

**UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

In re:	:	Chapter 11
	:	
Museum of American Jewish History, d/b/a	:	Case No. 20-11285 (MDC)
National Museum of American Jewish History	:	
	:	
Debtor.	:	

**GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY AND
DISCLAIMER REGARDING THE DEBTOR'S SCHEDULES OF ASSETS
AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

Museum of American Jewish History, d/b/a National Museum of American Jewish History, as debtor and debtor in possession in the above-captioned chapter 11 case (the "Debtor") has filed its Schedules of Assets and Liabilities (the "Schedules") and Statements of Financial Affairs (the "Statements," and collectively with the "Schedules," the "Schedules and Statements") in the United States Bankruptcy Court for the Eastern District of Pennsylvania (the "Bankruptcy Court"). The Debtor, with the assistance of its advisors, prepared the Schedules and Statements in accordance with section 521 of title 11 of the United States Code (the "Bankruptcy Code") and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the "Bankruptcy Rules").

Paul Waimberg has signed each set of the Schedules and Statements. Mr. Waimberg serves as Chief Financial Officer for the Debtor. In reviewing and signing the Schedules and Statements, Mr. Waimberg has necessarily relied upon the efforts, statements and representations of various personnel of the Debtor. Mr. Waimberg 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.

The Global Notes and Statement of Limitations, Methodology and Disclaimer Regarding the Debtor's Schedules of Assets and Liabilities and Statements of Financial Affairs (the "Global Notes") pertain to, are incorporated by reference in, and comprise an integral part of all of the Schedules and Statements. The Global Notes should be referred to and reviewed in connection with any review of the Schedules and Statements.

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States ("GAAP"), nor are they intended to be fully reconciled to the financial statements of the Debtor. The Schedules and Statements contain unaudited information that is subject to further review and potential adjustment. The Schedules and Statements reflect the Debtor's reasonably best efforts to report the assets and liabilities of the Debtor.

In preparing the Schedules and Statements, the Debtor relied on financial data derived from its books and records that was available at the time of such preparation. Although the Debtor has made reasonable efforts to ensure the accuracy and completeness of such financial information, subsequent information or discovery may result in material changes to the

Schedules and Statements. As a result, inadvertent errors or omissions may exist. The Debtor reserves all rights to amend or supplement the Schedules and Statements as is necessary and appropriate.

Nothing contained in the Schedules and Statements shall constitute a waiver of any of the Debtor's rights or an admission with respect to its chapter 11 case, including, without limitation, any issues involving equitable subordination, defenses or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant applicable laws to recover assets or avoid transfers.

Description of Case. On March 1, 2020, (the "Petition Date"), the Debtor filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code. The Debtor is operating its organization and managing its property as a debtor in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. All asset information contained in the Schedules and Statements, except where otherwise noted, is reported as of the close of business on March 1, 2020. All liability information contained in the Schedules and Statements are reported as of the best available pre-petition information.

Recharacterization. Notwithstanding that the Debtor has made reasonable best efforts to correctly characterize, classify, categorize or designate certain claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtor nonetheless may have improperly characterized, classified, categorized or designated certain items. Thus, the Debtor reserves all rights to recharacterize, reclassify, recategorize or redesignate items reported in the Schedules and Statements at a later time as is necessary and appropriate.

Liabilities. The Debtor allocated liabilities between the pre-petition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the pre-petition and post-petition periods may change. The Debtor reserves all rights to modify, amend and supplement the Schedules and Statements as is necessary and appropriate.

The liabilities listed on these Schedules do not reflect any analysis of claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtor reserves all rights to dispute or challenge the validity of any asserted claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to such creditor's claim.

Insiders. For purposes of the Schedules and Statements, the Debtor defines "insiders" to include the following: (a) directors; (b) officers; (c) relatives of directors or officers of the Debtor (to the extent known by the Debtor); and (d) affiliates.

Persons listed as "insiders" have been included for informational purposes only. The Debtor does not take any position with respect to: (a) such person's influence over the control of the Debtor; (b) the management responsibilities or functions of such individual; (c) the decision-making or corporate authority of such individual; or (d) whether such individual could

successfully argue that he or she is not an “insider” under applicable law, including the federal securities laws, or with respect to any theories of liability or for any other purpose.

Executory Contracts. The Debtor has not set forth executory contracts as assets in the Schedules and Statements. The Debtor’s executory contracts have been set forth in Schedule G.

Classifications. Listing a claim (1) on Schedule D as “secured,” (2) on Schedule E/F, Part 1 as “priority,” (3) on Schedule E/F, Part 2 as “unsecured,” or (4) listing a contract on Schedule G as “executory” or “unexpired,” does not constitute an admission by the Debtor of the legal rights of the claimant, or a waiver of the Debtor’s right to recharacterize or reclassify such claim or contract.

Claims Description. While the Debtor has made every effort to properly classify each claim listed in the Schedules and Statements as being either disputed or undisputed, liquidated or unliquidated, and contingent or noncontingent, the Debtor has not been able to fully reconcile all payments made to certain third parties and its related entities on account of the Debtor’s obligations to same. Any failure to designate a claim on a given Debtor’s Schedules and Statements as “disputed,” “contingent” or “unliquidated” does not constitute an admission by the Debtor that such amount is not “disputed,” “contingent” or “unliquidated.” The Debtor reserves all rights to dispute any claim reflected on its Schedules and Statements on any grounds, including, without limitation, liability, classification or to otherwise subsequently designate such claims as “disputed,” “contingent” or “unliquidated.”

Causes of Action. Despite reasonable efforts, the Debtor may not have identified and/or set forth all of its causes of action (filed or potential) against third parties as assets in its Schedules and Statements. The Debtor reserves all rights with respect to any causes of action and nothing in the Global Notes or the Schedules and Statements shall be deemed a waiver of any such causes of action.

1. **Summary of Significant Reporting Policies.** The following is a summary of significant reporting policies:

- (a) **Currency.** All amounts are reflected in U.S. dollars.
- (b) **Undetermined Amounts.** The description of an amount as “unknown” or “undetermined” is not intended to reflect upon the materiality of such amount.
- (c) **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 may be different than the listed total.
- (d) **Current Market Value - Net Book Value.** For some of the Debtor’s assets, current market valuations are neither maintained by, nor readily available to, the Debtor. The Debtor’s Schedules and Statements reflect net book values unless otherwise indicated. Market values may vary, at some times materially, from net book value. Also, assets that have been fully

depreciated or that were expensed for accounting purposes do not appear in these Schedules and Statements as they have no net book value.

- (e) Paid Claims. The Debtor has authority to pay certain outstanding pre-petition payables (including wage claims) pursuant to a Bankruptcy Court order, as such, outstanding liabilities have been reduced by any Bankruptcy Court approved post-petition payments made on pre-petition payables. To the extent the Debtor pays any of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtor reserves all rights to amend or supplement the Schedules and Statements or take other action such as filing claims objections, as is necessary and appropriate to avoid over payment or duplicate payments for liabilities.
- (f) Excluded Assets and Liabilities. The Debtor has excluded the following categories of assets and liabilities from the Schedules and Statements: goodwill, leasehold improvements and accrued liabilities including, but not limited to, employee benefits. Other immaterial assets and liabilities may also have been excluded.
- (g) Liens. The inventories, property and equipment listed in the Schedules and Statements are presented without consideration of any liens.

2. Specific Schedules and Statements Disclosures

- (a) Schedule A/B, Part 4. The Debtor's endowment fund, which was held in a Brokerage Account at Charles Schwab as of the Petition Date, is a restricted endowment fund held in trust and is not property of the Debtor's bankruptcy estate. The endowment fund is described in the Schedules so that the existence of the fund is disclosed, but such disclosure should not be interpreted as a statement that the endowment fund is property of the Debtor's bankruptcy estate. The Debtor reserves all rights as to whether the endowment fund constitutes property of the estate.
- (b) Schedule D. Except as otherwise agreed pursuant to a written agreement, stipulation or order entered by the Bankruptcy Court, the Debtor reserves 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. Moreover, although the Debtor has scheduled claims of various creditors as secured claims, the Debtor reserves all rights to dispute or challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument related to such creditor's claim. The descriptions provided in Schedule D are intended only to be a summary.

The Debtor has not included on Schedule D parties that may believe its claims are secured through setoff rights or inchoate statutory lien rights.

- (c) Schedule E/F, Part 1. The Debtor has authority to pay certain pre-petition obligations including to pay employee wages and other employee benefits in the ordinary course of business pursuant an interim order (the “Employee Wages Order”). Pursuant to such Employee Wages Order, the Debtor believes that any employee claims for pre-petition amounts related to ongoing payroll and benefits, whether allowable as a priority or nonpriority claim, have been or will be satisfied, and such satisfied amounts are not individually detailed on Schedule E/F, Part 1. The Debtor reserves all rights to amend or supplement the Schedules and Statements or take other action such as filing claims objections, as is necessary and appropriate to avoid over payment or duplicate payments for liabilities.
- (d) Schedule E/F, Part 2. reflects the pre-petition amounts owing to certain counterparties to executory contracts and unexpired leases. In addition, Schedule E/F, Part 2 does not include rejection damages claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

The claims of individual creditors for, among other things, merchandise, goods, services or taxes are listed on the Debtor’s books and records and may not reflect credits or allowances due from such creditor. The Debtor reserves all of its rights respecting such credits and allowances. The dollar amounts listed may be exclusive of contingent and unliquidated amounts.

- (e) Schedule G. While every effort has been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred. Listing a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease or that such contract or agreement was in effect on the Petition Date or is valid or enforceable. The Debtor hereby reserves all of 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 such Schedule as necessary. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth separately on Schedule G.

Omission of a contract or agreement from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. The Debtor’s rights under the Bankruptcy Code with respect to any such omitted contracts or agreements are not impaired by the omission.

- (f) Statement Question 10. The Debtor occasionally incurs losses for a variety of reasons including theft and property damage, etc. Certain of these losses may not have been tracked and, thus, the Debtor has only listed losses that were identifiable in its books and records.

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

END OF GLOBAL NOTES

SCHEDULES AND STATEMENTS BEGIN ON THE FOLLOWING PAGE

Fill in this information to identify the case:

Debtor name: Museum of American Jewish History, d/b/a National Museum of American Jewish History

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number (if known): 20-11285

☐ 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 Schedule A/B	\$10,150,000.00
1b. Total personal property: Copy line 91A from Schedule A/B	\$6,051,272.52
1c. Total of all property: Copy line 92 from Schedule A/B	\$16,201,272.52

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, Amount of claim, from line 3 of Schedule D	\$30,052,005.33
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 Schedule E/F	\$70,831.00
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 Schedule E/F	+ \$532,540.27
4. Total liabilities Lines 2 + 3a + 3b	\$30,655,376.60

Fill in this information to identify the case:

Debtor name: Museum of American Jewish History, d/b/a National Museum of American Jewish History

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number (if known): 20-11285

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

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
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2. Cash on hand

2.1. PETTY CASH	\$2,800.00
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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	Current value of debtor's interest
3.1. WELLS FARGO 601 CHESTNUT STREET PHILADELPHIA PA 19106	MAIN OPERATING ACCOUNT	3457	\$475,583.42
3.2. WELLS FARGO 601 CHESTNUT STREET PHILADELPHIA PA 19106	MERCHANT ACCOUNT	9039	\$135,449.34
3.3. FIRST VIRGINIA COMMUNITY BANK 11325 RANDOM HILLS RD. #240 FAIRFAX VA 22030	ESCROW ACCOUNT	6169	\$11,003.00
3.4. BNB BANK 400 BROADHOLLOW ROAD MELVILLE NY 11747	OLD MERCHANT ACCOUNT	0711	\$639.44
3.5. BNB BANK 400 BROADHOLLOW ROAD MELVILLE NY 11747	SAVINGS ACCOUNT	0243	\$581.66

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

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	Current value of debtor's interest
3.6.	BNB BANK 400 BROADHOLLOW ROAD MELVILLE NY 11747	CHECKING ACCOUNT	0448	\$626.06

4. Other cash equivalents (Identify all)

	Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1.					\$

5. Total of part 1

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

\$626,682.92

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 deposit	Current value of debtor's interest
7.1.	REMAINING RETAINER DONLIN, RECANO & COMPANY, INC.	\$3,932.60

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

	Description, including name of holder of prepayment	Current value of debtor's interest
8.1.	INSURANCE CONTINENTIAL CASUALTY CO.	\$3,027.00
8.2.	INSURANCE CONTINENTIAL CASUALTY CO.	\$1,796.00
8.3.	INSURANCE GREAT AMERICAN ALLIANCE INSURANCE CO.	\$5,798.00
8.4.	INSURANCE PHILADELPHIA INDEMNITY INSURANCE CO.	\$13,881.00
8.5.	INSURANCE STARNET INSURANCE COMPANY	\$1,155.00
8.6.	INSURANCE STARNET INSURANCE COMPANY	\$2,667.00
8.7.	INSURANCE ZURICH AMERICAN INSURANCE CO.	\$1,191.00

9. Total of part 2

Add lines 7 through 8. Copy the total to line 81.

\$33,447.60

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**Case number (if known) **20-11285****Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest**11. Accounts receivable**

	Face amount	Doubtful or uncollectible accounts		
11a. 90 days old or less:	\$55,662.00	- \$32,500.00	= →	\$23,162.00
	Face amount	Doubtful or uncollectible accounts		
11b. Over 90 days old:	\$0.00	- \$0.00	= →	\$0.00

12. Total of part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$23,162.00**Part 4: Investments****13. Does the debtor own any investments?**

- ☐ No. Go to Part 5.
- ☒ Yes. Fill in the information below.

Valuation method used for current value**Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock

14.1. VARIOUS EXCHANGE TRADED FUNDS (ETF'S)	Market Value	\$4,422,822.00
¹ CHARLES SCHWAB		

¹THIS IS A RESTRICTED ENDOWMENT FUND HELD IN TRUST.**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity

% of ownership

15.1. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe

16.1. _____ \$ _____

17. Total of part 4

Add lines 14 through 16. Copy the total to line 83.

\$4,422,822.00

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**Case number (if known) **20-11285****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.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
19.1. _____	_____	\$ _____	_____	\$ _____
20. Work in progress				
20.1. _____	_____	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
21.1. MUSEUM STORE INVENTORY HELD FOR RESALE	6/30/2019	\$167,200.00	NET BOOK VALUE	\$167,200.00
22. Other inventory or supplies				
22.1. _____	_____	\$ _____	_____	\$ _____
23. Total of part 5				\$167,200.00
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☒ Yes Book value: \$3,160.00 Valuation method: NET BOOK VALUE Current value: \$3,160.00

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

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.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
28.1. _____	\$ _____	_____	\$ _____
29. Farm animals. Examples: Livestock, poultry, farm-raised fish			
29.1. _____	\$ _____	_____	\$ _____

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

30. Farm machinery and equipment (Other than titled motor vehicles)

30.1. _____ \$ _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

31.1. _____ \$ _____ \$ _____

32. Other farming and fishing-related property not already listed in Part 6

32.1. _____ \$ _____ \$ _____

33. Total of part 6

Add lines 28 through 32. Copy the total to line 85.

\$0.00

34. Is the debtor a member of an agricultural cooperative?

☐ No

☐ Yes. Is any of the debtor's property stored at the cooperative?

☐ No

☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

☐ No

☐ Yes Book value: \$ _____ Valuation method: _____ Current value: \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

☐ No

☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

☐ No

☐ Yes

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
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39. Office furniture

39.1. OWNED¹ \$658,690.00 net book value \$658,690.00

¹INCLUDES MUSEUM AND STORE FIXTURES

40. Office fixtures

40.1. PLEASE SEE RESPONSE AT PART 7, NO. 39. \$ _____ \$ _____

41. Office equipment, including all computer equipment and communication systems equipment and software

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1. OWNED	\$119,268.00	Net book value	\$119,268.00

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**Case number (if known) **20-11285**

- 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

42.1. ARTIFACTS IN CORE EXHIBITION	UNDETERMINED	_____	UNDETERMINED
42.2. ARTIFACTS AND COLLECTIBLES IN STORAGE	UNDETERMINED	_____	UNDETERMINED

43. Total of part 7

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

\$777,958.00

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.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest (Where available)
(Where available)**Valuation method used for current value****Current value of debtor's interest****47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. _____ \$ _____ _____ \$ _____

48. Watercraft, trailers, motors, and related accessories. Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1. _____ \$ _____ _____ \$ _____

49. Aircraft and accessories

49.1. _____ \$ _____ _____ \$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

50.1. _____ \$ _____ _____ \$ _____

51. Total of part 8

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**Case number (if known) **20-11285****Part 9: Real property****54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

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
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55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

55.1. _____ OWNED \$69,821,581.00 Current Value \$10,150,000.00
 MUSEUM BUILDING BUILDING - FEE
 SIMPLE

 101 SOUTH INDEPENDENCE MALL EAST
 PHILADELPHIA PA 19106

56. Total of part 9

Add the current value on lines 55. Copy the total to line 88.

\$10,150,000.00

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 property**59. 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
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60. Patents, copyrights, trademarks, and trade secrets

60.1. NATIONAL MUSEUM OF AMERICAN JEWISH HISTORY & DESIGN 3583018 UNDETERMINED n/a UNDETERMINED

61. Internet domain names and websites

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. WWW.NMAJH.ORG	UNDETERMINED	n/a	UNDETERMINED
61.2. IYS.NMAJH.ORG	UNDETERMINED	n/a	UNDETERMINED
61.3. CIF.NMAJH.ORG	UNDETERMINED	n/a	UNDETERMINED
61.4. WWW.CHASINGDREAMS.NMAJH.ORG	UNDETERMINED	n/a	UNDETERMINED
61.5. WWW.RELIGIOUSFREEDOM.NMAJH.ORG	UNDETERMINED	n/a	UNDETERMINED
61.6. WWW.ENWOVEN.COM	UNDETERMINED	n/a	UNDETERMINED
61.7. WWW.JUDAICASHOP.NET	UNDETERMINED	n/a	UNDETERMINED

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**Case number (if known) **20-11285****61. Internet domain names and websites**

		Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.8.	WWW.SURVEY.NMAJH.ORG	UNDETERMINED	n/a	UNDETERMINED
61.9.	WWW.JAHM.US	UNDETERMINED	n/a	UNDETERMINED
61.10.	WWW.ONLYINAMERICA.ORG	UNDETERMINED	n/a	UNDETERMINED
61.11.	WWW.JEWISHAMERICANHERITAGE.COM	UNDETERMINED	n/a	UNDETERMINED

62. Licenses, franchises, and royalties

62.1.	_____	\$ _____	_____	\$ _____
-------	-------	----------	-------	----------

63. Customer lists, mailing lists, or other compilations

63.1.	THE DEBTOR MAINTAINS A MEMBERSHIP LIST OF APPROXIMATELY 4,450 INDIVIDUALS WHICH INCLUDES NAME, ADDRESS, AND E-MAIL.	UNDETERMINED	n/a	UNDETERMINED
-------	---	--------------	-----	--------------

64. Other intangibles, or intellectual property

64.1.	_____	\$ _____	_____	\$ _____
-------	-------	----------	-------	----------

65. Goodwill

65.1.	_____	\$ _____	_____	\$ _____
-------	-------	----------	-------	----------

66. Total of part 10

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

UNDETERMINED

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.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)	Total face amount	Doubtful or uncollectible amount	Current value of debtor's interest
71.1. _____	\$ _____	- \$ _____	= → \$ _____

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**Case number (if known) **20-11285****72. Tax refunds and unused net operating losses (NOLs)**

	Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1.	CITY OF PHILADELPHIA	\$ _____	\$471,353.00	2018	UNDETERMINED
72.2.	INTERNAL REVENUE SERVICE	\$ _____	\$917,833.00	2018	UNDETERMINED

73. Interests in insurance policies or annuities

	Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1. ¹	PHILADELPHIA INDEMNITY INSURANCE CO.	PHPK1994434	_____	_____	_____	UNDETERMINED
73.2. ²	STARNET INSURANCE COMPANY	BFAM4000202624	_____	_____	_____	UNDETERMINED
73.3. ³	STARNET INSURANCE COMPANY	BFAE4000202524	_____	_____	_____	UNDETERMINED
73.4. ⁴	GREAT AMERICAN ALLIANCE INSURANCE CO.	M2260086	_____	_____	_____	UNDETERMINED
73.5. ⁴	FIREMAN'S FUND INSURANCE CO.	M2260086	_____	_____	_____	UNDETERMINED
73.6. ⁴	NAVIGATORS INSURANCE CO.	M2260086	_____	_____	_____	UNDETERMINED
73.7. ⁵	CONTINENTAL CASUALTY CO.	592412553	_____	_____	_____	UNDETERMINED
73.8. ⁶	ZURICH AMERICAN INSURANCE CO.	MPL 5956011-06	_____	_____	_____	UNDETERMINED
73.9. ⁷	CONTINENTAL CASUALTY CO.	596347469	_____	_____	_____	UNDETERMINED

¹COMMERCIAL PROPERTY & GENERAL LIABILITY²FINE ARTS - PERMANENT COLLECTION & CONTENTS³TRANSIT & EXHIBITION INSURANCE⁴UMBRELLA EXCESS LIABILITY⁵DIRECTORS' & OFFICERS' LIABILITY/EMPLOYMENT PRACTICES LIABILITY/FIDUCIARY LIABILITY⁶CRIME⁷NETWORK SECURITY & PRIVACY LIABILITY**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

	Nature of claim	Amount requested	Current value of debtor's interest
74.1.	_____	\$ _____	\$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

	Nature of claim	Amount requested	Current value of debtor's interest
75.1.	_____	\$ _____	\$ _____

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

76. Trusts, equitable or future interests in property

76.1. PROFIT SHARING IN A FUTURE SALE OF MIKVEH ISRAEL SYNAGOGUE BUILDING: 44 NORTH 4TH STREET, PHILADELPHIA PA 19106 UNDETERMINED

77. Other property of any kind not already listed

Examples: Season tickets, country club membership

77.1. MULTI-YEAR PLEDGES UNDETERMINED

78. Total of part 11

Add lines 71 through 77. Copy the total to line 90.

UNDETERMINED

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No

☐ Yes

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>	\$626,682.92	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$33,447.60	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$23,162.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$4,422,822.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$167,200.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$777,958.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$10,150,000.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> UNDETERMINED		
90. All other assets. <i>Copy line 78, Part 11.</i> + UNDETERMINED		
91. Total. Add lines 80 through 90 for each column.91a.	\$6,051,272.52	+ 91b. \$10,150,000.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$16,201,272.52

Fill in this information to identify the case:

Debtor name: Museum of American Jewish History, d/b/a National Museum of American Jewish History

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number (if known): 20-11285

☐ 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.

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

**Column A
Amount of
Claim**

Do not deduct
the value of
collateral.

**Column B
Value of
collateral that
supports this
claim**

2.1. Creditor's name and address

UMB BANK, N.A.
P. O. BOX 414589
KANSAS CITY MO 64141-4589

Creditor's email address, if known

Date debt was incurred: June 30, 2015

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

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

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

CERTAIN PERSONAL AND FIXTURE PROPERTY INCLUDING ACCOUNTS, CHATTEL PAPER, LETTER OF CREDIT RIGHTS, AND OTHER PROPERTY, BUT EXCLUDING CERTAIN PROPERTY INTENDED FOR EXHIBITION, EDUCATION OR RESEARCH

\$2,005.33

UNDETERMINED

Describe the lien

LOAN & SECURITY AGREEMENT DATED AS OF JUNE 20, 2015

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

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

2.2.¹ Creditor's name and address UMB BANK, NA INDENTURE TRUSTEE LAURA ROBERSON 2 SOUTH BROADWAY STE 600 ST LOUIS MO 63102 Creditor's email address, if known _____ Date debt was incurred: June 30, 2015 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. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines: _____	Describe debtor's property that is subject to a lien CERTAIN PERSONAL AND FIXTURE PROPERTY INCLUDING ACCOUNTS, CHATTEL PAPER, LETTER OF CREDIT RIGHTS, AND OTHER PROPERTY, BUT EXCLUDING CERTAIN PROPERTY INTENDED FOR EXHIBITION, EDUCATION OR RESEARCH Describe the lien LOAN & SECURITY AGREEMENT DATED AS OF JUNE 20, 2015 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 Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$16,300,000.00 UNDETERMINED
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2.3.² Creditor's name and address UMB BANK, NA INDENTURE TRUSTEE LAURA ROBERSON 2 SOUTH BROADWAY STE 600 ST LOUIS MO 63102 Creditor's email address, if known _____ Date debt was incurred: June 30, 2015 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. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines: _____	Describe debtor's property that is subject to a lien CERTAIN PERSONAL AND FIXTURE PROPERTY INCLUDING ACCOUNTS, CHATTEL PAPER, LETTER OF CREDIT RIGHTS, AND OTHER PROPERTY, BUT EXCLUDING CERTAIN PROPERTY INTENDED FOR EXHIBITION, EDUCATION OR RESEARCH Describe the lien LOAN & SECURITY AGREEMENT DATED AS OF JUNE 20, 2015 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 Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,750,000.00 UNDETERMINED
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Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

¹SERIES 2015A BONDS

²SERIES 2015B BONDS

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **\$30,052,005.33**

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	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
3.1.	DUANE MORRIS LLP RUDOLPH J. DIMASSA JR. 30 SOUTH 17TH STREET PHILADELPHIA PA 19103-4196	Line 2.3	_____
3.2.	UMB BANK NA PO BOX 414589 KANSAS CITY MO 64141-4589	Line 2.2	_____
3.3.	UMB BANK NA PO BOX 414589 KANSAS CITY MO 64141-4589	Line 2.3	_____
3.4.	UMB BANK NA LAURA ROBERSON 2 SOUTH BROADWAY STE 600 ST LOUIS MO 63102	Line 2.1	_____
3.5.	WEBER GALLAGHER SIMPSON ET AL. PETER E MELTZER, ESQ. 2000 MARKET STREET SUITE 1300 PHILADELPHIA PA 19103	Line 2.2	_____
3.6.	WEBER GALLAGHER SIMPSON ET AL. PETER E MELTZER, ESQ. 2000 MARKET STREET SUITE 1300 PHILADELPHIA PA 19103	Line 2.3	_____
3.7.	WEBER GALLAGHER SIMPSON ET AL. PETER E MELTZER, ESQ. 2000 MARKET STREET SUITE 1300 PHILADELPHIA PA 19103	Line 2.1	_____

Fill in this information to identify the case:

Debtor name: Museum of American Jewish History, d/b/a National Museum of American Jewish History

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number (if known): 20-11285

☐ 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.

2.1. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
IVY BARSKY Address Intentionally Omitted	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$70,831.00	\$13,650.00
Date or dates debt was incurred VARIOUS	Basis for the claim: SEVERANCE		Nonpriority amount \$57,181.00
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

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.

3.1.	Nonpriority creditor's name and mailing address 1/O TECHNOLOGY CORP. C/O WORKPOINT 290 HARBOR DRIVE STAMFORD CT 06902 Date or dates debt was incurred 1/1/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,000.00
3.2.	Nonpriority creditor's name and mailing address 1000 BULBS.COM 2140 MERRITT DRIVE GARLAND TX 75041 Date or dates debt was incurred 10/21/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$169.58
3.3.	Nonpriority creditor's name and mailing address 1800KETUBAH.COM 56 WILDWOOD AVENUE UPPER MONTCLAIR NJ 07043 Date or dates debt was incurred 7/30/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$215.00

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

3.4.	Nonpriority creditor's name and mailing address ABM JANITORIAL - MIDATLANTIC, INC PO BOX 419860 BOSTON MA 02241-9860 Date or dates debt was incurred 11/30/19-1/31/20 Last 4 digits of account number: 6709405	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$57,439.88
3.5.	Nonpriority creditor's name and mailing address AL C. RINALDI INC DDA JACOBS MUSIC CO. 1718 CHESTNUT STREET PHILADELPHIA PA 19103 Date or dates debt was incurred 1/23/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$900.00
3.6.	Nonpriority creditor's name and mailing address ALCOM PRINTING GROUP INC P O BOX 570 HARLEYSVILLE PA 19438-0570 Date or dates debt was incurred 12/31/19-2/18/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,760.36

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

3.7.	Nonpriority creditor's name and mailing address APEX IT GROUP 525 FELLOWSHIP ROAD - STE 300 MOUNT LAUREL NJ 08054 Date or dates debt was incurred 1/24/20-2/1/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,202.00
3.8.	Nonpriority creditor's name and mailing address ASSOCIATED IMAGING SOLUTIONS, INC 165 VETERANS WAY SUITE 100 A WARMINSTER PA 18974 Date or dates debt was incurred 1/22/20-2/12/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$485.19
3.9.	Nonpriority creditor's name and mailing address ATELIER 4, INC 35-00 47TH AVENUE LONG ISLAND CITY NY 11101-2434 Date or dates debt was incurred 1/20/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,502.04

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

3.10.	Nonpriority creditor's name and mailing address ATELIER ART SERVICES, INC P O BOX 56316 PHILADELPHIA PA 19130 Date or dates debt was incurred 12/31/19-1/31/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$24,682.20
3.11.	Nonpriority creditor's name and mailing address AZOULAY ART LTD PO BOX 339 BEIT SHEMESH ISRAEL Date or dates debt was incurred 10/6/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$289.00
3.12.	Nonpriority creditor's name and mailing address BASIC MAINTENANCE SUPPLY PO BOX 1102 CHERRY HILL NJ 08034 Date or dates debt was incurred 11/6/19 Last 4 digits of account number: NA3811	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,185.13

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

3.13.	Nonpriority creditor's name and mailing address BEE.NET INTERNET SERVICES PMB 239 64 E UWCHLAN AVE EXTON PA 19341-1203 Date or dates debt was incurred 1/1/20 Last 4 digits of account number: 481	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$321.00
3.14.	Nonpriority creditor's name and mailing address BETSY TEUTSCH 6622 LINCOLN DRIVE PHILADELPHIA PA 19119-3156 Date or dates debt was incurred 2/23/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$202.50
3.15.	Nonpriority creditor's name and mailing address BLANK ROME LLP ON LOGAN SQUARE 130 NORTH 18TH STREET PHILADELPHIA PA 19103-6998 Date or dates debt was incurred 10/21/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$170.00

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

3.16.	Nonpriority creditor's name and mailing address BLUEDGE 575 EIGHTH AVENUE SUITE #801 NEW YORK NY 10018 Date or dates debt was incurred 12/31/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,545.00
3.17.	Nonpriority creditor's name and mailing address BMI 10 MUSIC SQUARE E NASHVILLE TN 37203 Date or dates debt was incurred 1/23/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,005.65
3.18.	Nonpriority creditor's name and mailing address BONSAI FINE ARTS, INC. 509 MCCORMICK DR. #O GLEN BURNIE MD 21061 Date or dates debt was incurred 6/5/18 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$500.00

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

3.19.	Nonpriority creditor's name and mailing address BRAND KNEW, LLC 10351 SANTA MONICA BLVD SUITE 202 LOS ANGELES CA 90025 Date or dates debt was incurred 1/2/20-2/24/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$18,430.32
3.20.	Nonpriority creditor's name and mailing address BROOKE SCHOSTAK 22 IVY LANE CHERRY HILL NJ 08002 Date or dates debt was incurred 9/11/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$61.03
3.21.	Nonpriority creditor's name and mailing address CARICATURES BY COURTNEY 173 STONEWAY LANE BALA CYNWYD PA 19004 Date or dates debt was incurred 12/12/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$325.00

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

3.22.	Nonpriority creditor's name and mailing address CENTER CITY DISTRICT C/O CAROL KUBACKI 660 CHESTNUT ST PHILADELPHIA PA 19106 Date or dates debt was incurred 9/30/19 Last 4 digits of account number: NATIO02	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,380.00
3.23.	Nonpriority creditor's name and mailing address CHEF'S MARKET INC AKA CHEFS TABLE 231 SOUTH STREET PHILADELPHIA PA 19147 Date or dates debt was incurred 11/13/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$408.90
3.24.	Nonpriority creditor's name and mailing address CM3 BUILDING SOLUTIONS 185 COMMERCE DRIVE, STE 1 FORT WASHINGTON PA 19034 Date or dates debt was incurred 12/1/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,592.00

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3.25.	Nonpriority creditor's name and mailing address CNN AKA: CABLE NEWS NETWORK ONE CNN CENTER - 14 SW ATLANTA GA 30303 Date or dates debt was incurred 11/1/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$887.06
3.26.	Nonpriority creditor's name and mailing address COLOR ME MINE AKA LEIGHTON INDUSTRIES 910 BERLIN ROAD - STORE 2 VOOHEES NJ 08043 Date or dates debt was incurred 7/4/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,400.00
3.27.	Nonpriority creditor's name and mailing address COLOR REFLECTIONS DYNAMIC DIGITAL IMAGING 475 N 5TH STREET PHILADELPHIA PA 19123 Date or dates debt was incurred 1/24/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,922.00

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3.28.	Nonpriority creditor's name and mailing address COMCAST P O BOX 3001 SOUTHEASTERN PA 19398 Date or dates debt was incurred 2/15/20 Last 4 digits of account number: 8499 10 002 0172978	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$685.30
3.29.	Nonpriority creditor's name and mailing address CROZIER FINE ARTS AKA IRON MOUNTAIN, INC 8712 JERICHO CITY DRIVE LANDOVER MD 20785-4761 Date or dates debt was incurred 10/2/18 Last 4 digits of account number: PC164	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,178.75
3.30.	Nonpriority creditor's name and mailing address CRW GRAPHICS 9100 PENNSAUKEN HIGHWAY PENNSAUKEN NJ 08110 Date or dates debt was incurred 12/30/2019 Last 4 digits of account number: NAT033	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$375.00

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3.31.	Nonpriority creditor's name and mailing address CRYSTAL PLAZA GROUP, INC 305 W. NORTHFIELD ROAD LIVINGSTON NJ 07039 Date or dates debt was incurred 6/12/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,482.60
3.32.	Nonpriority creditor's name and mailing address CTM MEDIA GROUP, INC 11 LARGO DRIVE SOUTH STAMFORD DE 06907 Date or dates debt was incurred 12/1/19 Last 4 digits of account number: NATIONAL0001	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$666.66
3.33.	Nonpriority creditor's name and mailing address DAVIDA APRONS & LOGO PROGRAMS INC 5416 OAK PARK AVENUE ENCINO CA 91316 Date or dates debt was incurred 2/13/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$140.20

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3.34.	Nonpriority creditor's name and mailing address DOCUVAULT DELAWARE VALLEY, LLC PO BOX 176 THOROFARE NJ 08086 Date or dates debt was incurred 1/31/20 Last 4 digits of account number: 153	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$863.39
3.35.	Nonpriority creditor's name and mailing address DOMINIC JAMES CICALES 60 BANK STREET MEDFORD NJ 08055 Date or dates debt was incurred 2/4/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$500.00
3.36.	Nonpriority creditor's name and mailing address DORFMAN MUSEUM FIGURES, INC 6224 HOLABIRD AVENUE BALTIMORE MD 21224 Date or dates debt was incurred 2/7/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,055.00

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3.37.	Nonpriority creditor's name and mailing address ECHELON PROTECTION & SURVEILLANCE 542 N LEWIS RD STE 103 LIMERICK PA 19468 Date or dates debt was incurred 1/31/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,322.69
3.38.	Nonpriority creditor's name and mailing address EDUCATIONAL ALLIANCE, INC. EDUCATIONAL ALLIANCE, INC. 344 EAST 14TH STREET NEW YORK NY 10003 Date or dates debt was incurred 1/7/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$430.00
3.39.	Nonpriority creditor's name and mailing address EEBOO 170 WEST 74TH STREET NEW YORK NY 10023 Date or dates debt was incurred 2/11/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$145.50

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3.40.	Nonpriority creditor's name and mailing address EISNER AMPER, LLP PO BOX 360635 PITTSBURGH PA 15251-6635 Date or dates debt was incurred 9/25/2019-11/11/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$16,140.00
3.41.	Nonpriority creditor's name and mailing address ELECTRONIC SECURITY SOLUTIONS (ESS) 5115 CAMPUS DRIVE PLYMOUTH MEETING PA 19462 Date or dates debt was incurred 12/10/2019-2/28/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,957.77
3.42.	Nonpriority creditor's name and mailing address ELECTROSONIC, INC DEPT CH 19029 PALATINE IL 60055-9029 Date or dates debt was incurred 1/8/20-2/5/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,790.00

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3.43.	Nonpriority creditor's name and mailing address EMCOR SERVICES ATTN: ACCOUNTS RECEIVABLE 9815 ROOSEVELT BOULEVARD SUITE A PHILADELPHIA PA 19114 Date or dates debt was incurred 1/17/2020-2/10/20 Last 4 digits of account number: 30963	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$64,457.42
3.44.	Nonpriority creditor's name and mailing address FCTRY 119 8TH STREET LOFT #215 BROOKLYN NY 11215 Date or dates debt was incurred 1/7/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$188.81
3.45.	Nonpriority creditor's name and mailing address FEDEX PO BOX 371461 PITTSBURGH PA 15250-7461 Date or dates debt was incurred 12/3/19-2/25/20 Last 4 digits of account number: 1090-6884-5	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$912.88

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3.46.	Nonpriority creditor's name and mailing address FORGOTTEN JUDAICA 51 PAINE AVENUE P.O. BOX 266 PRIDES CROSSING MA 01965 Date or dates debt was incurred 9/18/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$550.23
3.47.	Nonpriority creditor's name and mailing address FREEMAN DECORATING CO. DBA FREEMAN AKA FREEMAN EXPOSITIONS, INC P.O. BOX 650036 DALLAS TX 75265-0036 Date or dates debt was incurred 12/19/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$327.20
3.48.	Nonpriority creditor's name and mailing address GABRIELI-RUBIN LTD 6 YOEL SALOMON STREET JERUSALEM 94633 ISRAEL Date or dates debt was incurred 12/18/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,040.00

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3.49.	Nonpriority creditor's name and mailing address GAYLORD BROTHERS INC PO BOX 4901 SYRACUSE NY 13221-4901 Date or dates debt was incurred 11/12/2019 Last 4 digits of account number: 216613	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$33.93
3.50.	Nonpriority creditor's name and mailing address GRAINGER INC. DEPT. 867469991 PALANTINE IL 60038-0001 Date or dates debt was incurred 5/20/19-1/14/20 Last 4 digits of account number: 867469991	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$699.77
3.51.	Nonpriority creditor's name and mailing address GREGORY E MONACO 7 W GIRARD AVENUE PHILADELPHIA PA 19123 Date or dates debt was incurred 6/11/18 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$375.00

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3.52.	Nonpriority creditor's name and mailing address HACHETTE BOOK GROUP USA P O BOX 8828 JFK STATION BOSTON MA 02114-8828 Date or dates debt was incurred 12/16/2019 Last 4 digits of account number: 13704972	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,815.93
3.53.	Nonpriority creditor's name and mailing address HADASSAH ATTN: FINANCE DEPT 40 WALL STREET NEW YORK NY 10005 Date or dates debt was incurred 9/30/19-11/30/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,600.00
3.54.	Nonpriority creditor's name and mailing address HALANA DASH 547 HARVEY ROAD GLENSIDE PA 19038 Date or dates debt was incurred 12/22/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$195.00

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3.55.	Nonpriority creditor's name and mailing address HARVEST FUND RAISING 82 COLONIAL DRIVE NEWTOWN PA 18940 Date or dates debt was incurred 2/29/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,000.00
3.56.	Nonpriority creditor's name and mailing address HISTORIC PHILADELPHIA, INC. C/O ALISON ENGLISH 150 S. INDEPENDENCE MALL WEST PHILADELPHIA PA 19106 Date or dates debt was incurred 5/20/19-7/31/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,010.00
3.57.	Nonpriority creditor's name and mailing address HOUGHTON MIFFLIN HARCOURT PUBLISHING CO 14046 COLLECTIONS CENTER DRIVE CHICAGO IL 60693 Date or dates debt was incurred 11/26/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$307.28

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3.58.	Nonpriority creditor's name and mailing address HOUSE OF RAASCHE 3120 S OCEAN BLVD SUITE 2-102 PALM BEACH FL 33480 Date or dates debt was incurred 11/24/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$99.95
3.59.	Nonpriority creditor's name and mailing address HUNEKE ASSOCIATES P.O. BOX 26881 PHILADELPHIA PA 19134 Date or dates debt was incurred 10/22/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,432.00
3.60.	Nonpriority creditor's name and mailing address JEANETTE SPEVAK DASH 547 HARVEY ROAD GLENSIDE PA 19038 Date or dates debt was incurred 10/6/19-12/3/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$255.00

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3.61.	Nonpriority creditor's name and mailing address JENKINTOWN BUILDING SERVICES, INC 1445 N. 32ND STREET PHILADELPHIA PA 19121 Date or dates debt was incurred 1/31/20-2/20/20 Last 4 digits of account number: 5370	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$324.00
3.62.	Nonpriority creditor's name and mailing address JEWISH COMMUNITY CENTER OF ATLANTIC COUNTY 501 N. JEROME AVENUE MARGATE NJ 08402 Date or dates debt was incurred 1/15/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$500.00
3.63.	Nonpriority creditor's name and mailing address JEWISH EXPONENT - INSIDE MAG 4TH FLOOR 2100 ARCH ST PHILADELPHIA PA 19103 Date or dates debt was incurred 12/26/19-2/27/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,240.00

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3.64.	Nonpriority creditor's name and mailing address JONATHAN D. SARNA BRANDIES UNIVERSITY MS 0J4 WALTMAN MA 02454 Date or dates debt was incurred 2/3/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$500.00
3.65.	Nonpriority creditor's name and mailing address JONATHAN KRASNER 155 PLEASANT STREET LEXINGTON MA 02421 Date or dates debt was incurred 11/6/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$500.00
3.66.	Nonpriority creditor's name and mailing address JONATHAN KREMER DESIGNS 6809 FULTON AVENUE VENTNOR NJ 08406 Date or dates debt was incurred 5/22/12 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$900.00

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3.67.	Nonpriority creditor's name and mailing address JRC AV, LLC 111 WHITMAN AVENUE COLLINGSWOOD NJ 08108 Date or dates debt was incurred 7/22/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$300.00
3.68.	Nonpriority creditor's name and mailing address KETUBAH KETUBAH INC 163 VAUGHAN ROAD TORONTO ON M6C2L9 CANADA Date or dates debt was incurred 2/11/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$545.00
3.69.	Nonpriority creditor's name and mailing address KONE, INC P O BOX 7247 PHILADELPHIA PA 19170-6082 Date or dates debt was incurred 11/1/19-2/1/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,057.40

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3.70.	Nonpriority creditor's name and mailing address LEGACY FINE GIFT & JUDAICA 1510 SCHENECTADY AVENUE BROOKLYN NY 11203 Date or dates debt was incurred 12/12/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,013.73
3.71.	Nonpriority creditor's name and mailing address LERNER PUBLISHING GROUP 1251 WASHINGTON AVE NORTH MINNEAPOLIS MN 55401-1036 Date or dates debt was incurred 2/19/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$282.61
3.72.	Nonpriority creditor's name and mailing address LITTLE WARRIOR MEDIA LLC 326 S 43RD STREET PHILADELPHIA PA 19104 Date or dates debt was incurred 2/11/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,833.33

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

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3.73.	Nonpriority creditor's name and mailing address MAGEWORKS, LLC 419 EAST 3RD AVENUE RUNNEMEDE NJ 08078 Date or dates debt was incurred 10/16/19-2/7/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,250.00
3.74.	Nonpriority creditor's name and mailing address MAI SCHWARTZ 5139 CEDAR AVENUE PHILADELPHIA PA 19143 Date or dates debt was incurred 4/1/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$50.00
3.75.	Nonpriority creditor's name and mailing address MARA SWIFT 148 N. 2ND STREET PHILADELPHIA PA 19106 Date or dates debt was incurred 11/18/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$75.00

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

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3.76.	Nonpriority creditor's name and mailing address MEIR COHEN LTD 32 KIBBUTZ GALUYOT STREET TEL AVIV 6655014 ISRAEL Date or dates debt was incurred 11/1/19 Last 4 digits of account number: 000003862	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,888.00
3.77.	Nonpriority creditor's name and mailing address METALACE ART NO. 51470733-0 3, HAHKON STREET KEAR TRUMAN 73150 ISRAEL Date or dates debt was incurred 12/2/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$167.00
3.78.	Nonpriority creditor's name and mailing address METROCORP PUBLISHING AKA PHILADELPHIA MAGAZINE 601 WALNUT STREET - SUITE #200 PHILADELPHIA PA 19106 Date or dates debt was incurred 12/31/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,000.00

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

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3.79.	Nonpriority creditor's name and mailing address METROKIDS MAGAZINE 1412-1414 PINE STREET PHILADELPHIA PA 19102 Date or dates debt was incurred 9/18/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$750.00
3.80.	Nonpriority creditor's name and mailing address MICHAEL STEINLAUF 308 CARPENTER LANE PHILADELPHIA PA 19119 Date or dates debt was incurred 9/19/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$100.00
3.81.	Nonpriority creditor's name and mailing address MPS ACCOUNTS RECEIVABLE P O BOX 930668 ATLANTA GA 31193-0668 Date or dates debt was incurred 1/17/20 Last 4 digits of account number: 372955	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$356.85

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

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3.82.	Nonpriority creditor's name and mailing address MUSE-ON LLC C/O MICHAEL S. GLICKMAN 4 GARDEN STREET GREAT NECK NY 11021 Date or dates debt was incurred 1/30/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$24,438.63
3.83.	Nonpriority creditor's name and mailing address NALCO WATER AKA CASCADE WATER SERVICES, INC. 999 SOUTH OYSTER BAY ROAD SITE #108 BETHPAGE NY 11714 Date or dates debt was incurred 1/9/20 Last 4 digits of account number: A21252-001	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$740.88
3.84.	Nonpriority creditor's name and mailing address NATIONAL ELEVATOR INSPECTION SERVICES, INC PO BOX 503067 ST LOUIS MD 63150-3067 Date or dates debt was incurred 2/6/20 Last 4 digits of account number: 14597-34718	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$250.50

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

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3.85.	Nonpriority creditor's name and mailing address NEOFUNDS BY NEOPOST P.O. BOX 6813 CAROL STREAM IL 60197-6813 Date or dates debt was incurred 2/1/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$503.00
3.86.	Nonpriority creditor's name and mailing address OLD CITY COMMUNITY FUND C/O OLD CITY DISTRICT'S OFFICE 231 MARKET STREET PHILADELPHIA PA 19106 Date or dates debt was incurred 9/1/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$150.00
3.87.	Nonpriority creditor's name and mailing address PAMELA S. FELDMAN-HILL 1143 RIVA RIDGE BLVD GAHANNA OH 43230 Date or dates debt was incurred 2/10/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$177.00

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

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3.88.	Nonpriority creditor's name and mailing address PARMETECH, INC 137 W EAGLE ROAD HAVERTOWN PA 19083 Date or dates debt was incurred 2/7/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$144.48
3.89.	Nonpriority creditor's name and mailing address PARTY RENTAL LTD LOCKBOX 1123 PO BOX 95000 PHILADELPHIA PA 19195-1123 Date or dates debt was incurred 12/25/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$531.00
3.90.	Nonpriority creditor's name and mailing address PASQUARELLO PLUMBING 2421 S. 17TH STREET PHILADELPHIA PA 19145 Date or dates debt was incurred 2/26/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$265.00

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

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3.91.	Nonpriority creditor's name and mailing address PECO ENERGY PAYMENT PROCESSING PO BOX 37632 PHILADELPHIA PA 19101-0629 Date or dates debt was incurred 1/13/20-2/7/20 Last 4 digits of account number: 04631-15102	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$36,201.21
3.92.	Nonpriority creditor's name and mailing address PENNCORA PRODUCTIONS, INC P O BOX 581 OAKS PA 19456-0581 Date or dates debt was incurred 9/27/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,449.06
3.93.	Nonpriority creditor's name and mailing address PGW PO BOX 11700 NEWARK NJ 07101-4700 Date or dates debt was incurred 1/8/20-2/28/20 Last 4 digits of account number: 734710915	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$16,909.92

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

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3.94.	Nonpriority creditor's name and mailing address PHILADELPHIA HISTORIC NEIGHBORHOOD CONSORTIUM ATTN: MIKE ADAMS, PRESIDENT, PHNC 525 ARCH STREET PHILADELPHIA PA 19106 Date or dates debt was incurred 8/5/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$50.00
3.95.	Nonpriority creditor's name and mailing address PHILADELPHIA YEARLY MEETING ATTN: JOYCE DAVID 1515 CHERRY ST PHILADELPHIA PA 19102 Date or dates debt was incurred 11/15/19-2/21/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,281.68
3.96.	Nonpriority creditor's name and mailing address PHILADELPHIA YOUTH NETWORK ATTN: KARIN MACBRIDE 400 MARKET STREET - SUITE #200 PHILADELPHIA PA 19106 Date or dates debt was incurred 2/28/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$150.00

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

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3.97.	Nonpriority creditor's name and mailing address PITNEY BOWES PURCHASE POWER P O BOX 371874 PITTSBURGH PA 15250-7874 Date or dates debt was incurred 9/22/19-2/21/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,055.72
3.98.	Nonpriority creditor's name and mailing address PREMIERE GLOBAL SERVICES PO BOX 404351 ATLANTA GA 30384-4351 Date or dates debt was incurred 1/31/20-2/29/20 Last 4 digits of account number: 1263023	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$724.23
3.99.	Nonpriority creditor's name and mailing address PRO VISION PRODUCTIONS INC 404 INDUSTRIAL PARK DRIVE YEADON PA 19050 Date or dates debt was incurred 1/8/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,291.00

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

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3.100.	Nonpriority creditor's name and mailing address QUILLING CARD, LLC 47 MELLEEN STREET FRAMINGHAM MA 01702 Date or dates debt was incurred 1/31/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$402.11
3.101.	Nonpriority creditor's name and mailing address REGIONAL DIGITAL IMAGING CENTER THE ATHENAEUM OF PHILADELPHIA 219 S. 6TH STREET PHILADELPHIA PA 19106 Date or dates debt was incurred 1/31/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$75.00
3.102.	Nonpriority creditor's name and mailing address ROCHELLE BULLER RABEEYA 138 HIGH SCHOOL ROAD ELKINS PARK PA 19027 Date or dates debt was incurred 7/18/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$68.00

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

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3.103.	Nonpriority creditor's name and mailing address ROCO FILMS INTERNATIONAL, LLC ROCO FILMS EDUCATIONAL 80 LIBERTY SHIP WAY - SUITE 8 SAUSALITO CA 94965 Date or dates debt was incurred 12/9/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$395.00
3.104.	Nonpriority creditor's name and mailing address RONIT LUSKY 104 HAVERFORD ROAD WYNNEWOOD PA 19096 Date or dates debt was incurred 1/21/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,200.00
3.105.	Nonpriority creditor's name and mailing address RONIT MUSZKATBLIT 263 EAST 7TH STREET NEW YORK NY 10009 Date or dates debt was incurred 2/1/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$41.92

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

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3.106.	Nonpriority creditor's name and mailing address ROSETREE GLASS STUDIO 446 VALLETTE NEW ORLEANS LA 70114 Date or dates debt was incurred 2/10/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$126.87
3.107.	Nonpriority creditor's name and mailing address SAMUEL WARANCH 2101 CHESTNUT STREET APT 819 PHILADELPHIA PA 19103 Date or dates debt was incurred 2/12/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$400.00
3.108.	Nonpriority creditor's name and mailing address SCHYLLING P. O. BOX 842358 BOSTON MA 02284-2358 Date or dates debt was incurred 2/4/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$137.60

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

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3.109.	Nonpriority creditor's name and mailing address SHOWWORKS AUDIO VISUAL INC 730 PHILADELPHIA PIKE WILMINGTON DE 19809 Date or dates debt was incurred 12/17/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$13,686.00
3.110.	Nonpriority creditor's name and mailing address SIMON & SHUSTER, INC P O BOX 70660 CHICAGO IL 60673-0660 Date or dates debt was incurred 12/3/19-1/20/20 Last 4 digits of account number: 0406399	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,364.57
3.111.	Nonpriority creditor's name and mailing address SKIRBALL CULTURAL CENTER 2701 N. SEPULVEDA BLVD LOS ANGELES CA 90049-6833 Date or dates debt was incurred 9/23/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$25,000.60

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

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3.112.	Nonpriority creditor's name and mailing address SKY BUSINESS CREDIT, LLC AKA GIBRALTAR BUSINESS CAPITAL, LLC PO BOX 1575-LOCK BOX #207 MINNEAPOLIS MN 55480-1575 Date or dates debt was incurred 10/3/19-12/20/19 Last 4 digits of account number: 45979	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,449.00
3.113.	Nonpriority creditor's name and mailing address SPIKE'S TROPHIES LIMITED 2701 GRANT AVENUE PHILADELPHIA PA 19114 Date or dates debt was incurred 6/30/18 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$40.00
3.114.	Nonpriority creditor's name and mailing address STAPLES BUSINESS CREDIT PO BOX 105638 ATLANTA GA 30348-5638 Date or dates debt was incurred 12/3/19-2/5/20 Last 4 digits of account number: PHL 1571014	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$738.91

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

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3.115.	Nonpriority creditor's name and mailing address STOKES EQUIPMENT COMPANY 1001 HORSHAM ROAD P O BOX 289 HORSHAM PA 19044 Date or dates debt was incurred 10/30/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$363.75
3.116.	Nonpriority creditor's name and mailing address SURVEILLANCE -VIDEO 387 CANAL STREET NEW YORK NY 10013 Date or dates debt was incurred 4/2/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$840.00
3.117.	Nonpriority creditor's name and mailing address SWANK MOTION PICTURES INC 2844 PAYSPIRE CIRCLE CHICAGO IL 60674 Date or dates debt was incurred 1/2/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$325.00

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

3.118.	Nonpriority creditor's name and mailing address TELESYSTEM AKA BLOCK LINE SYSTEMS P. O. BOX 826590 PHILADELPHIA PA 19182-6590 Date or dates debt was incurred 2/1/20 Last 4 digits of account number: 57205	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,871.15
3.119.	Nonpriority creditor's name and mailing address TERMINIX PROCESSING CENTER PO BOX 742592 CINCINNATI OH 45274-2592 Date or dates debt was incurred 12/26/19-2/27/20 Last 4 digits of account number: 7731557	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$915.00
3.120.	Nonpriority creditor's name and mailing address THE CARD BUREAU 5414 PORT ROYAL ROAD #202 SPRINGFIELD VA 22151 Date or dates debt was incurred 2/4/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$267.50

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

3.121.	Nonpriority creditor's name and mailing address THE DESIGN LAB 1295 BEACON STREET #366 BROOKLINE MA 02446 Date or dates debt was incurred 2/20/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$280.00
3.122.	Nonpriority creditor's name and mailing address THE GRANGER COLLECTION 381 PARK AVENUE SOUTH NEW YORK NY 10016-8806 Date or dates debt was incurred 7/10/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$76.59
3.123.	Nonpriority creditor's name and mailing address THE PRINTERS PLACE 1310 WALNUT STREET PHILADELPHIA PA 19107 Date or dates debt was incurred 9/27/19 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15.00

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

3.124.	Nonpriority creditor's name and mailing address THOMAS COMPANY, INC. 6587 DELILAH ROAD EGG HARBOR TOWNSHIP NJ 08234 Date or dates debt was incurred 2/21/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$13,250.00
3.125.	Nonpriority creditor's name and mailing address U.S ART COMPANY, INC ATTN: ACCOUNTS RECEIVABLE 66 PACELLA PARL DRIE RANDOLPH MA 02368 Date or dates debt was incurred 5/3/18 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,055.70
3.126.	Nonpriority creditor's name and mailing address UGI ENERGYLINK SERVICES, LLC P O BOX 827032 PHILADELPHIA PA 19182 Date or dates debt was incurred 2/13/20 Last 4 digits of account number: NATI546	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,452.24

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

3.127.	Nonpriority creditor's name and mailing address UNCLE GOOSE 1048 KEN-O-SHA INDUSTRIAL DRIVE GRAND RAPIDS MI 49508 Date or dates debt was incurred 1/17/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$312.11
3.128.	Nonpriority creditor's name and mailing address UNT- UNIVERSITY OF NORTH TEXAS SPECIAL COLLECTIONS LIBRARIES ATTN; MORGAN GIERINGER UNIVERSITY OF NORTH TEXAS DENTON TX 76203 Date or dates debt was incurred 2/6/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$100.00
3.129.	Nonpriority creditor's name and mailing address VERIZON PO BOX 15124 ALBANY NY 12212 Date or dates debt was incurred 2/24/20 Last 4 digits of account number: 215 923 3811 505 92Y	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$163.60

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3.130.	Nonpriority creditor's name and mailing address VERIZONWIRELESS PO BOX 25505 LEHIGH VALLEY PA 18002-5505 Date or dates debt was incurred 2/11/20 Last 4 digits of account number: 320772165-00001	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,092.29
3.131.	Nonpriority creditor's name and mailing address WAKEBY FIRE & ASSOCIATES 22 BATES ROAD, SUITE 295 MASHPEE MA 02649 Date or dates debt was incurred 12/27/19-2/24/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$23,851.58
3.132.	Nonpriority creditor's name and mailing address WASHINGTON INTELLIGENCE BUREAU 4128 PEPSI PLACE CHANTILLY VA 20151 Date or dates debt was incurred 12/31/19-2/29/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,286.10

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

3.133.	Nonpriority creditor's name and mailing address WATER REVENUE BUREAU PO BOX 41496 PHILADELPHIA PA 19101-1496 Date or dates debt was incurred 1/2/20-2/28/20 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,387.21
3.134.	Nonpriority creditor's name and mailing address WEST HEALTH ADVOCATE SOLUTIONS, INC. AKA HEALTHADVOCATE SOLUTIONS P O BOX 561509 DENVER CO 80256-1509 Date or dates debt was incurred 12/15/2019 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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,058.40
3.135.	Nonpriority creditor's name and mailing address WHYY INDEPENDENCE MALL WEST 150 N 6TH ST PHILADELPHIA PA 19106 Date or dates debt was incurred 11/25/19-1/27/20 Last 4 digits of account number: 140850	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 PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,775.00

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

3.136. **Nonpriority creditor's name and mailing address**

WRT, LLC
AKA WALLACE ROBERTS & TODD
1700 MARKET STREET - SUITE 2800
PHILADELPHIA PA 19103

Date or dates debt was incurred

5/13/19

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$8,716.14

Debtor Museum of American Jewish History, d/b/a National Museum of American Jewish History

Case number (if known) 20-11285

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
5a. Total claims from Part 1	5a.		\$70,831.00
5b. Total claims from Part 2	5b.	+	\$532,540.27
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		\$603,371.27

Fill in this information to identify the case:

Debtor name: Museum of American Jewish History, d/b/a National Museum of American Jewish History

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number (if known): 20-11285

☐ 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, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court 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 contracts or 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. Title of contract

State what the contract or lease is for CLEANING AND MAINTENANCE

Nature of debtor's interest CUSTOMER

State the term remaining 4 MONTHS

List the contract number of any government contract

ABM JANITORIAL MIDATLANTIC INC
PO BOX 419860
BOSTON MA 02241-9860

2.2. Title of contract

State what the contract or lease is for IT SERVICES / CONSULTANT

Nature of debtor's interest CUSTOMER

State the term remaining 4 MONTHS

List the contract number of any government contract

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

APEX IT GROUP
525 FELLOWSHIP RD STE 300
MOUNT LAUREL NJ 08054

2.3. Title of contract

State what the contract or lease is for COPIER LEASE

Nature of debtor's interest LESSEE

State the term remaining MONTH TO MONTH

List the contract number of any government contract

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

ASSOCIATED IMAGING SOLUTIONS
INC
165 VETERANS WAY
STE 100 A
WARMINSTER PA 18974

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

- 2.4. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ARTIFACT STORAGE
- Nature of debtor's interest** LESSEE ATELIER ART SVC INC
PO BOX 56316
PHILADELPHIA PA 19130
- State the term remaining** 4 MONTHS
- List the contract number of any government contract** _____
- 2.5. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** VIRUS PROTECTION
- Nature of debtor's interest** CUSTOMER BEE.NET INTERNET SVC
PMB 239
64 E UWCHLAN AVE
EXTON PA 19341-1203
- State the term remaining** MONTH TO MONTH
- List the contract number of any government contract** _____
- 2.6. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ACCOUNTING AND FUNDRAISING SOFTWARE AND SUPPORT
- Nature of debtor's interest** CUSTOMER BLACKBAUD
2304 TARPLEY RD
STE 134
CARROLTON TX 75006
- State the term remaining** 4 MONTHS
- List the contract number of any government contract** _____
- 2.7. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** DIGITAL MARKETING
- Nature of debtor's interest** CUSTOMER BRAND KNEW LLC
10351 SANTA MONICA BLVD
STE 202
LOS ANGELES CA 90025
- State the term remaining** 4 MONTHS
- List the contract number of any government contract** _____
- 2.8. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PR MONITORING SERVICE.
- Nature of debtor's interest** CUSTOMER CISION US INC
PO BOX 417215
BOSTON MA 02241-7215
- State the term remaining** 4 MONTHS
- List the contract number of any government contract** _____

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

- 2.9. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CONTROL SYSTEMS SERVICE
- Nature of debtor's interest** CUSTOMER CM3 BUILDING SOLUTIONS
185 COMMERCE DR STE 1
FORT WASHINGTON PA 19034
- State the term remaining** 9 MONTHS
- List the contract number of any government contract** _____
- 2.10. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INTERNET SERVICE PROVIDER
- Nature of debtor's interest** CUSTOMER COMCAST
PO BOX 3001
SOUTHEASTERN PA 19398
- State the term remaining** MONTH TO MONTH
- List the contract number of any government contract** _____
- 2.11. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ELECTRICITY PROVIDER
- Nature of debtor's interest** CUSTOMER CONTELLATION NEW ENERGY
1001 LOUSIANA ST
HOUSTON TX 77002
- State the term remaining** 20 MONTHS
- List the contract number of any government contract** _____
- 2.12. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** INSURED - POLICY # 592412553 CONTINENTAL CASUALTY CO.
C/O HUB INTERNATIONAL LIMITED
DAVID TRUDNAK, VP CLIENT SERVICES
980 JOLLY ROAD
SUITE 1000
BLUE BELL PA 19422
- State the term remaining** 4 MONTHS
- List the contract number of any government contract** _____
- 2.13. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** INSURED - POLICY # 596347469 CONTINENTAL CASUALTY CO.
C/O HUB INTERNATIONAL LIMITED
DAVID TRUDNAK, VP CLIENT SERVICES
980 JOLLY ROAD
SUITE 1000
BLUE BELL PA 19422
- State the term remaining** 4 MONTHS
- List the contract number of any government contract** _____

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

- 2.14. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COPY MACHINE
- Nature of debtor's interest** LESSEE DE LAGE LANDEN FINANCIAL SVC INC
PO BOX 41602
PHILADELPHIA PA 19101-1602
- State the term remaining** 14 MONTHS
- List the contract number of any government contract** _____
- 2.15. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** STORAGE
- Nature of debtor's interest** LESSEE DOCUVAULT DELAWARE VALLEY LLC
PO BOX 176
THOROFARE NJ 08086
- State the term remaining** 4 MONTHS
- List the contract number of any government contract** _____
- 2.16. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SECURITY SERVICES
- Nature of debtor's interest** CUSTOMER ECHELON PROTECTION AND SURVEILLANCE
542 N LEWIS RD STE 103
LIMERICK PA 19468
- State the term remaining** 4 MONTHS
- List the contract number of any government contract** _____
- 2.17. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ACCOUNTING SERVICES
- Nature of debtor's interest** CUSTOMER EISNER AMPER, LLP
PO BOX 360635
PHILADELPHIA PA 15251-6635
- State the term remaining** 4 MONTHS
- List the contract number of any government contract** _____
- 2.18. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FIRE ALARM MONITORING
- Nature of debtor's interest** CUSTOMER ELECTRONIC SECURITY SOLUTIONS
5115 CAMPUS DR
PLYMOUTH MEETING PA 19462
- State the term remaining** 11 MONTHS
- List the contract number of any government contract** _____

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

- 2.19. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** AV EQUIPMENT SERVICES
- Nature of debtor's interest** CUSTOMER ELECTROSONIC INC
DEPT CH 19029
PALATINE IL 60055-9029
- State the term remaining** 10 MONTHS
- List the contract number of any government contract** _____
- 2.20. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ENGINEERING SERVICES
- Nature of debtor's interest** CUSTOMER EMCOR SVC
ACCOUNTS RECEIVABLE
9815 ROOSEVELT BLVD STE A
PHILADELPHIA PA 19114
- State the term remaining** 40 MONTHS
- List the contract number of any government contract** _____
- 2.21. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SNOW REMOVAL
- Nature of debtor's interest** CUSTOMER EXTREME PROPERTY SVC LLC
1350 SCHUYLKILL AVE
PHILADELPHIA PA 19146
- State the term remaining** 45 DAYS
- List the contract number of any government contract** _____
- 2.22. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** INSURED - POLICY # M2260086 FIREMAN'S FUND INSURANCE CO.
C/O HUB INTERNATIONAL LIMITED
DAVID TRUDNAK, VP CLIENT
SERVICES
980 JOLLY ROAD
SUITE 1000
BLUE BELL PA 19422
- State the term remaining** 4 MONTHS
- List the contract number of any government contract** _____
- 2.23. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TICKETING / RETAIL SOFTWARE AND SERVICE
- Nature of debtor's interest** CUSTOMER GATEWAY TICKETING SYSTEMS
445 COUNTY LINE RD
GILBERTSVILLE PA 19525
- State the term remaining** 4 MONTHS
- List the contract number of any government contract** _____

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

- 2.24. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** NMAJH PROVIDES OFFICE SPACE
- Nature of debtor's interest** LESSOR GERSHMAN PHILADELPHIA JEWISH FILM FESTIVAL
- State the term remaining** 10 MONTHS 101 S INDEPENDENCE MALL EAST PHILADELPHIA PA 19106
- List the contract number of any government contract** _____
- 2.25. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** INSURED - POLICY # M2260086 GREAT AMERICAN ALLIANCE INSURANCE CO.
- State the term remaining** 4 MONTHS C/O HUB INTERNATIONAL LIMITED DAVID TRUDNAK, VP CLIENT SERVICES
- List the contract number of any government contract** _____ 980 JOLLY ROAD SUITE 1000 BLUE BELL PA 19422
- 2.26. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FUNDRAISING SERVICES
- Nature of debtor's interest** CUSTOMER HARVEST FUND RAISING
- State the term remaining** MONTH TO MONTH 82 COLONIAL DR NEWTOWN PA 18940
- List the contract number of any government contract** _____
- 2.27. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SEVERANCE AGREEMENT
- Nature of debtor's interest** FORMER EMPLOYER IVY BARSKY
- State the term remaining** 2 MONTHS Address Intentionally Omitted
- List the contract number of any government contract** _____
- 2.28. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PUBLIC RELATIONS
- Nature of debtor's interest** CUSTOMER KARMA AGENCY
- State the term remaining** N/A DBA ALTA COMMUNICATIONS INC
- List the contract number of any government contract** _____ 230 SOUTH BROAD ST STE #1650 PHILADELPHIA PA 19102

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

- 2.29. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ELEVATOR SERVICE
- Nature of debtor's interest** CUSTOMER KONE INC
PO BOX 7247
PHILADELPHIA PA 19170-6082
- State the term remaining** 4 MONTHS
- List the contract number of any government contract** _____
- 2.30. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** APPRAISAL SERVICES
- Nature of debtor's interest** CUSTOMER LUKENS AND WOLF, LLC
AKA VALBRIDGE PROPERTY ADVISORS
150 S WARNER RD STE 440
KING OF PRUSSIA PA 19406
- State the term remaining** N/A
- List the contract number of any government contract** _____
- 2.31. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WATER SERVICE FOR HVAC SYSTEM
- Nature of debtor's interest** CUSTOMER NALCO WATER
999 S OYSTER BAY RD STE 108
BETHPAGE NY 11714
- State the term remaining** MONTH TO MONTH
- List the contract number of any government contract** _____
- 2.32. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** INSURED - POLICY # M2260086 NAVIGATORS INSURANCE CO.
C/O HUB INTERNATIONAL LIMITED
DAVID TRUDNAK, VP CLIENT SERVICES
980 JOLLY ROAD
SUITE 1000
BLUE BELL PA 19422
- State the term remaining** 4 MONTHS
- List the contract number of any government contract** _____
- 2.33. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** POSTAGE MACHINE
- Nature of debtor's interest** LESSEE NEOPOST
2304 TARPLEY RD
STE 134
CARROLTON TX 75006
- State the term remaining** 11 MONTHS
- List the contract number of any government contract** _____

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

- 2.34. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COPY MACHINE REPAIR AND SUPPLIES
- Nature of debtor's interest** CUSTOMER PARMETECH INC
137 W EAGLE RD
HAVERTOWN PA 19083
- State the term remaining** MONTH TO MONTH
- List the contract number of any government contract** _____
- 2.35. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ELECTRICITY PROVIDER
- Nature of debtor's interest** CUSTOMER PECO ENERGY
PAYMENT PROCESSING
PO BOX 37632
PHILADELPHIA PA 19101-0629
- State the term remaining** MONTH TO MONTH
- List the contract number of any government contract** _____
- 2.36. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** GAS PROVIDER
- Nature of debtor's interest** CUSTOMER PGW
LEGAL DEPT
800 W MONTGOMERY AVE
PHILADELPHIA PA 19122
- State the term remaining** MONTH TO MONTH
- List the contract number of any government contract** _____
- 2.37. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** INSURED - POLICY # PHPK1994434 PHILADELPHIA INSURANCE
COMPANIES
PO BOX 70251
PHILADELPHIA PA 19176-0251
- State the term remaining** 4 MONTHS
- List the contract number of any government contract** _____
- 2.38. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WASTE DISPOSAL
- Nature of debtor's interest** CUSTOMER REPUBLIC SVC #323
PO BOX 9001099
LOUISVILLE KY 40290-1099
- State the term remaining** MONTH TO MONTH
- List the contract number of any government contract** _____

Debtor **Museum of American Jewish History, d/b/a National Museum of American Jewish History**

Case number (if known) **20-11285**

- 2.39. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EXHIBITION RENTAL
- Nature of debtor's interest** CUSTOMER
- State the term remaining** N/A
- List the contract number of any government contract** _____
- 2.40. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ELECTRONIC DOCUMENT IMAGING SYSTEM
- Nature of debtor's interest** CUSTOMER
- State the term remaining** 4 MONTHS
- List the contract number of any government contract** _____
- 2.41. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** INSURED - POLICY # BFAM4000202624
- State the term remaining** 4 MONTHS
- List the contract number of any government contract** _____
- 2.42. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** INSURED - POLICY # BFAE4000202524
- State the term remaining** 4 MONTHS
- List the contract number of any government contract** _____
- 2.43. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TELEPHONE SERVICE
- Nature of debtor's interest** CUSTOMER
- State the term remaining** MONTH TO MONTH
- List the contract number of any government contract** _____

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Case number (if known) **20-11285**

- 2.44. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PEST CONTROL
- Nature of debtor's interest** CUSTOMER
- State the term remaining** MONTH TO MONTH
- List the contract number of any government contract** _____
- TERMINIX PROCESSING CENTER
PO BOX 742592
CINCINNATI OH 45274-2592
- 2.45. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** GAS PROVIDER
- Nature of debtor's interest** CUSTOMER
- State the term remaining** 10 MONTHS
- List the contract number of any government contract** _____
- UGI ENERGYLINK SVC LLC
PO BOX 827032
PHILADELPHIA PA 19182
- 2.46. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INTERNET SERVICE
- Nature of debtor's interest** CUSTOMER
- State the term remaining** MONTH TO MONTH
- List the contract number of any government contract** _____
- VERIZON
PO BOX 15124
ALBANY NY 12212
- 2.47. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TELEPHONE SERVICE
- Nature of debtor's interest** CUSTOMER
- State the term remaining** MONTH TO MONTH
- List the contract number of any government contract** _____
- VERIZONWIRELESS
PO BOX 25505
LEIGH VALLEY PA 18002-5505
- 2.48. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TELEPHONE EQUIPMENT AND SERVICE
- Nature of debtor's interest** CUSTOMER
- State the term remaining** 18 MONTHS
- List the contract number of any government contract** _____
- VOIP NETWORKS INC
PO BOX 660831
DALLAS TX 75266-0831

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- 2.49. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** DONATION PROCESSING SERVICE
- Nature of debtor's interest** CUSTOMER WASHINGTON INTELLIGENCE BUREAU
- State the term remaining** 12 MONTHS 4128 PEPSI PL
- List the contract number of any government contract** _____ CHANTILLY VA 20151
-
- 2.50. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WATER & SEWER
- Nature of debtor's interest** CUSTOMER WATER REVENUE BUREAU
- State the term remaining** MONTH TO MONTH PO BOX 41496
- List the contract number of any government contract** _____ PHILADELPHIA PA 19101-1496
-
- 2.51. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** INSURED - POLICY # MPL 5956011-06 ZURICH AMERICAN INSURANCE CO.
- State the term remaining** 4 MONTHS C/O HUB INTERNATIONAL LIMITED
- List the contract number of any government contract** _____ DAVID TRUDNAK, VP CLIENT SERVICES
- 980 JOLLY ROAD
- SUITE 1000
- BLUE BELL PA 19422

Fill in this information to identify the case:

Debtor name: Museum of American Jewish History, d/b/a National Museum of American Jewish History

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number (if known): 20-11285

☐ Check if this is an amended filing

Official Form 206H

Schedule H: 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. Does the debtor 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 codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:

2.1. _____

- ☐ D
☐ E/F
☐ G

Fill in this information to identify the case:

Debtor name: Museum of American Jewish History, d/b/a National Museum of American Jewish History

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number (if known): 20-11285

Official 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

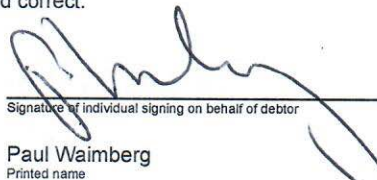
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

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 4/3/2020
MM/DD/YYYY

x 

Signature of individual signing on behalf of debtor

Paul Waimberg
Printed name

Chief Financial Officer
Position or relationship to debtor