

Fill in this information to identify the case:

Debtor 1 Sheltering ARMS Child + Family Svcs

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of New York

Case number 1-24-41037 jmm


U.S. BANKRUPTCY COURT  
EASTERN DISTRICT OF  
NEW YORK

2024 APR -4 A 11:00

RECEIVED

**Official Form 410**  
**Proof of Claim**

Filed: USBC - Eastern District of New York  
Shelter Arms Children & Family  
Services Inc (CLM)  
24-41037 (JMM)



0000000004

04/22

this form to

Read the instructions before filling out this form. This form is for making a request for payment of an administrative expense. Make such a request only if you are not the creditor. Filers must leave out or redact information that is entitled to privacy on this form. Filers must submit copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

SCX

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?  
Interagency Council of Developmental Disabilities  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor IAC

2. Has this claim been acquired from someone else?  
 No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>Interagency Council of DD Agencies, Attn: CFO</u></p> <p>Name _____</p> <p><u>150 W. 30th Street, 15th Floor</u></p> <p>Number Street _____</p> <p><u>New York NY 10001</u></p> <p>City State ZIP Code _____</p> <p>Contact phone <u>631-847-2152</u></p> <p>Contact email <u>vjdcpas@iacny.org</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?  
 No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  
 No  
 Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 0 0 1 9

7. How much is the claim? \$ 13,271.34. Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.  
Membership fee and Training Seminars

9. Is all or part of the claim secured?  No  Yes. The claim is secured by a lien on property.  
Nature of property:  
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
Basis for perfection: \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
Value of property: \$ \_\_\_\_\_  
Amount of the claim that is secured: \$ \_\_\_\_\_  
Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  Yes. Identify the property: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority \$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.


I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

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

Executed on date 04 02 2024  
MM / DD / YYYY

Signature: 

Print the name of the person who is completing and signing this claim:

Name: Jennifer Mensche  
First name Middle name Last name

Title: CEO

Company: Imm Agency Counsel of Div Agencies  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 150 W. 30<sup>th</sup> Street, New York, NY 10001  
Number Street City State ZIP Code

Contact phone: 631-847-2152 Email: VJDCpas@iAcny.org

**Interagency Council**

4/2/2024

2024040200003

	<b>Sheltering Arms</b>		
Sheltering Arms		019	N/A
25 Broadway, 18 floor			
New York, NY 10004			\$13,271.34

**Sheltering Arms**

	Charge	Summary of Fully Paid Charges	\$1,311,646.28	\$1,311,646.28
	Payment	Payments/Credits	(\$1,311,646.28)	\$0.00
5/31/2022	Invoice	8437-Invoice for Training Seminar - May 2022	\$40.00	\$40.00
6/23/2022	Invoice	8492-Invoice for Interest for July 2021 Through February 2022	\$66.64	\$106.64
9/30/2022	Invoice	8704-Invoice for Training Seminar - September 2022	\$150.00	\$256.64
11/30/2022	Invoice	8878-Invoice for training Seminar - November 2022	\$300.00	\$556.64
3/31/2023	Invoice	9124-Invoice for Training Seminar - March 2023	\$600.00	\$1,156.64
5/8/2023	Invoice	9220-Invoice for Membership Dues - FY2023-24	\$12,114.70	\$13,271.34
		<b>Subtotal - Sheltering Arms</b>	<b>\$13,271.34</b>	

**Statement Summary**

<b>Sheltering Arms</b>			
Charges		\$1,324,917.62	\$1,324,917.62
Payments		(\$1,311,646.28)	\$13,271.34

**7/1/2020 - 4/2/2024 Summary**

<b>Sheltering Arms</b>			
Charges		\$424,763.19	\$424,763.19



InterAgency Council of  
Developmental Disabilities Agencies, Inc.  
150 W. 30th Street  
15th Floor  
New York, NY 10001  
(212) 645-6360

INVOICE	
Invoice Date	5/31/2022
Invoice ID	8437
Printed on 4/2/2024	Page 1

**CUSTOMER**

**SHIP TO**

Sheltering Arms  
25 Broadway, 18 floor  
New York, NY 10004

Sheltering Arms  
25 Broadway, 18 floor  
New York, NY 10004

Please detach and return this portion with your remittance.

Customer ID	Customer PO No.	Order Date	Shipped Via	FOB
019		5/31/2022		
Terms	Due Date	If Paid By	Deduct	Sold By
Net 45	7/5/2022		\$0.00	

Item No.	Description	Qty	Unit	Unit Price	Discount	Extended Price
18984	Motivating Staff: 10 Good Ideas 05/11 Jan Barksdale	1.00				\$40.00

Subtotal	\$40.00
Sales Tax	\$0.00
Total	\$40.00
Total Due	\$40.00



InterAgency Council of  
Developmental Disabilities Agencies, Inc.  
150 W. 30th Street  
15th Floor  
New York, NY 10001  
(212) 645-6360

INVOICE	
Invoice Date	6/23/2022
Invoice ID	8492
Printed on 4/2/2024	Page 1

**CUSTOMER**

**SHIP TO**

Sheltering Arms  
25 Broadway, 18 floor  
New York, NY 10004

Sheltering Arms  
25 Broadway, 18 floor  
New York, NY 10004

Please detach and send this portion with your remittance.

Customer ID	Customer PO No.	Order Date	Shipped Via		FOB
019		6/23/2022			
Terms	Due Date	IF Paid By	Deduct	Sold By	
	6/23/2022		\$0.00		

Item No.	Description	Qty	Unit	Unit Price	Discount	Extended Price
19094	Transporation Provider Annual Late Interest and Other	1.00				\$66.64

Subtotal	\$66.64
Sales Tax	\$0.00
Total	\$66.64
Total Due	\$66.64



InterAgency Council of  
Developmental Disabilities Agencies, Inc.  
150 W. 30th Street  
15th Floor  
New York, NY 10001  
(212) 645-6360

INVOICE	
Invoice Date	9/30/2022
Invoice ID	8704
Printed on 4/2/2024	Page 1

**CUSTOMER**

**SHIP TO**

Sheltering Arms  
25 Broadway, 18 floor  
New York, NY 10004

Sheltering Arms  
25 Broadway, 18 floor  
New York, NY 10004

Please detach and return this portion with your remittance.

Customer ID	Customer PO No.	Order Date	Shipped Via		FOB
019		9/30/2022			
Terms	Due Date	If Paid By	Deduct	Sold By	
Net 45	11/4/2022		\$0.00		

Item No.	Description	Qty	Unit	Unit Price	Discount	Extended Price
19506	Crisis Intervention for Administrators 9 12 J. De Curuew, C. Pierre-Louis	1.00				\$150.00

<b>Subtotal</b>	\$150.00
<b>Sales Tax</b>	\$0.00
<b>Total</b>	\$150.00
<b>Total Due</b>	\$150.00



InterAgency Council of  
Developmental Disabilities Agencies, Inc.  
150 W. 30th Street  
15th Floor  
New York, NY 10001  
(212) 645-6360

INVOICE	
Invoice Date	11/30/2022
Invoice ID	8978
Printed on 4/2/2024	Page 1

**CUSTOMER**

**SHIP TO**

Sheltering Arms  
25 Broadway, 18 floor  
New York, NY 10004

Sheltering Arms  
25 Broadway, 18 floor  
New York, NY 10004

Please detach and return this portion with your remittance.

Customer ID	Customer PO No.	Order Date	Shipped Via		FOB
019		11/30/2022			
Terms		Due Date	If Paid By	Deduct	Sold By
		11/30/2022		\$0.00	

Item No.	Description	Qty	Unit	Unit Price	Discount	Extended Price
19734	Acute Change of Condition in Developmental Disabilities Setting 11/15 E. Royer	1.00				\$60.00
19735	Frontline Supervisor Training for Effective Leadership 11/18 S. Michell, G. Morton, H. Mendoza, F. Dawudu	1.00				\$240.00

Subtotal	\$300.00
Sales Tax	\$0.00
Total	\$300.00
Total Due	\$300.00



InterAgency Council of  
Developmental Disabilities Agencies, Inc.  
150 W. 30th Street  
15th Floor  
New York, NY 10001  
(212) 645-6360

INVOICE	
Invoice Date	3/31/2023
Invoice ID	9124
Printed on 4/2/2024	Page 1

**CUSTOMER**

**SHIP TO**

Sheltering Arms  
25 Broadway, 18 floor  
New York, NY 10004

Sheltering Arms  
25 Broadway, 18 floor  
New York, NY 10004

Please detach and return this portion with your remittance.

Customer ID	Customer PO No.	Order Date	Shipped Via	FOB
019		3/31/2023		
Terms	Due Date	If Paid By	Deduct	Sold By
	3/31/2023		\$0.00	

Item No.	Description	Qty	Unit	Unit Price	Discount	Extended Price
19991	Approved Medication Administration Personnel March 2023 3 29 Nakia Belton, Stephanie Agudo, Ibrahim Bah, Octavia Cooks	1.00				\$600.00

Subtotal	\$600.00
Sales Tax	\$0.00
<b>Total</b>	<b>\$600.00</b>
<b>Total Due</b>	<b>\$600.00</b>



InterAgency Council of  
Developmental Disabilities Agencies, Inc.  
150 W. 30th Street  
11th Floor  
New York, NY 10001  
(212) 645-6360

**INTERAGENCY COUNCIL**  
of Developmental Disabilities Agencies Inc.

INVOICE	
Invoice Date	5/8/2023
Invoice ID	9220
Printed on 4/2/2024	Page 1

**CUSTOMER**

**SHIP TO**

Sheltering Arms  
25 Broadway, 18 floor  
New York, NY 10004

Sheltering Arms  
25 Broadway, 18 floor  
New York, NY 10004

Please detach and return this portion with your remittance.

Customer ID	Customer PO No.	Order Date	Shipped Via	FOB
019		5/8/2023		
Terms	Due Date	If Paid By	Deduct	Sold By
Net 60	7/7/2023		\$0.00	

Item No.	Description	Qty	Unit	Unit Price	Discount	Extended Price
20107	Membership Dues - FY2023-24	1.00				\$12,114.70

<b>Subtotal</b>	\$12,114.70
<b>Sales Tax</b>	\$0.00
<b>Total</b>	\$12,114.70
<b>Total Due</b>	\$12,114.70