

Fill in this information to identify the case:

Debtor 1 Morgan Administration, Inc.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Div

Case number 18-30039

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
JAN 07 2019 *ke*
JEFFREY P. ALLSTEADT, CLERK
TEAM - CA

Official 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? JEROME W. JUREWICZ
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?
 No
 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)
Name <u>JEROME W. JUREWICZ</u>	Name _____
Number Street <u>40W468 CARL SANDBURG ROAD</u>	Number Street _____
City State ZIP Code <u>ST. CHARLES, IL 60175</u>	City State ZIP Code _____
Contact phone <u>630-817-7058</u>	Contact phone _____
Contact email <u>JERRY JUREWICZ @ COMCAST.NET</u>	Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?
 No
 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?
 No
 Yes. Who made the earlier filing? _____

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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? \$ 22,008.30 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.

VACATION PAY

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. \$ _____

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

Yes. Check one:

Amount entitled to priority

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

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____

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). \$ _____

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). \$ _____

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

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

* 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.

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 12/28/2018
MM / DD / YYYY

Jerome W. Jurewicz
Signature

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

Name JEROME W JUREWICZ
First name Middle name Last name

Title _____
Company MORGAN ADMINISTRATION / D.B.A. HUBO
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 40W 468 CARL SANDBURG ROAD
Number Street
ST. CHARLES, IL 60175
City State ZIP Code

Contact phone 630-817-7058 Email JERRY JUREWICZ @ COMCAST.NET

Mike Earl <mearl@hoboonline.com>

12/26/2018 11:37 AM

Pay Statement and Vacation Accrual

To jerryjurewicz@comcast.net <jerryjurewicz@comcast.net>

Attached is your last pay statement.

Attached is your last pay statement and your vacation accrual report.

On your last pay check you would have received:

1. Vacation Time accrued in the 180 days prior to filing bankruptcy (10/25/2018) less time used during that same 180 days.
2. Vacation Time accrued since 10/25/2018 through to your termination date.

You can file a claim in the bankruptcy for any time you accrued that was not included in your final payout. Please be aware that the attached Vac Accrual Report only shows vacation time accrued through to your last anniversary date as well as vacation time taken through to your last day worked. This does not show time accrued from your last anniversary date through to your last day of employment which you will need to manually calculate.

VACATION TIME ACCRUED since your last anniversary date

count the number of full weeks worked since your last anniversary date (For example: 7 weeks and 3 days that will round down to 7 weeks. 7 weeks and 4 days will round up to 8 weeks)

Multiply that by

0.069615 days per week if this is your first year of FULL TIME employment

0.19231 days per week if this is your 2nd through 5th year of FULL TIME employment

0.28846 days per week if this is your 6th or greater year of FULL TIME employment

1. From the attached accrual report: Days Authorized – Days Taken = Balance accrued through your last anniversary date
2. Add the VACATION TIME ACCRUED since your last anniversary date Calculated above
3. Multiply the total by your standard daily hours
 - a. 8 hours per day for hourly, warehouse or corporate staff.
 - b. 10 hours per day for salaried STORE management.
4. Multiple that by your hourly rate (you can find that in PayServ:
 - a. <https://secure2.saashr.com/ta/PayServ173001.login?rnd=ZIE>
5. Subtract the vacation payout on your last pay statement (attached)
6. The result is what you accrued that was not paid out.

Michael J Earl, SPHR, SHRM-SCP

Director of Human Resources

Home Owners Bargain Outlet



2650 Belvidere Road
Waukegan, IL 60085
PH: 847-263-1240 ext 12
FX: 847-263-9170

- PayStatement - Jurewicz, Jerome.pdf (87 KB)
- Vac Accrual - Jurewicz, Jerry.pdf (89 KB)
- image001.png (42 KB)

#409 - Jerome W. Jurewicz
CORP

Voucher # (32482)

Pay Date: 12/21/2018
Pay Period: 12/02/2018-12/15/2018

Earnings

	Rate	Hours	YTD	Current	YTD
BON				35,500.00	35,500.00
HOL			56:00		6,825.85
SAL	106.65	112:00	2056:00	11,945.23	254,689.32
VAC	106.65	77:48	77:48	8,297.67	8,297.67
Gross Pay				55,742.90	305,312.84

Deductions

	Current	YTD
401k		12,691.86 ¹
LTD		1,092.74
MED125		2,922.26 ²
Total	0.00	16,706.86

Taxes Withheld

	Taxable	Taxable YTD	Current	YTD
FIT	55,742.90	289,698.72	19,193.53	75,313.48
FICA		128,400.00		7,960.80
Additional	55,742.90	102,390.58	501.69	921.52
MEDI	55,742.90	302,390.58	808.27	4,384.66
SIT:IL	55,742.90	289,698.72	2,755.04	14,238.12
Total			23,258.53	102,818.58

Net Pay

Net Pay	32,484.37	185,787.40
Checking (1879)	32,484.37	185,787.40

Company Paid Benefits

	Current	YTD
MED125		5,795.74
-- More --		

Company Paid Benefits - Continued

	Current	YTD
FUTA		42.00
FICA		7,960.80
MEDI	808.27	4,384.66
SUTA:IL		68.04
Total	808.27	18,251.24

Tax Allowance Settings

Federal: Single/1
Illinois: Allowances: 1
Additional Allowances: 0

- ¹ Reduces your Federal & State Withholding Taxable Wage
- ² Reduces your Federal Withholding, OASDI & Medicare Taxable Wage
- ³ For Information purposes only. No effect on your net pay.

HOBO Group - Multi-EIN 2650 Belvidere Road, Waukegan, IL 60085

1 of 1

HOBO Group - Multi-EIN
2650 Belvidere Road
Waukegan, IL 60085

Pay Date: 12/21/2018

Voucher #: (32482)

Deposited To The Account(s) Of	Deposit #	Account Type	Account #	Transit ABA	Deposit
Jerome W. Jurewicz	1	Checking	XXXXX1879	071000013	32,484.37

CORP 409 12/21/2018 (32482)

Jerome W. Jurewicz
40W468 Carl Sandburg Rd
Campton Hills, IL 60175

NON-NEGOTIABLE - THIS IS NOT A CHECK

Accruals History Report

Employee: Jerome W. Jurewicz
Time Off: Vacation

Added	Transaction Type	Range	Days Authorized	Days Taken	Updated To Date	Comment	Created By	Employee ID
08/01/2018 03:06a	Automatic Accruals Execution	08/01/2018 - 08/01/2019	15.00		- 08/01/2019		System Administrator	
08/01/2018 03:06a	Carry Over Rule	08/01/2018	15.00		- 08/01/2018		System Administrator	
08/01/2018 03:06a	Carry Over Rule Prev Year Adjustment	08/01/2018	-15.00		- 08/01/2018		System Administrator	
10/11/2017 01:08p	Manual Information Modification	07/31/2018			- 08/01/2018	Correct Updated To Date	System Administrator	
10/11/2017 01:07p	Manual Information Modification	07/31/2017			- 08/01/2017	Correct Updated To Date	System Administrator	
10/11/2017 12:43p	Manual Information Modification	08/12/2017			- 08/13/2017	Correct Updated to Date	System Administrator	
10/06/2017 08:59a	Initial Import Adjustment	08/13/2017	15.00		- 06/20/2018		System Administrator	

Report Total

30.00

+ 5.48 FROM LAST ANNIVERSARY DATE (8%)
35.48 TOTAL DAYS VACATION
 X 8 HOURS PER DAY.

203.84 HOURS ELIGIBLE
 - 77.48 PAID ON LAST CHECK

206.36 HOURS DUE X 106.65 PER HOUR

\$ 22,008.30 VACATION PAY DUE

Jerome Jurewicz
 12/20/18

Northern District of Illinois Claims Register

[18-30039 Morgan Administration, Inc.](#)

Honorable Judge: Jacqueline P. Cox **Chapter:** 11
Office: Eastern Division **Last Date to file claims:** 01/28/2019
Trustee: **Last Date to file (Govt):** 04/23/2019

<i>Creditor:</i> (27425768)	Claim No: 51	<i>Status:</i>
Jerome W Jurewicz	<i>Original Filed</i>	<i>Filed by:</i> CR
40W468 Carl Sandburg Road	<i>Date:</i> 01/07/2019	<i>Entered by:</i> Kevin Lyons
St Charles IL 60175	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 01/07/2019	

Amount claimed: \$22008.30

History:

[Details](#) [51-1](#) 01/07/2019 Claim #51 filed by Jerome W Jurewicz, Amount claimed: \$22008.30 (Lyons, Kevin)

Description:

Remarks:

Claims Register Summary

Case Name: Morgan Administration, Inc.
Case Number: 18-30039
Chapter: 11
Date Filed: 10/25/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$22008.30
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		