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Chapter 11	
	☐ Check if this amended filir
	Chapter 11

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.

	21 WEST CORP.					
All other names debtor used in the last 8 years						
Include any assumed names, trade names and doing business as names	DBA CHILDREN'S GARDEN ACADEMY	A CHILDREN'S GARDEN ACADEMY				
Debtor's federal Employer Identification Number (EIN)	45-2365757					
Debtor's address	Principal place of business	Mailing address, if different from principal place of business				
	6452 GREENE STREET, PHILA PA 19119 & 6176 RIDGE AVENUE, PHILA PA 19128	28 VENUTI DRIVE Aston, PA 19014				
	Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code				
	PHILA	Location of principal assets, if different from principal				
	County	place of business				
		Number, Street, City, State & ZIP Code				
Debtor's website (URL)						
There of delites	_					
Type of deptor	Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))					
	☐ Partnership (excluding LLP)					
	Other. Specify:					
	used in the last 8 years Include any assumed names, trade names and doing business as names Debtor's federal Employer Identification Number (EIN) Debtor's address	Used in the last 8 years Include any assumed names, trade names and doing business as names Debtor's federal Employer Identification Number (EIN) Debtor's address Principal place of business 6452 GREENE STREET, PHILA PA 19119 & 6176 RIDGE AVENUE, PHILA PA 19128 Number, Street, City, State & ZIP Code PHILA County Debtor's website (URL) Type of debtor Corporation (including Limited Liability Company (LLC) Partnership (excluding LLP)				

Debte	Case 16-178	376-jkf Doc 1	Filed 11/09/16 Document	Entered 11/09/16 17:19:01 Page 2 of 6 Case number (if known)	Desc Main
	Name			· · · · · · · · · · · · · · · · · · ·	
7. Describe debtor's business		 ☐ Health Care Busin ☐ Single Asset Real ☐ Railroad (as define ☐ Stockbroker (as define) ☐ Commodity Broke 	ness (as defined in 11 U Estate (as defined in 11 ed in 11 U.S.C. § 101(4 efined in 11 U.S.C. § 10 r (as defined in 11 U.S.C. § defined in 11 U.S.C. §	1 U.S.C. § 101(51B)) 4)) 01(53A)) C. § 101(6))	
		D. Charle all that and			
		☐ Investment compa	(as described in 26 U.S	nd or pooled investment vehicle (as defined in	15 U.S.C. §80a-3)
		C NIAICC (Niambh Ama	winen lendonete Clansifie	ation Circtural A divitace de that has tales suite	dahtan
C. NAICS (North American Industry Classification System) 4-digit See					

If more than 2 cases, attach a separate list.

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

District

District

■ No

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

☐ Yes.

Debtor _____ When

Relationship
Case number, if known

Case number

Case number

When

When

Page 3 of 6 Case number (if known) Document Debtor 21 WEST CORP. 11. Why is the case filed in Check all that apply: this district? 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 ■ No have possession of any Answer below for each property that needs immediate attention. Attach additional sheets if needed. real property or personal ☐ Yes. property that needs immediate attention? 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 Check one: available funds 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 **1** 25,001-50,000 **1**,000-5,000 1-49 creditors **5001-10,000 5**0,001-100,000 **50-99 1**0,001-25,000 ☐ More than 100,000 □ 100-199 **200-999** 15. Estimated Assets **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50.001 - \$100.000 □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **□** \$100.001 - \$500.000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 16. Estimated liabilities **□** \$0 - \$50.000 □ \$1.000.001 - \$10 million □ \$500.000.001 - \$1 billion □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million

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Debtor 21 WEST CORP.

Name

Request for Relief	, Declaration,	and	Signatures
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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 trued and correct.

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

Executed on November 9, 2016

MM / DD / YYYY

Signature of authorized representative of debtor

DIANE E. BARR-DOWD

Printed name

Title **PRESIDENT**

18. Signature	of attorney
---------------	-------------

X /s/ TIM ZEARFOSS, ESQ

Date November 9, 2016
MM / DD / YYYY

Signature of attorney for debtor

TIM ZEARFOSS, ESQ

Printed name

LAW OFFICE OF TIMOTHY ZEARFOSS

Firm name

143-145 LONG LANE UPPER DARBY, PA

Number, Street, City, State & ZIP Code

Contact phone 610-734-7001 Email address TZEARFOSS@AOL.COM

57405

Bar number and State

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Fill in this information to identify the case		
Debtor name 21 WEST CORP.		
United States Bankruptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANIA	Check if this is an
Case number (if known):		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

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 If the claim is fully unsecured, fill in only unsecured claim amoun claim is partially secured, fill in total claim amount and deduction value of collateral or setoff to calculate unsecured claim. Total claim, if partially secured Deduction for value Unsecured claim.		nt and deduction for
CITY OF PHILA C/O LAW DEPT- TAX UNIT 5TH FLR, 1401 JFK BLVD PHILA, PA 19102		TAXES	Disputed	partially secured	or conductor or secon	\$10,000.00
IRS PO BOX 7346 PHILA, PA 19101		PAYROLL TAXES	Disputed			\$80,000.00
PA DEPT OF LABOR & INDUSTRY OFC OF UC BENEFITS, CLAIMANT SVCS PO BOX 67503 HARRISBURG, PA 17108		UC INS	Disputed			\$15,000.00
PA DEPT OF REVENUE BANKRUPTCY DIV. PO BOX 280946 HARRISBURG, PA 17128		PAYROLL TAXES	Disputed			\$12,000.00

CITY OF PHILA C/O LAW DEPT- TAX UNIT 5TH FLR, 1401 JFK BLVD PHILA, PA 19102

IRS PO BOX 7346 PHILA, PA 19101

PA DEPT OF LABOR & INDUSTRY OFC OF UC BENEFITS, CLAIMANT SVCS PO BOX 67503 HARRISBURG, PA 17108

PA DEPT OF REVENUE BANKRUPTCY DIV. PO BOX 280946 HARRISBURG, PA 17128