

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF OHIO

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 Happyworks Day Care, 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) 34-1528678

4. Debtor's address  
Principal place of business: 3510 W. 41st St. Cleveland, OH 44109  
Number, Street, City, State & ZIP Code  
Cuyahoga  
County  
Mailing address, if different from principal place of business: \_\_\_\_\_  
P.O. Box, Number, Street, City, State & ZIP Code  
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: \_\_\_\_\_

**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>.

\_\_\_\_\_

**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 _____	Relationship _____
District _____	When _____ 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 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

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 **Happyworks Day Care, Inc.**  
Name

Case number (if known)

**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 **July 9, 2016**  
MM / DD / YYYY

**X /s/ Nicholas A. Kuznik**  
Signature of authorized representative of debtor  
  
Title **Director**

**Nicholas A. Kuznik**  
Printed name

**18. Signature of attorney**

**X /s/ Richard H. Nemeth**  
Signature of attorney for debtor

Date **July 9, 2016**  
MM / DD / YYYY

**Richard H. Nemeth**  
Printed name

**Nemeth & Associates, LLC**  
Firm name

**526 Superior Ave. East, Suite 1120  
Cleveland, OH 44114-1405**  
Number, Street, City, State & ZIP Code

Contact phone **(216) 502-1300** Email address **mail@ohbklaw.com**

**0007392**  
Bar number and State

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

Debtor name Happyworks Day Care, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

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 July 9, 2016

X /s/ Nicholas A. Kuznik  
Signature of individual signing on behalf of debtor

Nicholas A. Kuznik  
Printed name

Director  
Position or relationship to debtor

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

Debtor name **Happyworks Day Care, Inc.**  
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**  
 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		
				If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Ben L. Jonozzo, CPA 6588 Brecksville Rd. Independence, OH 44131		Accountancy services				\$8,300.00
Birch Communications P.O. Box 105066 Atlanta, GA 30348		Current payment for phone lease				\$93.57
Cleveland Public Power P. O. Box 94560 Cleveland, OH 44101-4560						\$739.03
Dominion East Ohio Gas Co. Attn: Bankruptcy Group P. O. Box 26666 Richmond, VA 23261-6785						\$233.70
GreatAmerica Financial Services P.O. Box 660831 Dallas, TX 75266		Past-due copier lease installments.				\$454.35
Guardian Alarm 20800 Southfield Rd. Southfield, MI 48075						\$46.17
I.R.S. - Insolvency Group 3 1240 E. Ninth St., Room 457 Cleveland, OH 44199		Form 990 - Filing Requirement for Small Exempt Organizations.				\$8,690.81
Illuminating Company P.O. Box 3638 Akron, OH 44309-3638		Utilities				\$135.09

Debtor **Happyworks Day Care, Inc.**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

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,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
MWM Marketing, LLC Radio Billing Department P.O. Box 1278 Des Plaines, IL 60017-1278		Radio marketing.				\$534.00
Ohio Bureau of Workers Compensation 30 W. Spring St. Columbus, OH 43215-2256		Workers compensation premiums				\$5,164.62
R. C. Swencki and Associates 55 Public Square Suite 2100 Cleveland, OH 44113			Disputed			\$34,098.04
Silco Fire & Security 15145 Lorain Rd. Cleveland, OH 44111		Fire extinguisher maintenance.				\$97.20
Speed Exterminating Company 4141 Pearl Rd. Cleveland, OH 44109		Exterminating services.				\$194.40
Utica National Insurance Group P.O. Box 6532 Cleveland, OH 44109		Insurance premium.				\$3,930.00
Waste Management of Ohio, Inc. P.O. Box 42090 Phoenix, AZ 85080		Waste Management				\$580.72

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United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

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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. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>259,800.00</u>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>2,100.00</u>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>261,900.00</u>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (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>253,173.33</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>8,690.81</u>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>54,600.89</u>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>316,465.03</u>



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United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

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 <i>(Identify all)</i>	Type of account	Last 4 digits of account number	
3.1.	Key Bank checking account.	Checking		\$100.00

4. Other cash equivalents *(Identify all)*

5. Total of Part 1. \$100.00

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

**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.

11.	Accounts receivable			
	11a. 90 days old or less:	500.00	-	0.00 = ...
		face amount	doubtful or uncollectible accounts	\$500.00

Debtor Happyworks Day Care, Inc.  
Name

Case number (If known) \_\_\_\_\_

12. **Total of Part 3.**

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

\$500.00

**Part 4: Investments**

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.

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				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies Used toys, sleeping cots, 2 used televisions, basketball hoop, swing set, monkey bars, balance bar, crayons, markers, paper supplies.		\$1,500.00		\$1,500.00

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$1,500.00

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 \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

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.

**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.

Debtor Happyworks Day Care, Inc.  
Name

Case number (If known) \_\_\_\_\_

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 desks, 2 chairs.	Unknown		\$0.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software 1 used computer.	Unknown		\$0.00

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. \$0.00

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.

**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

Debtor Happyworks Day Care, Inc.  
Name

Case number (If known) \_\_\_\_\_

55.1. **4434 Lorain Ave.  
Cleveland, OH 44113  
PPNs: 003-34-022,  
023, 024, 025, 026,  
030, 031**

**Auditor's value:**  
\$259,800      Fee simple      \$242,535.00      Tax records      \$259,800.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

\$259,800.00

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
60. <b>Patents, copyrights, trademarks, and trade secrets</b> <b>Name reservation "Happyworks Day Care, Inc."</b>	<u>\$0.00</u>		<u>\$0.00</u>

61. **Internet domain names and websites**

62. **Licenses, franchises, and royalties**

63. <b>Customer lists, mailing lists, or other compilations</b> <b>Customer list. No value.</b>	<u>\$0.00</u>		<u>\$0.00</u>
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64. **Other intangibles, or intellectual property**

65. <b>Goodwill</b> <b>Goodwill. No value.</b>	<u>\$0.00</u>		<u>\$0.00</u>
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66. **Total of Part 10.**

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

\$0.00

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

Debtor Happyworks Day Care, Inc.  
Name

Case number (If known) \_\_\_\_\_

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.

Debtor Happyworks Day Care, Inc.  
Name

Case number (if known) \_\_\_\_\_

**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. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$100.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$500.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$1,500.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$259,800.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$2,100.00</u>	+ 91b. <u>\$259,800.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$261,900.00</u>

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

Debtor name Happyworks Day Care, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

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 <b>ZB, NA dba Zions First National Bk</b> <small>Creditor's Name</small></p> <p><b>One South Main St., Suite 1400</b> <b>Salt Lake City, UT 84113</b> <small>Creditor's mailing address</small></p> <p><small>Creditor's email address, if known</small></p> <p><b>Date debt was incurred</b> <b>11/21/2008</b></p> <p><b>Last 4 digits of account number</b> <b>9001</b></p> <p><b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p><b>Describe debtor's property that is subject to a lien</b> <b>4434 Lorain Ave.</b> <b>Cleveland, OH 44113</b> <b>PPNs: 003-34-022, 023, 024, 025, 026, 030, 031</b> <b>Auditor's value: \$259,800</b></p> <p><b>Describe the lien</b> <b>First Mortgage</b></p> <p><b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>	<p><b>\$253,173.33</b></p>	<p><b>\$259,800.00</b></p>

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$253,173.33**

**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
<b>Jeremy Mason, Esq.</b> <b>Mason, Schilling &amp; Mason Co. LPA</b> <b>P.O. Box 498367</b> <b>Cincinnati, OH 45249</b>	Line <u>2.1</u>	

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

Debtor name Happyworks Day Care, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

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.

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	
2.1	Priority creditor's name and mailing address <b>I.R.S. - Insolvency Group 3</b> <b>1240 E. Ninth St., Room 457</b> <b>Cleveland, OH 44199</b>  Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	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: <b>Form 990 - Filing Requirement for Small Exempt Organizations.</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,690.81</b>	<b>\$8,690.81</b>

**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 <b>Ben L. Jonozzo, CPA</b> <b>6588 Brecksville Rd.</b> <b>Independence, OH 44131</b> Date(s) debt was incurred <u>2016</u> 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>Accountancy services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,300.00</b>
3.2	Nonpriority creditor's name and mailing address <b>Birch Communications</b> <b>P.O. Box 105066</b> <b>Atlanta, GA 30348</b> 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>Current payment for phone lease</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$93.57</b>



3.3 Nonpriority creditor's name and mailing address **Cleveland Public Power**  
**P. O. Box 94560**  
**Cleveland, OH 44101-4560**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number unts

As of the petition filing date, the claim is: *Check all that apply.* **\$739.03**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.4 Nonpriority creditor's name and mailing address **Dominion East Ohio Gas Co.**  
**Attn: Bankruptcy Group**  
**P. O. Box 26666**  
**Richmond, VA 23261-6785**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number unts

As of the petition filing date, the claim is: *Check all that apply.* **\$233.70**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.5 Nonpriority creditor's name and mailing address **GreatAmerica Financial Services**  
**P.O. Box 660831**  
**Dallas, TX 75266**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$454.35**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Past-due copier lease installments.  
 Is the claim subject to offset?  No  Yes

3.6 Nonpriority creditor's name and mailing address **Guardian Alarm**  
**20800 Southfield Rd.**  
**Southfield, MI 48075**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 6668

As of the petition filing date, the claim is: *Check all that apply.* **\$46.17**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.7 Nonpriority creditor's name and mailing address **Illuminating Company**  
**P.O. Box 3638**  
**Akron, OH 44309-3638**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$135.09**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Utilities  
 Is the claim subject to offset?  No  Yes

3.8 Nonpriority creditor's name and mailing address **MWM Marketing, LLC**  
**Radio Billing Department**  
**P.O. Box 1278**  
**Des Plaines, IL 60017-1278**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$534.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Radio marketing.  
 Is the claim subject to offset?  No  Yes

3.9 Nonpriority creditor's name and mailing address **Ohio Bureau of Workers Compensation**  
**30 W. Spring St.**  
**Columbus, OH 43215-2256**  
 Date(s) debt was incurred 2016  
 Last 4 digits of account number 2350

As of the petition filing date, the claim is: *Check all that apply.* **\$5,164.62**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Workers compensation premiums  
 Is the claim subject to offset?  No  Yes

**3.10** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$34,098.04**  
**R. C. Swencki and Associates**  
**55 Public Square**  
**Suite 2100**  
**Cleveland, OH 44113**  
 Date(s) debt was incurred **2015 -2016**  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

**3.11** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$97.20**  
**Silco Fire & Security**  
**15145 Lorain Rd.**  
**Cleveland, OH 44111**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: **Fire extinguisher maintenance.**  
 Is the claim subject to offset?  No  Yes

**3.12** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$194.40**  
**Speed Exterminating Company**  
**4141 Pearl Rd.**  
**Cleveland, OH 44109**  
 Date(s) debt was incurred **2016**  
 Last 4 digits of account number **4895**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: **Exterminating services.**  
 Is the claim subject to offset?  No  Yes

**3.13** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$3,930.00**  
**Utica National Insurance Group**  
**P.O. Box 6532**  
**Cleveland, OH 44109**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: **Insurance premium.**  
 Is the claim subject to offset?  No  Yes

**3.14** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$580.72**  
**Waste Management of Ohio, Inc.**  
**P.O. Box 42090**  
**Phoenix, AZ 85080**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: **Waste Management**  
 Is the claim subject to offset?  No  Yes

**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 Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>US Attorney General</b> <b>Dept. of Justice - Tax Division</b> <b>P.O. Box 55 - Ben Franklin Station</b> <b>Washington, DC 20044</b>	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>US Attorney's Office</b> <b>801 W. Superior Ave., Ste. 400</b> <b>Cleveland, OH 44113-1852</b>	Line <u>2.1</u> <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.**

Debtor **Happyworks Day Care, Inc.**  
Name

Case number (if known)

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>8,690.81</u>
5b. +	\$ <u>54,600.89</u>
5c.	\$ <u>63,291.70</u>

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

Debtor name Happyworks Day Care, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

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 **Telephone equipment lease.**

State the term remaining  
List the contract number of any government contract \_\_\_\_\_

**Birch Communications  
P.O. Box 105066  
Atlanta, GA 30348**

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

State the term remaining  
List the contract number of any government contract \_\_\_\_\_

**GreatAmerica Financial Services  
625 First St. South  
Suite 800  
Cedar Rapids, IA 52401**

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

State the term remaining  
List the contract number of any government contract \_\_\_\_\_

**Paychex  
1175 John St.  
West Henrietta, NY 14586**

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

Debtor name Happyworks Day Care, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

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	Judith M. Ballinger	616 Timothy Lane Cleveland, OH 44109 Commercial Guaranty	ZB, NA dba Zions First National Bk	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

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

Debtor name Happyworks Day Care, Inc.  
 United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO  
 Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. 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).

**Part 1: Income**

**1. Gross revenue from business**

None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**  
From 1/01/2016 to Filing Date

Operating a business  
 Other \_\_\_\_\_

\$160,000.00

**For prior year:**  
From 1/01/2015 to 12/31/2015

Operating a business  
 Other \_\_\_\_\_

\$320,000.00

**For year before that:**  
From 1/01/2014 to 12/31/2014

Operating a business  
 Other \_\_\_\_\_

\$318,193.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>Nicholas A. Kuznik</b> 3816 Brooklyn Ave. Cleveland, OH 44109 Director	bi-weekly - \$2,400/mont h.	\$28,800.00	Salary
4.2. <b>James A. Ballinger</b> 616 Timothy Lane Cleveland, OH 44109 Son of owner.	\$200.00 per week.	\$10,400.00	Independent contractor hired to provide transportation to teachers.
4.3. <b>Dana Kuznik</b> 3816 Brooklyn Ave. Cleveland, OH 44109 Spouse of director <b>Nicholas Kuznik</b>	\$10/per hour	\$20,000.00	Wages.

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
<b>ZB, NA dba Zions First National Bk</b> One South Main St., Suite 1400 Salt Lake City, UT 84113	<b>Garnishment of bank account.</b> Last 4 digits of account number: <u>9001</u>	June 3, 2016	\$26,047.16

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>Zions First National Bank v Happyworks Day Care, Inc.</b> CV14829494	<b>Foreclosure- sale</b> date 7/11/2016	<b>Cuyahoga Clerk of Courts</b> 1200 Ontario St Cleveland, OH 44113	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2. <b>Earhart v. Happyworks Day Care, Inc. 2015 CV 820304</b>	<b>Civil claim. Dismissed for failure to prosecute on 2/24/2016.</b>	<b>Cuyahoga County Common Pleas 1200 Ontario St. Cleveland, OH 44115</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3. <b>Notice of Violation of Building and Housing Ordinances V16020593</b>	<b>Building Code Violation Requires repair/replacement of deteriorated exterior wood, missing gutter and downspout, decorative landscaping brick, signage, scrape and paint.</b>		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
---	---	-------	-----------------------



	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>Nemeth &amp; Associates, LLC 526 Superior Ave. East, Suite 333 Cleveland, OH 44114</b>		<b>July 9, 2016</b>	<b>\$11,717.00</b>
	Email or website address <u>mail@ohbklaw.com</u>			
	Who made the payment, if not debtor?			

11.2.	<b>Law Office of Jon Ginter 815 Superior Ave. East Suite 1725 Cleveland, OH 44114</b>		<b>January, 2016. Note: debtor paid the legal fees and court costs for Judith M. Ballinger's chapter 13 proceeding.</b>	<b>\$6,000.00</b>
	Email or website address <u>jginter@ginterlegal.com</u>			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
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**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
- diagnosing or treating injury, deformity, or disease, or  
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.
- Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- No.
- Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do

not list leased or rented property.

None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- No.
- Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. **Has the debtor notified any governmental unit of any release of hazardous material?**

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number <small>Do not include Social Security number or ITIN.</small>	Dates business existed
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26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
26a.1. <b>Ben Jonozzo, CPA 6588 Brecksville Rd Independence, OH 44131</b>	<b>2010-present</b>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address	Date of service From-To
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26b.1. **Ben Jonozzo, CPA**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
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26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address
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**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1 <b>Nicholas A. Kuznik, Director</b>	<b>Monthly</b>	<b>Approximately \$1,500.00. Cost basis.</b>

Name and address of the person who has possession of inventory records
<b>Nicholas A. Kuznik 3816 Brooklyn Ave. Cleveland, OH 44109</b>

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<b>Judith M. Ballinger</b>	<b>616 Timothy Lane Cleveland, OH 44109</b>	<b>100% shareholder, director</b>	<b>100</b>

Name	Address	Position and nature of any interest	% of interest, if any
<b>Nicholas A. Kuznik</b>	<b>3816 Brooklyn Ave. Cleveland, OH 44109</b>	<b>Director, General Manager</b>	<b>0</b>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
- Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	<b>Judith M. Ballinger</b> 616 Timothy Lane Cleveland, OH 44109	Debtor periodically provides funds for purchase of Ms. Ballinger's medications and other incidentals. Approx. \$700.00 per month.	As needed.	Compensation for ownership of debtor.
	Relationship to debtor 100% Shareholder, President, Director			
30.2	<b>James A. Ballinger</b> 616 Timothy Lane Cleveland, OH 44109	\$200.00 per week.		Independent contractor providing transportation services to teachers employed by debtor.
	Relationship to debtor Son of owner.			
30.3	<b>Nicolas A. Kuznik</b> 3816 Brooklyn Ave. Cleveland, OH 44109	\$2,400.00 per month.		Salary. General Manager.
	Relationship to debtor Director			

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- No
- Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- No
- Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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**Part 14: Signature and Declaration**

**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.

I have examined the information in this *Statement of Financial Affairs* and any attachments 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 **July 9, 2016**

**/s/ Nicholas A. Kuznik**  
Signature of individual signing on behalf of the debtor

**Nicholas A. Kuznik**  
Printed name

Position or relationship to debtor **Director**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207)* attached?

- No
- Yes

**United States Bankruptcy Court  
Northern District of Ohio**

In re Happyworks Day Care, Inc.

Debtor(s)

Case No.

Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>275.00 per hour for attorney time; \$55.00 per hour for staff time.</b>
Prior to the filing of this statement I have received .....	\$	<b>10,000.00</b>
Balance Due .....	\$	<b>Periodic fee applications to be submitted.</b>

2. \$ 1,717.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor       Other (specify):

4. The source of compensation to be paid to me is:

Debtor       Other (specify):

5.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

7/9/2016

Date

/s/ Richard H. Nemeth

Richard H. Nemeth 0007392

Signature of Attorney

Nemeth & Associates, LLC

526 Superior Ave. East, Suite 1120

Cleveland, OH 44114-1405

(216) 502-1300 Fax: (216) 502-1301

mail@ohbklaw.com

Name of law firm

**United States Bankruptcy Court  
Northern District of Ohio**

In re Happyworks Day Care, 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
<b>Judy Ballinger 616 Timothy Lane Cleveland, OH 44109</b>	<b>Common</b>	<b>100%</b>	<b>Common</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Director** 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 July 9, 2016

Signature /s/ Nicholas A. Kuznik  
**Nicholas A. Kuznik**

*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  
Northern District of Ohio**

In re Happyworks Day Care, Inc.

Debtor(s)

Case No.

Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

I, the Director 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: July 9, 2016

/s/ Nicholas A. Kuznik

**Nicholas A. Kuznik/Director**

Signer/Title

Ben L. Jonozzo, CPA  
6588 Brecksville Rd.  
Independence, OH 44131

Birch Communications  
P.O. Box 105066  
Atlanta, GA 30348

Cleveland Public Power  
P. O. Box 94560  
Cleveland, OH 44101-4560

Dominion East Ohio Gas Co.  
Attn: Bankruptcy Group  
P. O. Box 26666  
Richmond, VA 23261-6785

GreatAmerica Financial Services  
P.O. Box 660831  
Dallas, TX 75266

GreatAmerica Financial Services  
625 First St. South  
Suite 800  
Cedar Rapids, IA 52401

Guardian Alarm  
20800 Southfield Rd.  
Southfield, MI 48075

I.R.S. - Insolvency Group 3  
1240 E. Ninth St., Room 457  
Cleveland, OH 44199

Illuminating Company  
P.O. Box 3638  
Akron, OH 44309-3638

Jeremy Mason, Esq.  
Mason, Schilling & Mason Co. LPA  
P.O. Box 498367  
Cincinnati, OH 45249

Judith M. Ballinger  
616 Timothy Lane  
Cleveland, OH 44109

MWM Marketing, LLC  
Radio Billing Department  
P.O. Box 1278  
Des Plaines, IL 60017-1278

Ohio Bureau of Workers Compensation  
30 W. Spring St.  
Columbus, OH 43215-2256

Paychex  
1175 John St.  
West Henrietta, NY 14586

R. C. Swencki and Associates  
55 Public Square  
Suite 2100  
Cleveland, OH 44113

Silco Fire & Security  
15145 Lorain Rd.  
Cleveland, OH 44111

Speed Exterminating Company  
4141 Pearl Rd.  
Cleveland, OH 44109

US Attorney General  
Dept. of Justice - Tax Division  
P.O. Box 55 - Ben Franklin Station  
Washington, DC 20044

US Attorney's Office  
801 W. Superior Ave., Ste. 400  
Cleveland, OH 44113-1852

Utica National Insurance Group  
P.O. Box 6532  
Cleveland, OH 44109

Waste Management of Ohio, Inc.  
P.O. Box 42090  
Phoenix, AZ 85080

ZB, NA dba Zions First National Bk  
One South Main St., Suite 1400  
Salt Lake City, UT 84113

**United States Bankruptcy Court  
Northern District of Ohio**

In re Happyworks Day Care, Inc.

Debtor(s)

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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 Happyworks Day Care, 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*]

July 9, 2016

Date

/s/ Richard H. Nemeth

**Richard H. Nemeth 0007392**

Signature of Attorney or Litigant

Counsel for Happyworks Day Care, Inc.

**Nemeth & Associates, LLC**

**526 Superior Ave. East, Suite 1120**

**Cleveland, OH 44114-1405**

**(216) 502-1300 Fax:(216) 502-1301**

**mail@ohbklaw.com**