

Fill in this information to identify the case:

Debtor Wordsworth CUA 10, LLC

United States Bankruptcy Court for the: Eastern District of PA  
(State)

Case number 17-14467 AMC  
(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.

## 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

Total claim

Priority amount

As of the petition filing date, the claim is: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

## 2.2 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

## 2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**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.

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim \$
<b>3.1</b>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div> Date or dates debt was incurred  Last 4 digits of account number </div>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See Attached Schedules
<b>3.2</b>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div> Date or dates debt was incurred  Last 4 digits of account number </div>	<div> As of the petition filing date, the claim is:  Check all that apply. </div> <div> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed    Basis for the claim: _____    Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes </div>	
<b>3.3</b>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div> Date or dates debt was incurred  Last 4 digits of account number </div>	<div> As of the petition filing date, the claim is:  Check all that apply. </div> <div> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed    Basis for the claim: _____    Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes </div>	
<b>3.4</b>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div> Date or dates debt was incurred  Last 4 digits of account number </div>	<div> As of the petition filing date, the claim is:  Check all that apply. </div> <div> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed    Basis for the claim: _____    Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes </div>	
<b>3.5</b>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div> Date or dates debt was incurred  Last 4 digits of account number </div>	<div> As of the petition filing date, the claim is:  Check all that apply. </div> <div> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed    Basis for the claim: _____    Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes </div>	
<b>3.6</b>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div> Date or dates debt was incurred  Last 4 digits of account number </div>	<div> As of the petition filing date, the claim is:  Check all that apply. </div> <div> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed    Basis for the claim: _____    Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes </div>	

## Part 3:

## List Others to Be Notified About Unsecured Claims

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

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

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

## Part 4:

## Total Amounts of the Priority and Nonpriority Unsecured Claims

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

## Total of claim amounts

5a. Total claims from Part 1

5a.

\$ 0

5b. Total claims from Part 2

5b.

+

\$ 1,263,144

5c. Total of Parts 1 and 2

5c.

\$ 1,263,144

Lines 5a + 5b = 5c.

**Schedule EF1: Creditors with nonpriority claims**

Creditor's name and address	Amount	Basis for claim	Claim status	Date or dates of claim
A SECOND CHANCE, INC. (CUA 10) 8350 FRANKSTOWN AVENUE ATTN: JASON MILLER PITTSBURGH, PA 15221	\$207,161.52	Suppliers or vendors	Not subject to offset	05/10/2017 05/04/2017
BETHANNA (CUA 10) 1030 Second Street Pike Southampton, PA 18966	\$29,942.0	Suppliers or vendors	Not subject to offset	06/08/2017
BETHANY CHRISTIAN SRVS (CUA 10) 7827 OLD YORK ROAD ELKINS PARK, PA 19027	\$6,782.40	Suppliers or vendors	Not subject to offset	05/31/2017
CATHOLIC SOCIAL SRVS (CUA 10) 222 N. 17TH STREET PHILA, PA 19103	\$144,383.94	Suppliers or vendors	Not subject to offset	05/04/2017 06/13/2017
CHILDREN'S CHOICE, INC. (CUA 10) 211 BENIGNO BLVD BELLMAWR, NJ 08031	\$113,672.4	Suppliers or vendors	Not subject to offset	05/04/2017 06/13/2017
CHILD FIRST SERVICES (CUA 10) 718 ARCH STREET 5N PHILA, PA 19106	\$30,906.0	Suppliers or vendors	Not subject to offset	06/08/2017
CONCILIO (CUA 10) 141 E. HUNTING PARK AVE PHILA, PA 19124	\$2,560.8	Suppliers or vendors	Not subject to offset	06/08/2017
Concern Professional Services (CUA 10) 1 West Main Street Fleetwood, PA 19522	\$7,227.9	Suppliers or vendors	Not subject to offset	05/31/2017
DELTA COMMUNITY SUPPORTS (CUA 10) 1777 SENTRY PARKWAY WEST GWYNEDD HALL- SUITE 400 BLUE BELL, PA 19422-2211	\$147,384.8	Suppliers or vendors	Not subject to offset	05/31/2017
DEVEREUX FOUNDATION (CUA 10) P.O. BOX 8538-122 PHILADELPHIA, PA 19171	\$59,641.4	Suppliers or vendors	Not subject to offset	05/04/2017
ELWYN (CUA 10) 111 ELWYN ROAD MEDIA, PA 19063	\$1,822.2	Suppliers or vendors	Not subject to offset	05/31/2017
FIRST HOME CARE (CUA 10) 833 E. Butler ave Doylestown, PA 18901	\$23,655.1	Suppliers or vendors	Not subject to offset	06/09/2017
FRIENDSHIP HOUSE (CUA 10) 1509 MAPLE STREET SCRANTON, PA 18505	\$2,260.8	Suppliers or vendors	Not subject to offset	05/31/2017

**Schedule EF1: Creditors with nonpriority claims**

Creditor's name and address	Amount	Basis for claim	Claim status	Date or dates of claim
GEORGE JUNIOR REPUBLIC (CUA 10) 233 George Junior Rd P. O. box 1058 Grove City, PA 16127	\$152,764.6	Suppliers or vendors	Not subject to offset	05/04/2017 05/31/2017
JEWISH FAMILY & CHILDREN'S SERVICE (CUA 10) 2100 ARCH STREET PHILADELPHIA, PA 19103	\$92,760.65	Suppliers or vendors	Not subject to offset	05/31/2017 05/04/2017
JUVENILE JUSTICE CNTR/PHILA (CUA 10) 100 WEST COULTER STREET PHILADELPHIA, PA 19144	\$5,952.00	Suppliers or vendors	Not subject to offset	05/31/2017
NEW FOUNDATIONS (CUA 10) 7210 RISING SUN AVENUE SUITE A PHILADELPHIA, PA 19111	\$2,847.60	Suppliers or vendors	Not subject to offset	05/31/2017
NORTHEAST TREATMENT (CUA 10) 499 N. 5TH STREET PHILA, PA 19123	\$50,215.3	Suppliers or vendors	Not subject to offset	05/04/2017 06/08/2017
NORTHERN CHILDREN'S SERVICES (CUA 10) 5301 RIDGE AVE PHILA, PA 19128	\$19,294.21	Suppliers or vendors	Not subject to offset	05/04/2017
PROGRESSIVE LIFE CENTER, INC (CUA 10) 1704 17TH ST.NE WASHINGTON, DC 20002	\$39,588.21	Suppliers or vendors	Not subject to offset	05/31/2017 05/04/2017
SILVER SPRINGS (CUA 10) 512 west Township Line Road Plymouth Meeting, PA 19462-1001	\$2,082.90	Suppliers or vendors	Not subject to offset	05/31/2017
TABOR CHILDREN SERVICES (CUA 10) 601 NEW BRITAIN RD DOYLESTOWN, PA 18901	\$25,836.41	Suppliers or vendors	Not subject to offset	05/04/2017 06/13/2017
VALLEY YOUTH HOUSE (CUA 10) 827-829 LINDEN STREET ALLENTOWN, PA 18101	\$8,151.0	Suppliers or vendors	Not subject to offset	06/13/2017
VISIONQUESTNEW (CUA 10) PO BOX 536513 PITTSBURGH, PA 15253-5907	\$28,794.9	Suppliers or vendors	Not subject to offset	05/31/2017
WOODS SERVICES (CUA 10) PO BOX 36 LANGHORNE, PA 19047	\$57,454.8	Suppliers or vendors	Not subject to offset	05/31/2017 04/20/2017

**Fill in this information to identify the case and this filing:**

Debtor Name Wordsworth CUA 10, LLC  
United States Bankruptcy Court for the: Eastern District of PA  
(State)  
Case number (if known): 17-14467-AMC

**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

08/04/2017  
MM / DD / YYYY

x

  
Signature of individual signing on behalf of debtor

Don Stewart  
Printed name

CFO, INTERIM CEO  
Position or relationship to debtor