

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

In re:	:	Chapter 11
	:	
Wordsworth Academy	:	Case No. 17- 14463 (AMC)
	:	
Debtor.	:	
	:	

**GLOBAL NOTES REGARDING DEBTOR’S AMENDED SCHEDULE E/F
FILED DECEMBER 21, 2017**

Wordsworth Academy, debtor and debtor-in-possession in the above-captioned chapter 11 case (the “Debtor”) has filed herewith Amended Schedule E/F (“Amended Schedule E/F”) in the United States Bankruptcy Court for the Eastern District of Pennsylvania to correct certain entries reflected in the previously filed Schedule E/F.

Specifically, Amended Schedule E/F reflects the following revisions:

- Certain Scheduled Claims which have been modified in amount and are attached as **Exhibit A**.

The above-listed items comprise the extent of revisions reflected on Amended Schedule E/F.

Claimants who have timely filed proofs of claim in the chapter 11 case DO NOT need to re-file such claims on account of this amendment.

The Debtor reserves its right to further amend as necessary.

END OF GLOBAL NOTES

AMENDED SCHEDULE E/F BEGINS ON THE FOLLOWING PAGE

Fill in this information to identify the case:

Debtor Wordsworth Academy

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

Case number 17-11463 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.

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

<p>2.2 Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: \$ _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>
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<p>2.3 Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: \$ _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.
If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____	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. + \$ 3,195,084

5c. **Total of Parts 1 and 2** 5c. \$ 3,195,084
Lines 5a + 5b = 5c.

EXHIBIT A

[Scheduled Claims]

Schedule EF1: Creditors with nonpriority claims Creditor's name and address	Original Scheduled Amount as of the Petition	Amended Scheduled Amount as of the Petition	Amount Paid Post-Petition through 10/17/17	Amended Scheduled Amount of Claim less amount paid post-petition
ABDUS-SALAAM CJA 1323 POWELL ROAD BROOKHEAVN, PA 19015	\$98.48	\$158.58	\$158.58	\$0.00
ASPS-ABINGTON SPEECH PATHOLOGY INC. UNIT A 3515 MORELAND ROAD WILLOW GROVE, PA 19090	\$25,345.00	\$ 28,952.50	\$28,952.50	\$0.00
ANKOMAH, JENNIFER 4414 Decatur Street Philadelphia, PA 19136 THE ARRIMOUR GROUP 1965 BYBERRY ROAD HUNTINGDON VALLEY, PA 19006	\$55.30	\$ 150.64	\$150.64	\$0.00
THE ARRIMOUR GROUP 1965 BYBERRY ROAD HUNTINGDON VALLEY, PA 19006	\$11,910.71	\$ 7,312.07	\$0.00	\$7,312.07
AUSTILL'S REHABILITATION SERVICES, INC 100 JOHN ROBERT THOMAS DRIVE EXTON, PA 19341-2652	\$1,364.67	\$ 1,442.21	\$1,442.21	\$0.00
AXION OF PENNSYLVANIA LLC c/o WELLS FARGO CAPITAL FINANCE P O BOX 202056 DALLAS, TX 75320-2056	\$56,434.44	\$ 57,226.02	\$57,226.02	\$0.00
BUCKS CO.WATER & SEWER 54800 P O BOX 3333 HARLEYSVILLE, PA 19438-0900	\$214.88	\$ 370.85	\$370.85	\$0.00
BUCKS CO. WATER & SEWER 54600 P O BOX 3333 HARLEYSVILLE, PA 19438-0900	\$30.66	\$ 80.14	\$80.14	\$0.00
BUCKS CO. WATER & SEWER 54700 P O BOX 3333 HARLEYSVILLE, PA 19438-0900	\$1,199.12	\$ 2,306.14	\$2,306.14	\$0.00
CATALFANO BROTHERS, LLC 222 ROESCH AVENUE ORELAND, PA 19075	\$1,575.00	\$ 1,050.00	\$0.00	\$1,050.00
CITY OF PHILADELPHIA PUBLIC HEALTH SERVICES 321 UNIVERSITY AVENUE, 2ND FLOOR PHILADELPHIA, PA 19104	\$315.00	\$ 875.00	\$875.00	\$0.00

Schedule EF1: Creditors with nonpriority claims Creditor's name and address	Original Scheduled Amount as of the Petition	Amended Scheduled Amount as of the Petition	Amount Paid Post-Petition through 10/17/17	Amended Scheduled Amount of Claim less amount paid post-petition
COMCAST 8499 10 013 0021669 P O BOX 3001 SOUTHEASTERN, PA 19398-3001	\$463.69	\$ 199.35	\$199.35	\$0.00
CREDIBLE P.O. Box 34456 West Bethesda, MD 20817	\$10,242.80	\$ 11,586.80	\$0.00	\$11,586.80
F.E.A.S.T. CATERING 7120 WOOLSTON AVE. PHILADELPHIA, PA 19138	\$700.00	\$ -	\$700.00	(\$700.00)
G4S SECURE SOLUTIONS P.O. BOX 277469 ATLANTA, GA 30384-7469	\$16,049.56	\$ 17,284.00	\$17,284.00	\$0.00

Schedule EF1: Creditors with nonpriority claims Creditor's name and address	Original Scheduled Amount as of the Petition	Amended Scheduled Amount as of the Petition	Amount Paid Post-Petition through 10/17/17	Amended Scheduled Amount of Claim less amount paid post-petition
GENERAL HEALTHCARE RESOURCE 2250 HICKORY ROAD SUITE 240 PLYMOUTH MEETING, PA 19462	\$86,050.00	\$ 85,882.00	\$85,882.00	\$0.00
GORDON HODAS 214 E. GRAVERS LANE PHILADELPHIA, PA 19118	\$4,420.00	\$ 9,372.50	\$9,372.50	\$0.00
GREER DEBRA 4907 KNOX STREET Philadelphia, PA 19144	\$53.00	\$ -	\$0.00	\$0.00
GRIFFIN TYERRA 2416 76TH AVENUE Philadelphia, PA 19150	\$946.55	\$ 1,981.56	\$1,981.56	\$0.00
GRIFFIN, TIFFANI 1514 PATRICIA DR, APT A YEADON, PA 19050	\$306.62	\$ 214.62	\$214.62	\$0.00
CHANGE HEALTHCARE PO BOX 572490 MURRAY, UT 84157-2490	\$600.13	\$ 1,200.08	\$0.00	\$1,200.08
PAMELA HEARD (F.P.) 3936 PENNSGROVE STREET Philadelphia, PA 19104	(\$85.00)	\$ -	\$0.00	\$0.00
HOME GALLERY FURNITURE 2440 E. VENANGO STREET PHILADELPHIA, PA 19134	\$1,183.68	\$ -	\$1,183.68	(\$1,183.68)
BEST BUY FURNITURE INC. T/A JERUSALEM FURNITUR 2300 PASSYUNK AVE PHILADELPHIA, PA 19145	\$1,533.82	\$ -	\$1,533.82	(\$1,533.82)
JOHNSON, CHADWICK 162 GLENTAY AVENUE LANSDOWNE, PA 19050	\$250.00	\$ -	\$0.00	\$0.00
KELLEY, DANIELLE 209 LIBORIO DRIVE MIDDLETOWN, DE 19709	\$750.00	\$ 1,000.00	\$1,000.00	\$0.00

Schedule EF1: Creditors with nonpriority claims	Original Scheduled Amount as of the Petition	Amended Scheduled Amount as of the Petition	Amount Paid Post-Petition through 10/17/17	Amended Scheduled Amount of Claim less amount paid post-petition
Creditor's name and address LEWIS, ERICA 1412 ROBBINS STREET PHILADELPHIA, PA 19149	\$500.00	\$ 1,350.00	\$1,100.00	\$250.00
LIST ASSOCIATES, L.P. c/o STONEHENGE ADVISORS, INC. BLDG M-7, SUITE 400 PHILADELPHIA, PA 19112	\$1,265,897.82	\$ 764,026.74	\$0.00	\$764,026.74
BOWIE-MAJOR, DESHEIKA 170 ROSELYN STREET PHILADELPHIA, PA 19120	\$250.00	\$ -	\$0.00	\$0.00
M. LONDON 500 W. GIRARD AVE PHILA, PA 19123	\$3,700.00	\$1,950.00	\$1,950.00	\$0.00
MST INSTITUTE 710 J. DODDS BLVD SUITE 200 MT PLEASANT, SC 29464	\$688.61	\$ 463.61	\$225.00	\$238.61
MURRAY, SEKEA 5 REGAL COURT NEWARK, DE 19713	\$28.95	\$ 44.80	\$44.80	\$0.00
NAZARENE BAPTIST CHURCH 3975 GERMANTOWN AVENUE PHILADELPHIA, PA 19140	\$687.50	\$ 2,162.50	\$0.00	\$2,162.50
PAETEC P O BOX 9001013 LOUISVILLE, KY 40290-1013	(\$7,108.89)	\$ (4,276.13)	\$0.00	(\$4,276.13)
PA UNEMPLOYMENT COMPENSATION P.O.BOX 60848 HARRISBURG, PA 17106-0848	\$819,269.83	\$ 1,031,184.82	\$0.00	\$1,031,184.82
PEARLSTEIN'S FURNITURE & BEDDING 2521-23 WEST GIRARD AVE PHILADELPHIA, PA 19130	\$5,965.00	\$ 3,270.00	\$2,925.00	\$345.00
PEARSON, BEVERLY 7070 CLOVER LANE UPPER DARBY, PA 19082	\$250.00	\$ 59.19	\$59.19	\$0.00

Wordsworth Academy Scheduled Claims

Schedule EF1: Creditors with nonpriority claims Creditor's name and address	Original Scheduled Amount as of the Petition	Amended Scheduled Amount as of the Petition	Amount Paid Post-Petition through 10/17/17	Amended Scheduled Amount of Claim less amount paid post-petition
PECO ENERGY (39224-00302) Payment Processing PO BOX 37629 PHILADELPHIA, PA 19101-0629	\$7,265.42	\$ 14,185.80	\$14,185.80	\$0.00
PHILADELPHIA GAS WORKS AFBS P O BOX 11700 NEWARK, NJ 07101-4700	\$716.28	\$ -	\$0.00	\$0.00
PURCHASE POWER (0922-4689) P.O. BOX 371874 Pittsburgh, PA 15250-7874	\$2,000.00	\$ -	\$0.00	\$0.00
POLLARD, ROBIN 430 W BROWNING ROAD BELLMAWR, NJ 8031	\$97.07	\$ 57.88	\$57.88	\$0.00
PROSTYLE DETAILING 1638 N 62ND ST. PHILADELPHIA, PA 19151	\$225.00	\$ -	\$0.00	\$0.00
REEVES, SAMIA 7626 LANGDEN STREET, APT. 1 PHILADELPHIA, PA 19111	\$500.00	\$ -	\$0.00	\$0.00
RESOURCES FOR HUMAN DEVELOPMENT, INC 4700 WISSAHICKON AVE SUITE 126 PHILADELPHIA, PA 19144	\$14,602.85	\$ 25,602.85	\$0.00	\$25,602.85
RIVERA, MICOLE 6142 HASBROOK STREET PHILADELPHIA, PA 19111	\$141.79	\$ -	\$0.00	\$0.00
RX BENEFITS P.O. BOX 896503 CHARLOTTE, NC 28289-6503	\$21,600.27	\$ 76,671.10	\$76,671.10	\$0.00
SAPP, KINA 6740 WYNCOTE AVE, APT 1 PHILADELPHIA, PA 19138	\$350.00	\$ 431.31	\$431.31	\$0.00

Wordsworth Academy Scheduled Claims

Schedule EF1: Creditors with nonpriority claims Creditor's name and address	Original Scheduled Amount as of the Petition	Amended Scheduled Amount as of the Petition	Amount Paid Post-Petition through 10/17/17	Amended Scheduled Amount of Claim less amount paid post-petition
SARGENT JOE 8414 WILLIAMS AVENUE APT G-9 PHILADELPHIA, PA 19150	\$0.01	\$ 44.59	\$44.59	\$0.00
SCHOOL SPECIALTY INC. 32656 COLLECTION CENTER DR CHICAGO, IL 60693-0326	(\$17.00)	\$ -	\$0.00	\$0.00
SLAUGHTER RONEISHA 206 EAST TABOR ROAD PHILADELPHIA, PA 19120	\$563.52	\$ 281.76	\$281.76	\$0.00
STAFFING PLUS, INC. 551 WEST LANCASTER AVENUE SUITE 202 4TH FLOOR HAVERFORD, PA 19041	\$220,805.83	\$ 224,286.41	\$224,286.41	\$0.00
TENTS & EVENTS 1710 LORETTA AVE FEASTERVILLE, PA 19053	\$146.25	\$ -	\$628.75	(\$628.75)
THE REVELATION CENTER 3727 BARING STREET PHILADELPHIA, PA 19104	\$3,412.50	\$ 4,425.00	\$0.00	\$4,425.00
THOMAS, MATTHEW 7903 RONAELE DRIVE ELKINS PARK, PA 19027	\$306.03	\$ 22.52	\$22.52	\$0.00
THOMAS DARRIEN 5963 PALMETTO STREET PHILADELPHIA, PA 19120	\$455.86	\$ 306.03	\$306.03	\$0.00
TODAY'S FURNITURE DESIGN 191 W ROOSEVELT BLVD PHILA, PA 19120	\$950.00	\$ -	\$950.00	(\$950.00)
TRI-STATE TRAINING & SAFETY CONSULT Eddystone, PA 19022	\$940.00	\$ 1,385.00	\$340.00	\$1,045.00
UNIT FOUR FALLS -t0002952 2929 ARCH STREET, SUITE 1351 C/O IRON STONE PHILA, PA 19104	\$11,010.53	\$ 18,364.65	\$0.00	\$18,364.65

Schedule EF1: Creditors with nonpriority claims Creditor's name and address	Original Scheduled Amount as of the Petition	Amended Scheduled Amount as of the Petition	Amount Paid Post-Petition through 10/17/17	Amended Scheduled Amount of Claim less amount paid post-petition
Unit Four Falls - t0003102 2929 ARCH STREET - SUITE 1351 C/O IRON STONE PHILA, PA 19104	\$685.18	\$ 2,213.98	\$168.49	\$2,045.49
UNIT ONE FALLS CENTER 2929 ARCH STREET SUITE 1351 PHILADELPHIA, PA 19104	\$100.00	\$ 200.00	\$0.00	\$200.00
US MEDICAL STAFFING, INC C/O WELLS FARGO BUSINESS CREDIT P O BOX 60839 CHARLOTTE, NC 28260	\$90,198.81	\$ 92,600.70	\$92,600.70	\$0.00
W.B. MASON P.O. BOX 981101 BOSTON, MA 02298-1101	\$20,785.95	\$ 20,807.93	\$0.00	\$20,807.93
WHITE, KENNISHA 5381 HAZELHURST STREET PHILADELPHIA, PA 19131	\$250.00	\$ 416.99	\$416.99	\$0.00
WILLIAMS JUSTIN 311 N SPRING GARDEN STREET, APT F2 AMBLER, PA 19002	\$231.12	\$ -	\$0.00	\$0.00
WOODS, SHAWN 5050 WYNNEFIELD AVE, APT 105 PHILADELPHIA, PA 19131	\$40.00	\$ 65.00	\$65.00	\$0.00
WOODSON, KEVIN 1251 S. 46TH STREET PHILADELPHIA, PA 19143	\$109.03	\$ 293.56	\$293.56	\$0.00

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

Debtor Name Wordsworth Academy
United States Bankruptcy Court for the: Eastern District of PA
(State)
Case number (if known): 17-14463 (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

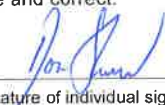
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

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 E/F
- 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 12/21/2017
MM / DD / YYYY

X 
Signature of individual signing on behalf of debtor

Donald Stewart
Printed name

CFO/CEO
Position or relationship to debtor