

Fill in this information to identify the case:

Debtor 1 Fayette Memorial Hospital Association, Inc.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Indiana, Indianapolis Division

Case number 18-07762-JJG-11

E-Filed on 06/11/2019
Claim # 180

Modified Form 410 Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	Shiv Suman Kapoor Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	shiv suman Kapoor Name 6536 Sunny Drive Number Street Mason OH 45040 City State ZIP Code Contact phone (513) 417-9838 Contact email ssumkap@hotmail.com	_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ _____ 4,090.90. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

Unauthorized contribu _____

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____ 0.00

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? No

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Yes. Check one:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____ 0.00
<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____ 0.00
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____ 0.00
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____ 0.00
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____ 0.00
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____ 0.00

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)? No

Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____ 0.00

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* 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 date 06/11/2019
MM / DD / YYYY

shiv suman Kapoor
Signature

Print the name of the person who is completing and signing this claim:

Name shiv suman Kapoor
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____

Attachment 1 - 457b wrongful contribution.pdf

Description - 457 b wrongful contribution

Attachment 2 - 2017 paycheck discrepancy2.pdf

Description - 2017 paycheck discrepancy also part of previous claim

Earnings Statement



FAYETTE MEMORIAL HOSPITAL
 1941 VIRGINIA AVE
 CONNERSVILLE, IN 47331

Period Beginning: 05/12/2019
 Period Ending: 05/25/2019
 Pay Date: 05/31/2019

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 IN: 5

SHIV S KAPOOR
1728 VIRGINIA AVE
CONNERSVILLE IN 47331

Earnings	rate	hours	this period	year to date
Regular	██████████	80.00	██████████	██████████
Misc Earns				1,784.83
Phone Stp				125.00
Phys Dirctr				██████████
Gross Pay			██████████	██████████

Deductions	Statutory		
Federal Income Tax		██████████	██████████
Medicare Tax		██████████	██████████
IN State Income Tax		██████████	██████████
Fayette R Income Tax		██████████	██████████
Social Security Tax		██████████	██████████

Other		
Health Ins Pret	-82.00*	902.00
Vision Pretax	-9.01*	99.11
457B		4,090.90

TOTAL

Adjustment		
457B	+818.18*	

* ←

Net Pay	██████████
Checking 1	██████████
Net Check	\$0.00

* Excluded from federal taxable wages
 Your federal taxable wages this period are
 ██████████

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FAYETTE MEMORIAL HOSPITAL
 1941 VIRGINIA AVE
 CONNERSVILLE, IN 47331

Advice number: 00000220265
 Pay date: 05/31/2019

Deposited to the account of SHIV S KAPOOR
 account number XXXXXX
 transit ABA XXXX XXXX
 amount ██████████

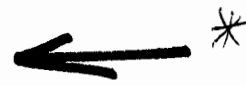
THIS IS NOT A CHECK

NON-NEGOTIABLE

4/17 - 4/30

Earnings	JobCd	Department	Hours	OT	SH	WE	MO	CB	Rate	Extend
REGULAR PAY	CA	DR KAPOOR	40.00	N	N	N	N		[REDACTED]	[REDACTED]
REGULAR PAY	CA	DR KAPOOR	40.00	N	N	N	N		[REDACTED]	[REDACTED]
MISC DOLLARS	CA	DR KAPOOR		N	N	N	N		[REDACTED]	[REDACTED]
PHONE STIPEND	CA	DR KAPOOR		N	N	N	N		[REDACTED]	15.00
** TOTAL HOURS **			80.00							

Deductions	Current	YearToDate
FEDERAL INCOME TAX	[REDACTED]	[REDACTED]
SOCIAL SECURITY	[REDACTED]	[REDACTED]
MEDICARE	[REDACTED]	[REDACTED]
STATE TAX - INDIANA	[REDACTED]	[REDACTED]
IN011-FAYETTE RESIDENT	[REDACTED]	[REDACTED]
403B EE CONTRB.	[REDACTED]	[REDACTED]
457(B)	2000.00	18000.00
HEALTH INS PRET	82.00	713.00
VISION INS. PRE-TAX	8.75	78.75
HEALTH SAVINGS ACCOUNT	259.62	2336.58
403B EE CATCH-UP CONTRB.	600.00	[REDACTED]



Current	Y-T-D
Gross Pay	Gross Pay
- Deductions	- Deductions
Net Pay	Net Pay

SHIV S KAPOOR
1728 VIRGINIA AVE
CONNERSVILLE IN 47331

19109

Bank Account	Deposit
[REDACTED]	[REDACTED]

FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331

SHIV S KAPOOR
1728 VIRGINIA AVE
CONNERSVILLE IN 47331

19109 Dept 772
12

Retirement Account Statement

SHIV
KAPOOR

Summary for April 1, 2017 - June 30, 2017

Includes contributions received in this period for payroll dates April 7, 2017 through June 16, 2017.



Fayette Memorial Hospital Association, Inc. 457(b) Plan

Ending Balance

457(b) Tax Exempt Plan	
Total	

Beginning Balance		Personalized Rate of Return - All Accounts
Money In		3 Mo. 1.42%
Your Contributions	\$6,000.00	YTD 2.46%
Money Out		1 Yr. 2.95%
Withdrawals	\$0.00	3 Yr. 2.87%
Credits/Fees	\$0.00	
Gain/Loss		
Ending Balance		

Your Personal Rate of Return (PRR) represents the specific performance of the investment choices you have selected. The PRR calculates the percentage change of your account balance by weighting all activity included in the

Your Investment Allocations

Current Allocations

How your current account balance is spread among investment types

50% Bonds*
50% Stocks

Future Allocations

Your future contributions will be directed to Transamerica Asset Allocation Int Horizon R.

*includes stable value and money market

Available on the
App Store

ANDROID APP ON
Google play

Download the My TRSRetire app

Retirement Account Statement

SHIV
KAPOOR

Summary for January 1, 2017 - March 31, 2017

Includes contributions received in this period for payroll dates January 13, 2017 through March 24, 2017

Fayette Memorial Hospital Association, Inc. 457(b) Plan

	457(b) Tax Exempt Plan	Ending Balance
Beginning Balance		
Money In		
Your Contributions	\$8,428.55	
Money Out		
Withdrawals	\$0.00	
Credits/Fees	\$0.00	
Gain/Loss		
Ending Balance		

11/9/17

Personalized Rate of Return - All Accounts

3 Mo.	YTD	1 Yr.	3 Yr.
1.01%	1.01%	1.97%	3.33%

Your Personal Rate of Return (PRR)
represents the specific performance of the investment choices you have selected. The PRR calculates the percentage change of your account balance by weighting all activity included in the time period measured. It includes your investment earnings during the period and is net

Your Investment Allocations



Current Allocations

How your current account balance is spread among investment types

Bonds*
Stocks
Multi-Asset/Other

Future Allocations

Your future contributions will be directed to Transamerica Asset Alloc Intern Horizon.

*includes stable value and money market



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