. State what the contract or lease is for and the nature of the debtor's interest

Lease Agreement

State the term remaining

List the contract number of any government contract

**Institutes of Applied Human Dynamics, Inc.
 32 Warren Avenue
 Tarrytown, NY 10591**

2.28. State what the contract or lease is for and the nature of the debtor's interest

Customer Agreement

State the term remaining

List the contract number of any government contract

**Iron Mountain
 2 Sun Court
 Norcross, GA 30092**

2.29. State what the contract or lease is for and the nature of the debtor's interest

License Agreement

State the term remaining

List the contract number of any government contract

**MDLand International
 15 E. 32nd Street, 2nd Fl
 New York, NY 10016**

Debtor 1 **Sheltering Arms Children and Family Services, Inc.**
 First Name Middle Name Last Name

Case number (if known) **24-41037 (JMM)**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.30. State what the contract or lease is for and the nature of the debtor's interest **Software Agreement**

State the term remaining

List the contract number of any government contract

**Millin Associates LLC
 303 Merrick Road
 Lynbrook, NY 11563**

2.31. State what the contract or lease is for and the nature of the debtor's interest **Master Service Agreement**

State the term remaining

List the contract number of any government contract

**Netsmart Technologies Inc.
 c/o Shook, Hardy & Bacon L.L.P.
 Attention: Mark Moedritzer
 2555 Grand Boulevard
 Kansas City, MO 64108**

2.32. State what the contract or lease is for and the nature of the debtor's interest **License and Service Agreement**

State the term remaining

List the contract number of any government contract

**Netsmart Technologies Inc.
 c/o Shook, Hardy & Bacon L.L.P.
 Attention: Mark Moedritzer
 2555 Grand Blvd.
 Kansas City, MO 64108**

2.33. State what the contract or lease is for and the nature of the debtor's interest **License and Service Agreement**

State the term remaining

List the contract number of any government contract

**Netsmart Technologies Inc.
 c/o Shook, Hardy & Bacon L.L.P.
 Attention: Mark Moedritzer
 2555 Grand Blvd.
 Kansas City, MO 64108**

2.34. State what the contract or lease is for and the nature of the debtor's interest **RevConnect Subscription Addendum**

State the term remaining

List the contract number of any government contract

**Netsmart Technologies Inc.
 c/o Shook, Hardy & Bacon L.L.P.
 Attention: Mark Moedritzer
 2555 Grand Blvd.
 Kansas City, MO 64108**

Debtor 1 **Sheltering Arms Children and Family Services, Inc.**
 First Name Middle Name Last Name

Case number (if known) **24-41037 (JMM)**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.35. State what the contract or lease is for and the nature of the debtor's interest **Agreement to Purchase/Subscription Agreement**

State the term remaining

List the contract number of any government contract

**PairSoft
382 NE 191st St.
PMB 58356
Miami, FL 33179**

2.36. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement**

State the term remaining

List the contract number of any government contract

**PEX Legal
462 7th Avenue, 21st Fl.
New York, NY 10018**

2.37. State what the contract or lease is for and the nature of the debtor's interest **Sourcewell (formerly known as NJPA) Fair Market Value Lease**

State the term remaining

List the contract number of any government contract

**Pitney Bowes
Attn: Products and Svcs.
PO Box 371887
Pittsburgh, PA 15250**

2.38. State what the contract or lease is for and the nature of the debtor's interest **Recruiting and Staffing Services Agreement**

State the term remaining

List the contract number of any government contract

**Pride Healthcare, LLC
420 Lexington Avenue
30th Floor
New York, NY 10170**

2.39. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement, related terms and conditions, and statements of work**

State the term remaining

List the contract number of any government contract

**Quantum Strategies LLC
1 Coopershawk Lane
Chadds Ford, PA 19317**

Debtor 1 **Sheltering Arms Children and Family Services, Inc.**
 First Name Middle Name Last Name

Case number (if known) **24-41037 (JMM)**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.40. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement**

State the term remaining

List the contract number of any government contract

**Risa Heller
Communications LLC
233 Broadway, Suite 2160
New York, NY 10279**

2.41. State what the contract or lease is for and the nature of the debtor's interest **Lease Agreement**

State the term remaining

List the contract number of any government contract

**Rising Ground, Inc.
151 Lawrence Street
5th Floor
Brooklyn, NY 11201**

2.42. State what the contract or lease is for and the nature of the debtor's interest **Security Services Agreement**

State the term remaining

List the contract number of any government contract

**Securitas Security
Services USA, Inc.
1412 Broadway, 17th Floor
New York, NY 10018**

2.43. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreements**

State the term remaining

List the contract number of any government contract

**Spectrotel, Inc.
1200 Jumping Brook Road
Building #7
Neptune, NJ 07753**

2.44. State what the contract or lease is for and the nature of the debtor's interest **Business Calling Solutions Service Agreement**

State the term remaining

List the contract number of any government contract

**Spectrotel, Inc.
1200 Jumping Brook Road
Building #7
Neptune, NJ 07753**

Debtor 1 **Sheltering Arms Children and Family Services, Inc.**
 First Name Middle Name Last Name

Case number (if known) **24-41037 (JMM)**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.45. State what the contract or lease is for and the nature of the debtor's interest **Client Service Agreement**

State the term remaining

List the contract number of any government contract

**Tandym Group
f/k/a The ExecuSearch
Group, LLC
675 Third Avenue
New York, NY 10017**

2.46. State what the contract or lease is for and the nature of the debtor's interest **Service/Subscription Agreement**

State the term remaining

List the contract number of any government contract

**TeamViewer Germany GmbH
Bahnhofsplatz 2
73033 Grippingen
Germany**

2.47. State what the contract or lease is for and the nature of the debtor's interest **Letter of Agreement**

State the term remaining

List the contract number of any government contract

**TemPositions Health Care,
Inc.
622 Third Avenue, 39th Fl
New York, NY 10017**

2.48. State what the contract or lease is for and the nature of the debtor's interest **Exclusive Representation Agreement**

State the term remaining

List the contract number of any government contract

**Transwestern Commercial
Services New York L.L.C.
600 Lexington Avenue
10th Floor
New York, NY 10022**

2.49. State what the contract or lease is for and the nature of the debtor's interest **Exclusive Sales Listing Agreement**

State the term remaining

List the contract number of any government contract

**Transwestern Commercial
Services New York L.L.C.
600 Lexington Avenue
10th Floor
New York, NY 10022**

Debtor 1 **Sheltering Arms Children and Family Services, Inc.**
 First Name Middle Name Last Name

Case number (if known) **24-41037 (JMM)**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.50. State what the contract or lease is for and the nature of the debtor's interest **Quote EK-001553 for Server Management**

State the term remaining

List the contract number of any government contract

**Vocal IP Networx, Ltd.
 15 W. 39th Street
 13th Floor
 New York, NY 10018**

2.51. State what the contract or lease is for and the nature of the debtor's interest **Quote EK-000946 for SD-Wan Services at 3030 Bruner Ave.**

State the term remaining

List the contract number of any government contract

**Vocal IP Networx, Ltd.
 15 W. 39th Street
 13th Floor
 New York, NY 10018**

2.52. State what the contract or lease is for and the nature of the debtor's interest **Quote EK-000955 for SD-Wan Services at 1600 Central Ave.**

State the term remaining

List the contract number of any government contract

**Vocal IP Networx, Ltd.
 15 W. 39th Street
 13th Floor
 New York, NY 10018**

2.53. State what the contract or lease is for and the nature of the debtor's interest **Quote EK-001569 for Unified Threat Management**

State the term remaining

List the contract number of any government contract

**Vocal IP Networx, Ltd.
 15 W. 39th Street
 13th Floor
 New York, NY 10018**

Fill in this information to identify the case:Debtor name **Sheltering Arms Children and Family Services, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **24-41037 (JMM)**☐ Check if this is an amended filing**Official Form 206H****Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the code debtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Code debtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name **Sheltering Arms Children and Family Services, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **24-41037 (JMM)**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 769,827.57
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 9,325,089.49
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 10,094,917.06

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 5,730,071.73
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 72,686.30
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 20,262,484.62
4. Total liabilities Lines 2 + 3a + 3b	\$ 26,065,242.65

Fill in this information to identify the case:Debtor name **Sheltering Arms Children and Family Services, Inc.**United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORKCase number (if known) **24-41037 (JMM)**☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **04/18/2024****x /s/ Judith Pincus**

Signature of individual signing on behalf of debtor

Judith Pincus

Printed name

Wind-Down Chief Executive Officer

Position or relationship to debtor