

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____ Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Lippincott-Ingrassia Funeral Home, Inc.

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 06-1050569

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>92 Main Street</u> <u>Chester, NY 10918</u> Number, Street, City, State & ZIP Code	_____ P.O. Box, Number, Street, City, State & ZIP Code
	<u>Orange</u> County	Location of principal assets, if different from principal place of business _____ Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: _____

Debtor Lippincott-Ingrassia Funeral Home, Inc.
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8122

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor See Attachment	Relationship _____
District _____	When _____ Case number, if known _____

Debtor Lippincott-Ingrassia Funeral Home, Inc.
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor Lippincott-Ingrassia Funeral Home, Inc. Case number (if known) _____
Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement 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.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
I have been authorized to file this petition on behalf of the debtor.
I have examined the information in this petition and have a reasonable belief that the information is true and correct.
I declare under penalty of perjury that the foregoing is true and correct.
Executed on January 26, 2017
MM / DD / YYYY

X /s/ Anthony Ingrassia
Signature of authorized representative of debtor
Title President

Anthony Ingrassia
Printed name

18. Signature of attorney

X /s/ Mike Pinsky
Signature of attorney for debtor

Date **January 26, 2017**
MM / DD / YYYY

Mike Pinsky
Printed name

Hayward, Parker, O'Leary & Pinsky
Firm name

225 Dolson Avenue, Suite 303
PO Box 929
Middletown, NY 10940
Number, Street, City, State & ZIP Code

Contact phone 845-343-6227 Email address HPOPLaw@gmail.com

Bar number and State

Debtor Lippincott-Ingrassia Funeral Home, Inc. Case number (if known) _____
Name

Fill in this information to identify your case:

United States Bankruptcy Court for the:
SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____ Chapter 11

Check if this an amended filing

FORM 201. VOLUNTARY PETITION
Pending Bankruptcy Cases Attachment

Debtor	<u>CKI, LLC</u>	Relationship to you	<u>Affiliate</u>
District	<u>Southern District of New York</u>	When <u>1/26/17</u>	Case number, if known
Debtor	<u>Lippincott Funeral Chapel, Inc.</u>	Relationship to you	<u>Affiliate</u>
District	<u>Southern District of New York</u>	When <u>1/26/17</u>	Case number, if known
Debtor	<u>Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.</u>	Relationship to you	<u>Affiliate</u>
District	<u>Southern District of New York</u>	When <u>1/26/17</u>	Case number, if known

Resolution of Board of Directors
of
Lippincott-Ingrassia Funeral Home, Inc.

Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

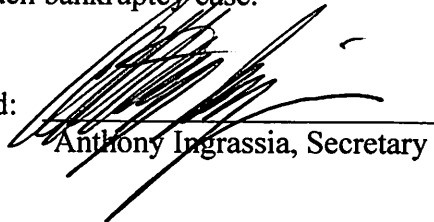
Be It Therefore Resolved, that Anthony Ingrassia, President of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that Anthony Ingrassia, President of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that Anthony Ingrassia, President of this Corporation is authorized and directed to employ Mike Pinsky, attorney and the law firm of Hayward, Parker, O'Leary & Pinsky to represent the corporation in such bankruptcy case.

Dated: January 26, 2017

Signed:


Anthony Ingrassia, Secretary

Form **1120**

Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2015 or tax year beginning Apr 1, 2015, ending Mar 31, 2016

OMB No. 1545-0123

2015

Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

A Check if: 1 a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instrs.) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	TYPE OR PRINT	Name <u>Lippincott Funeral Home, Inc.</u> Number, street, and room or suite number. If a P.O. box, see instructions. <u>92 Main St.</u> City or town, state, or province, country and ZIP or foreign postal code <u>Chester NY 10918</u>	B Employer identification number <u>06-1050569</u> C Date incorporated <u>10/05/1981</u> D Total assets (see instructions) \$ <u>94,868.</u>
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

INCOME	1 a	Gross receipts or sales	1 a	137,345.
	1 b	Returns and allowances	1 b	
	1 c	Balance. Subtract line 1b from line 1a	1 c	137,345.
	2	Cost of goods sold (attach Form 1125-A)	2	29,860.
	3	Gross profit. Subtract line 2 from line 1c	3	107,485.
	4	Dividends (Schedule C, line 19)	4	
	5	Interest	5	
	6	Gross rents	6	
	7	Gross royalties	7	
	8	Capital gain net income (attach Schedule D (Form 1120))	8	
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	
10	Other income (see instructions — attach statement) See Other Income Statement	10	10,800.	
11	Total income. Add lines 3 through 10	11	118,285.	
DEDUCTIONS	12	Compensation of officers (see instructions — attach Form 1125-E)	12	1,000.
	13	Salaries and wages (less employment credits)	13	
	14	Repairs and maintenance	14	7,880.
	15	Bad debts	15	1,860.
	16	Rents	16	
	17	Taxes and licenses	17	17,640.
	18	Interest	18	15,780.
	19	Charitable contributions	19	
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	
	21	Depletion	21	
	22	Advertising	22	7,340.
23	Pension, profit-sharing, etc., plans	23		
24	Employee benefit programs	24		
25	Domestic production activities deduction (attach Form 8903)	25		
26	Other deductions (attach statement) See Other Deductions Statement	26	39,415.	
27	Total deductions. Add lines 12 through 26	27	90,915.	
28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	27,370.	
DEDUCTIONS	29 a	Net operating loss deduction (see instructions)	29 a	27,370.
	29 b	Special deductions (Schedule C, line 20)	29 b	
	29 c	Add lines 29a and 29b	29 c	27,370.
TAXES, CREDITS, AND PAYMENTS	30	Taxable income. Subtract line 29c from line 28 (see instructions)	30	0.
	31	Total tax (Schedule J, Part I, line 11)	31	
	32	Total payments and refundable credits (Schedule J, Part II, line 21)	32	0.
	33	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	33	
	34	Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34	
	35	Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35	0.
	Enter amount from line 35 you want credited to 2016 estimated tax	Refunded	36	

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: Date: 12/15/16 Title: President

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name: <u>Self-Prepared</u>				Firm's EIN
Firm's address				Phone no.

Schedule C Dividends and Special Deductions (see instructions)	(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Total. Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4. ▶			
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b ▶			

Form 1120, Page 1, Line 10

Other Income Statement

Rent from Apartment	10,800.
Total	<u>10,800.</u>

Form 1120, Page 1, Line 26

Other Deductions Statement

Accounting	350.
Bank charges	870.
Office expense	2,650.
Telephone	2,860.
Utilities	3,960.
Associate Directors Fees	3,275.
Auto Expense	3,200.
Cemetery Fees	14,620.
Church and Clergy	3,150.
Obituaries and Transcripts	4,480.
Total	<u>39,415.</u>

Lippincott Funeral Home, Inc. 06-1050569

Form 1120, p1-2: U.S. Corporation Income Tax Return

Taxes and Licenses Smart Worksheet	
A 1 State taxes	_____
2 State taxes from Schedule K-1 (1065)	_____
B Local property taxes	17,640.
C 1 Payroll taxes	_____
2 Less: Credit from Form 8846	_____
D Other miscellaneous taxes	_____
E Licenses	_____
F Other taxes from Schedule K-1 (1065)	_____

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
In re:

RALSTON-LIPPINCOTT-HASBROUCK-
INGRASSIA FUNERAL HOME, INC.,

Debtor.

Chapter 11

Case No. 17-____ (cgm)

(Joint Administration Requested)

-----X
In re:

LIPPINCOTT- INGRASSIA FUNERAL
HOME, INC.,

Debtor.

Chapter 11

Case No. 17-____ (cgm)

-----X
In re:

LIPPINCOTT FUNERAL CHAPEL, INC.,

Debtor.

Chapter 11

Case No. 17-____ (cgm)

-----X
In re:

CKI, LLC

Debtor.

Chapter 11

Case No. 17-____ (cgm)

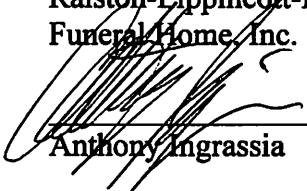
-----X
**UNSWORN DECLARATION UNDER PENALTY OF PERJURY
PURSUANT TO 11 U.S.C. SECTION 1116(1)(B)**

1. The undersigned now makes this declaration subject to the penalty of perjury, pursuant to 11 U.S.C. 1116(1)(B) and Question 8 of the Voluntary Petitions of debtors Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc., Lippincott-Ingrassia Funeral Home, Inc. and Lippincott Funeral Chapel, Inc. as follows:

2. Apart from the summary information set forth in the LBR 1007-2 Affidavit filed this date, no recent balance sheets, statements of operation or cash flow statements have been prepared.

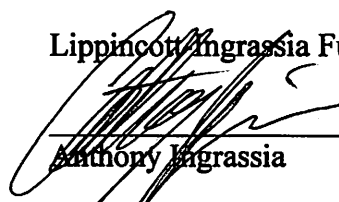
3. Executed this 26th day of January, 2017. 28 U.S.C. §1746.

Ralston-Lippincott-Hasbrouck-Ingrassia
Funeral Home, Inc.

By: 
Anthony Ingrassia

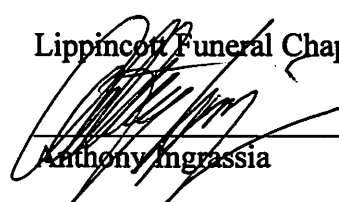
Title: President

Lippincott Ingrassia Funeral Home, Inc.

By: 
Anthony Ingrassia

Title: President

Lippincott Funeral Chapel, Inc.

By: 
Anthony Ingrassia

Title: President

Fill in this information to identify the case:

Debtor name Lippincott-Ingrassia Funeral Home, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

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 January 26, 2017

X /s/ Anthony Ingrassia

Signature of individual signing on behalf of debtor

Anthony Ingrassia

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Lippincott-Ingrassia Funeral Home, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
All-American Publishing 5411 Kendall Street Boise, ID 83706	866-274-8755	Advertising				\$374.00
Times Herald Record PO Box 2046 Middletown, NY 10940		Advertising				\$394.56

Fill in this information to identify the case:

Debtor name Lippincott-Ingrassia Funeral Home, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)	
1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>510,000.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>47,600.00</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>557,600.00</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>421,369.57</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>0.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>768.56</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>422,138.13</u>

Fill in this information to identify the case:

Debtor name Lippincott-Ingrassia Funeral Home, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

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

3. **Checking, savings, money market, or financial brokerage accounts** (*Identify all*)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
--	-----------------	---------------------------------	--

3.1. <u>M&T Bank</u>	<u>Business checking</u>	<u>2030</u>	<u>\$0.00</u>
--------------------------	--------------------------	-------------	---------------

3.2. <u>M&T Bank</u>	<u>Commercial savings</u>	<u>9589</u>	<u>\$0.00</u>
--------------------------	---------------------------	-------------	---------------

4. **Other cash equivalents** (*Identify all*)

5. **Total of Part 1.**

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

\$0.00

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.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

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

Part 4: Investments

Debtor Lippincott-Ingrassia Funeral Home, Inc. Case number (if known) _____
Name

13. Does the debtor own any investments?

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

Part 5: Inventory, excluding agriculture assets

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

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

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

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

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

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture 2 Wingback chairs; 6 formal chairs; 2 couches; 80 folding chairs; Art work; 6 lounge chairs; desk; file cabinets; typewriters; desk chairs; window treatments; various end tables; lamps; chapel equipment	\$30,080.00	N/A	\$30,800.00

40. Office fixtures

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

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

43. Total of Part 7.

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

\$30,800.00

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.

Debtor Lippincott-Ingrassia Funeral Home, Inc. Case number (if known) _____
Name

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)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) 2 furnaces, on with Central Air; 2 hot water heaters; chapel equipment; floral stand & equipment; salt, shovels, cleaning equipment	\$16,800.00	N/A	\$16,800.00

51. **Total of Part 8.** **\$16,800.00**
Add lines 47 through 50. Copy the total to line 87.

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

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.

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

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 92 Main Street, Chester NY 10918 Funeral Home	Fee simple	\$0.00	Bank appraisal	\$510,000.00

56. **Total of Part 9.** **\$510,000.00**
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**
 No

Debtor Lippincott-Ingrassia Funeral Home, Inc. Case number (if known) _____
Name

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.

Part 11: All other assets

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

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

No. Go to Part 12.

Yes Fill in the information below.

Debtor Lippincott-Ingrassia Funeral Home, Inc. Case number (if known) _____
Name

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$30,800.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$16,800.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$510,000.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$47,600.00</u>	+ 91b. <u>\$510,000.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$557,600.00</u>

Fill in this information to identify the case:

Debtor name Lippincott-Ingrassia Funeral Home, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

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

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

Part 1: List Creditors Who Have Secured Claims

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

		Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
<p>2.1</p> <p>Orange Bank & Trust Company</p> <p><small>Creditor's Name</small></p> <p>212 Dolson Avenue Middletown, NY 10940</p> <p><small>Creditor's mailing address</small></p> <p><small>Creditor's email address, if known</small></p> <p>Date debt was incurred</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p>1. Orange Bank & Trust Company</p> <p>2. Town of Chester</p>	<p>Describe debtor's property that is subject to a lien</p> <p>92 Main Street, Chester NY 10918 Funeral Home, and all tangible personal property and fixtures at this location, as evidenced by a UCC Financing Statement filed locally</p> <hr/> <p>Describe the lien</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<p>\$418,260.06</p>	<p>\$510,000.00</p>

<p>2.2</p> <p>Town of Chester</p> <p><small>Creditor's Name</small></p> <p>Receiver of Taxes 1786 Kings Highway Chester, NY 10918</p> <p><small>Creditor's mailing address</small></p> <p><small>Creditor's email address, if known</small></p> <p>Date debt was incurred</p>	<p>Describe debtor's property that is subject to a lien</p> <p>92 Main Street, Chester NY 10918 Funeral Home</p> <hr/> <p>Describe the lien</p> <p>2017 county/town taxes</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>	<p>\$3,109.51</p>	<p>\$510,000.00</p>
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Debtor Lippincott-Ingrassia Funeral Home, Inc. Case number (if know) _____
Name

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$421,369.57**

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

Commissioner of Finance
Orange County
255 Main Street
Goshen, NY 10924

Line 2.2

MacVean Lewis Sherwin McDermot
Attn Kevin Preston, Esq
36 Grove Street; PO Box 310
Middletown, NY 10940

Line 2.1

Thomas Genova, Esq.
Genova & Malin
1136 Route 9
Wappingers Falls, NY 12590

Line 2.1

Fill in this information to identify the case:

Debtor name Lippincott-Ingrassia Funeral Home, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

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.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

		Amount of claim
3.1	Nonpriority creditor's name and mailing address All-American Publishing 5411 Kendall Street Boise, ID 83706 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$374.00
3.2	Nonpriority creditor's name and mailing address Times Herald Record PO Box 2046 Middletown, NY 10940 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$394.56

Part 3: List Others to Be Notified About Unsecured Claims

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

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

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

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	\$ 0.00
5b.	Total claims from Part 2	+ \$ 768.56
5c.	Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$ 768.56

Fill in this information to identify the case:

Debtor name Lippincott-Ingrassia Funeral Home, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

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

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
---	---

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

State the term remaining

List the contract number of any government contract _____

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

State the term remaining

List the contract number of any government contract _____

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

State the term remaining

List the contract number of any government contract _____

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

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name Lippincott-Ingrassia Funeral Home, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

**Official Form 206H
Schedule H: Your Codebtors**

12/15

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

1. Do you have any codebtors?

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

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the 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	Anthony Ingrassia	72 West Main Street Middletown, NY 10940	Orange Bank & Trust Company	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	CKI, LLC	4 Oak Street Greenwood Lake, NY 10925	Orange Bank & Trust Company	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Lippincott Funeral Chapel, Inc	107 Murray Street Goshen, NY 10924	Orange Bank & Trust Company	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Ralston-Lippincott-Hasbrouck	Ingrassia Funeral Home, Inc. 72 West Main Street Middletown, NY 10940	Orange Bank & Trust Company	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

**United States Bankruptcy Court
Southern District of New York**

In re Lippincott-Ingrassia Funeral Home, Inc.

Debtor(s)

Case No.

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Anthony Ingrassia	Common	100	

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date January 26, 2017

Signature /s/ Anthony Ingrassia
Anthony Ingrassia

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Southern District of New York**

In re Lippincott-Ingrassia Funeral Home, Inc. Debtor(s) Case No. _____
Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: January 26, 2017

/s/ Anthony Ingrassia
Anthony Ingrassia/President
Signer/Title

ALL-AMERICAN PUBLISHING
5411 KENDALL STREET
BOISE, ID 83706

ANTHONY INGRASSIA
72 WEST MAIN STREET
MIDDLETOWN, NY 10940

CKI, LLC
4 OAK STREET
GREENWOOD LAKE, NY 10925

COMMISSIONER OF FINANCE
ORANGE COUNTY
255 MAIN STREET
GOSHEN, NY 10924

LIPPINCOTT FUNERAL CHAPEL, INC
107 MURRAY STREET
GOSHEN, NY 10924

MACVEAN LEWIS SHERWIN MCDERMOT
ATTN KEVIN PRESTON, ESQ
36 GROVE STREET; PO BOX 310
MIDDLETOWN, NY 10940

ORANGE BANK & TRUST COMPANY
212 DOLSON AVENUE
MIDDLETOWN, NY 10940

RALSTON-LIPPINCOTT-HASBROUCK
INGRASSIA FUNERAL HOME, INC.
72 WEST MAIN STREET
MIDDLETOWN, NY 10940

THOMAS GENOVA, ESQ.
GENOVA & MALIN
1136 ROUTE 9
WAPPINGERS FALLS, NY 12590

TIMES HERALD RECORD
PO BOX 2046
MIDDLETOWN, NY 10940

TOWN OF CHESTER
RECEIVER OF TAXES
1786 KINGS HIGHWAY
CHESTER, NY 10918

**United States Bankruptcy Court
Southern District of New York**

In re Lippincott-Ingrassia Funeral Home, Inc.

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Lippincott-Ingrassia Funeral Home, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

January 26, 2017

Date

/s/ Mike Pinsky

Mike Pinsky

Signature of Attorney or Litigant

Counsel for Lippincott-Ingrassia Funeral Home, Inc.

Hayward, Parker, O'Leary & Pinsky

225 Dolson Avenue, Suite 303

PO Box 929

Middletown, NY 10940

845-343-6227

HPOPLaw@gmail.com