

**UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

**PROOF OF CLAIM**



559079

Bar Date Ref # 2-NVM-17623

In re *Fleming Companies*

Case Number  
*03-10945*

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if this address differs from the address on the envelope sent to you by the court.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

**Name of Creditor and Address**  
  
0354653559079  
*United Way of the LaCrosse Area, Inc*  
1855 E Main St  
Onalaska WI 54650

Creditor Telephone Number *(608) 796-1400*

CREDITOR TAX ID #  
*39-0848188*

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here  replaces or amends a previously filed claim dated \_\_\_\_\_ if this claim

**1 BASIS FOR CLAIM**

Goods sold       Personal injury/wrongful death       Retiree benefits as defined in 11 U.S.C. § 1114(a)

Services performed       Taxes       Wages, salaries, and compensation (Fill out below)

Money loaned       Other (describe briefly) *Employee Payroll Deductions - Pledged to Corporate Pledge*      Your social security number \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2 DATE DEBT WAS INCURRED** *January 1, 2003*

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ *21,449.32* (unsecured) \$ *0* (secured) \$ *0* (unsecured priority) \$ *21,449.32* (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5 SECURED CLAIM**

Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral:

Real Estate \_\_\_\_\_

Motor Vehicle \_\_\_\_\_

Other \_\_\_\_\_

Value of collateral \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ \_\_\_\_\_

**6 UNSECURED PRIORITY CLAIM**

Check this box if you have an unsecured priority claim.

Specify the priority of the claim:

Wages, salaries, or commissions (up to \$4,650\*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(3)

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4)

Up to \$2,100 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(6)

Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)

Other: Specify applicable paragraph of 11 U.S.C. § 507(a) \_\_\_\_\_

Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**7 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8 SUPPORTING DOCUMENTS** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9 DATE-STAMPED COPY** To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 p.m., September 15, 2003, Pacific Daylight Time.

BY MAIL TO  
Bankruptcy Management Corporation  
P.O. BOX 900  
El Segundo, CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO  
Bankruptcy Management Corporation  
1330 East Franklin Avenue  
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

**FILED**

SEP 05 2003

**BMC**

Fleming Companies Claim



08312

DATE SIGNED  
*9/3/03*

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).  
*Rose M. Boesen*  
Chief Professional Officer

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

**See Other Side For Instructions**



**United Way**

09/03/2003 08 52 48 am

**2003**

# Donation Statement

CORPORATE *PLEDGE*

Giver Account Number 000007

FLEMING FOODS - LA CROSSE DIVISION  
Attn Cheryl Baum  
P O BOX 1957  
LA CROSSE, WI 54602-1957

Please Make Payment to  
United Way of the La Crosse Area  
1855 EAST MAIN STREET  
ONALASKA WI 54650-

<b><u>Total Billable Pledges</u></b>	<b>\$15,525 38</b>	Campaign Type
<b><u>Total Payments</u></b>	<b>\$7,762 68</b>	
<b><u>Total Adjustments</u></b>	<b>\$0 00</b>	
<b><u>Amount Due This Statement</u></b>	<b>\$3,881 36</b>	Thank you for your continued support of your local United
<b><u>To Pay in Full</u></b>	<b>\$7,762 70</b>	If you have any questions call 608-796-1400

### TO ENSURE PROPER CREDIT

Please return this portion of the statement and/or write your reference # on the check

09/03/2003 08 52 48 am

Giver Account Number 000007

<b><u>Total Billable Pledges</u></b>	<b>\$15,525 38</b>
<b><u>Total Payments</u></b>	<b>\$7,762 68</b>
<b><u>Total Adjustments</u></b>	<b>\$0 00</b>
<b><u>Amount Due this Statement</u></b>	<b>\$3,881 36</b>
<b><u>To Pay in Full</u></b>	<b>\$7,762 70</b>

FLEMING FOODS - LA CROSSE DIVISION  
Attn Cheryl Baum  
P O BOX 1957  
LA CROSSE, WI 54602-1957

*2 checks received*

- 1) 3881 34 5/6/03 \*905016685*
- 2) 3881 34 6/30/03 \*905022141*

**2003**  
CORPORATE



**United Way**

09/03/2003 08 52 48 am

**2003**

**Donation Statement**

EMPLOYEE - *PAYROLL DEDUCTION PLEDGES*

Giver Account Number 000007

FLEMING FOODS - LA CROSSE DIVISION  
Attn Cheryl Baum  
P O BOX 1957  
LA CROSSE WI 54602-1957

Please Make Payment to  
United Way of the La Crosse Area  
1855 EAST MAIN STREET  
ONALASKA WI 54650-

<b><u>Total Billable Pledges</u></b>	<b>\$13,809 04</b>	Campaign Type
<b><u>Total Payments</u></b>	<b>\$122 42</b>	
<b><u>Total Adjustments</u></b>	<b>\$0 00</b>	
<b><u>Amount Due This Statement</u></b>	<b>\$10,234 36</b>	Thank you for your continued support of your local United
<b><u>To Pay in Full</u></b>	<b>\$13,686 62</b>	If you have any questions, call 608-796-1400

**TO ENSURE PROPER CREDIT**

Please return this portion of the statement and/or write your reference # on the check

09/03/2003 08 52 48 am

Giver Account Number 000007

<b><u>Total Billable Pledges</u></b>	<b>\$13,809 04</b>
<b><u>Total Payments</u></b>	<b>\$122 42</b>
<b><u>Total Adjustments</u></b>	<b>\$0 00</b>
<b><u>Amount Due this Statement</u></b>	<b>\$10,234 36</b>
<b><u>To Pay in Full</u></b>	<b>\$13,686 62</b>

*1 check received  
8/11/03  
(#9505027152)*

FLEMING FOODS - LA CROSSE DIVISION  
Attn Cheryl Baum  
P O BOX 1957  
LA CROSSE, WI 54602-1957

**Donation Statement  
2003  
EMPLOYEE**



1855 East Main Street  
Onalaska, WI 54650

Phone (608) 796-1400 Fax (608) 796-1410  
E-mail [Unitedway.lax@centurytel.net](mailto:Unitedway.lax@centurytel.net)  
Website [www.unitedwaylacrossearea.com](http://www.unitedwaylacrossearea.com)

For United Way use  
Batch # \_\_\_\_\_  
Date \_\_\_\_\_  
Portfolio \_\_\_\_\_

8014

## Campaign Report Envelope

Please complete items 1-7

1 Name & Address (Please make corrections on label)

*[Faint, mostly illegible handwritten text]*

2 Please enter payroll statement address  
(if different than #1)

Cherry L Baum / Bob Goodell

Company Contact 1637 St James St

Address La Crosse, WI 54601

City State ZIP

3 Is this your FINAL campaign report?

YES  NO

4 Employment Figures

Full Time 750  
(40 hrs/wk)

Part Time 15  
(less than 40 hrs/wk)

Total 765

5 Do you have Leadership Givers?

YES  NO

(If yes, please return signed Leadership cards for gifts over \$500)

*[Handwritten note: (see page 11) 11/14/02]*

### 6. Contributions Enclosed

Do Not include previously reported pledges.

Type of contribution	Number of donors	Total Amount Pledged	Payment Enclosed
<b>A Payroll deduction</b> (enclose a list or copies of cards)	<u>132131</u>	<u>13,809.04</u>	
<b>B Cash &amp; checks</b> (enclose original cards)	<u>31</u>	<u>858.00</u>	<u>858.00</u>
<b>C Direct Billing</b> (enclose original cards)	<u>1</u>	<u>100-</u>	<u>132.00</u>
<b>D Credit Card</b> (enclose original cards)	<u>2</u>	<u>80.00</u>	
<b>E Employee Totals</b> (add lines A thru D)	<u>165</u>	<u>14847.04</u>	<u>990.00</u>
<b>F Corporate contributions</b> (enclose original card)		<u>15,525.38</u>	
<b>G Special Events</b>		<u>627.58</u>	<u>627.58</u>
<b>H Grand Total</b> (add lines E thru G)	<u>165</u>	<u>31,000.00</u>	<u>1617.58</u>

7 Report prepared by (please print)

Name Cherry L Baum

Phone 779 3644

Date 11-14-02

8 Report picked up by (please print)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

2003 Corporate Pledge:

15,525.38 Pledge  
 (7762.68) payments  
 -----  
 7762.70 balance

UNITED WAY CAMPAIGN

2002-2003

Report As of 10/08/02 (Final)

Fleming

GAVE DONATION	NEW CONTRIBUTOR	EXISTING CONTRIBUTOR	DEPARTMENT	2002-03 CONTRIBUTN	2001-02 CONTRIBUTN
2	0	2	Retail Sales	\$ 234 00	\$ 273 00
5	3	2	Grocery Supervisors	\$ 482 00	\$ 656 24
34	9	25	Grocery Warehouse	\$ 3 597 80	\$ 8 214 88
7	1	6	Grocery Sales	\$ 527 00	\$ 384 00
2	0	2	Meat Sales	\$ 20 00	\$ 60 00
3	0	3	Meat Merchandisers	\$ 577 00	\$ 447 00
2	0	2	Deli	\$ 110 00	\$ 85 00
0	0	0	Produce Sales	\$ -	\$ -
0	0	0	Produce Merchandise	\$ -	\$ -
29	9	20	Perishable Warehouse	\$ 2 206 60	\$ 4,132 20
1	0	1	Perishable Merchandise	\$ 52 00	\$ 62 00
5	2	3	Administration/Personnel	\$ 1,065 00	\$ 1,063 10
11	4	7	Corporate Accounting	\$ 909 28	\$ 884 52
2	1	1	Customer Service	\$ 152 16	\$ 145 96
3	1	2	Data Processing	\$ 95 00	\$ 70 00
0	0	0	Occupancy/Security/Cigs	\$ 10 00	\$ 691 00
2	2	0	Advertising	\$ 197 80	\$ -
3	2	1	Transportation Dispatch	\$ 520 00	\$ 670 00
0	0	0	Drivers	\$ -	\$ 934 80
0	0	0	Garage-Mechanics	\$ -	\$ 476 00
0	0	0	Retail Accounting	\$ -	\$ 131 00
3	0	3	Corporate MIS	\$ 150 00	\$ 447 12
0	0	0	Corporate Offices	\$ -	\$ 95 16
114	34	80		\$ 10,905 64	\$ 19,922 98
42	13	29	HBWH	\$ 3,220 40	\$ 2 737 60
4	0	1	HBWG	\$ 52 00	\$ 208 00
1	1	3	HBCS,HBMG	\$ 140 00	\$ 162 50
2	0	1	HBSL	\$ 299 00	\$ 260 00
2	0	2	SPFS	\$ 230 00	\$ 354 32
0	0	0	Video	\$ -	\$ -
50	14	36		\$ 3 941 40	\$ 3 722 42
164	48	116	Envelope Sales Cash	\$ 627 58	\$ 23,645 40
				\$ 15,474 62	\$ 23,645 40
			COMPANY CONTRIBUTION	\$ 15,525 38	\$ 23,300 00
			GRAND UNITED WAY TOTAL	\$ 31,000 00	\$ 46,945 40

\* Pledge cards on file  
 with Fleming Foods &  
 LaCrosse Div - Cheryl Baum

# 10,905 64

# 3,941 40

14,847 04 total pledged by employees

(858 00) Cash rec'd from employees

(100 00) Direct Bill to Employee

(80 00) Credit Card payments

13,809 04 total payroll  
 deduction pledges

122 42 received to date

13686 62 Balance

Special Events (other)

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



559079

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Case Number  
*03-16945*

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0354653559079

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FILED

SEP 05 2003

BMC

Creditor Telephone Number *(608) 796-1400*

CREDITOR TAX I.D. #

*39-0848188*

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim

replaces  
or  
 amends

a previously filed claim dated \_\_\_\_\_

1 BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly)
- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (Fill out below)

Your social security number \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

*Employee Payroll Deductions - Pledged to Corporate Pledge*

2 DATE DEBT WAS INCURRED *January 1, 2003*

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ *21,449.32*  
(unsecured)

\$ \_\_\_\_\_  
(secured)

\$ \_\_\_\_\_  
(unsecured priority)

\$ *21,449.32*  
(total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5 SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

- Real Estate
- Motor Vehicle
- Other

Value of collateral \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ \_\_\_\_\_

6 UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured priority claim.

Specify the priority of the claim

- Wages, salaries, or commissions (up to \$4,650) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(3)
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4)
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THIS SPACE FOR COURT USE ONLY

FILED

SEP 5 2003

BMC

BY MAIL TO  
Bankruptcy Management Corporation  
P O BOX 900  
El Segundo CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO  
Bankruptcy Management Corporation  
1330 East Franklin Avenue  
El Segundo CA 90245

DATE SIGNED

*9/3/03*

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).

*[Signature]*

*Rose M. Beisen  
Chief Professional Officer*

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 AND 3571

See Other Side For Instructions