

Fill in this information to identify the case:Debtor 1 Morgan Administration, Inc.

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court Northern District of IllinoisCase number: 18-30039

FILED

U.S. Bankruptcy Court
Northern District of Illinois

1/21/2019

Jeffrey P. Allsteadt, Clerk

**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?	<u>Michael J Earl</u> 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? <u>Michael J Earl</u> Name 102 S Hill Top Dr Boerne, TX 78006-5941	Where should payments to the creditor be sent? (if different) _____ Name _____
	Contact phone <u>847-302-6189</u> Contact email <u>bixby-earl@sabcglobel.net</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Contact phone _____ Contact email _____
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 _____ <div style="text-align: right;">MM / DD / YYYY</div>	
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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____						
7. How much is the claim?	\$ 11200.18 <div style="float: right; text-align: right;"> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). </div>						
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 healthcare information. Accrued vacation pay earned and not paid per Illinois state wage law (documentation attached)						
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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.) <table style="width: 100%;"> <tr> <td style="width: 50%;">Value of property:</td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td>Amount of the claim that is secured:</td> <td>\$ _____</td> </tr> <tr> <td>Amount of the claim that is unsecured:</td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	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.)
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.)						
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____						
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____						

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	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).	\$ _____
		<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).	\$ _____
		<input checked="" 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).	\$ 1272.81
		<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
		<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
		<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies	\$ _____
* Amounts are subject to adjustment on 4/1/19 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 1/21/2019
MM / DD / YYYY

/s/ Michael J Earl

Signature

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

Name Michael J Earl

First name Middle name Last name

Title _____

Company _____

Address Identify the corporate servicer as the company if the authorized agent is a servicer

102 S Hill Top Dr

Number Street

Boerne, TX 78006-5941

City State ZIP Code

Contact phone 847-302-6189 Email bixby-earl@sbcglobal.net

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 56: LABOR AND EMPLOYMENT
CHAPTER I: DEPARTMENT OF LABOR
SUBCHAPTER b: REGULATION OF WORKING CONDITIONS
PART 300 PAYMENT AND COLLECTION OF WAGES OR FINAL COMPENSATION
SECTION 300.520 EARNED VACATIONS

Section 300.520 Earned Vacations

- a) Whenever an employment contract or an employment policy provides for paid vacation earned by length of service, vacation time is earned pro rata as the employee renders service to the employer.
- b) Oral promises, handbooks, memoranda, and uniform patterns of practice may create a duty to pay the monetary equivalent of earned vacation.
- c) Claims for vacation pay must be brought to the Department within 3 years from the date the vacation is earned.
- d) Nothing in this Section shall be construed to reduce or impair the right of the claimant to maintain a civil action to recover additional vacation pay found due by a court.
- e) An employment contract or an employer's policy may require an employee to take vacation by a certain date or lose the vacation, provided that the employee is given a reasonable opportunity to take the vacation. The employer must demonstrate that the employee had notice of the contract or policy provision.
- f) The Department recognizes policies under which:
 - 1) no vacation is earned during a limited period at the commencement of

employment. The employer must demonstrate that the policy is not a subterfuge to avoid payment of vacation actually earned by length of service and, in fact, no vacation is implicitly earned or accrued during that period.

- 2) vacation is earned and accrues at an accelerating rate during the year. The policy is acceptable when the acceleration period and the changes in accrual rates are reasonable, and the policy is uniformly applied.
 - 3) the employer does not have separate arrangements for vacation and sick leave. Under the policy, employees earn a certain amount of "paid time off" that they can use for any purpose, including vacation and sick leave. Because employees have an absolute right to take this time off (unlike traditional sick leave in which using sick leave is contingent upon illness), the Department will treat "paid time off" as earned vacation days.
- g) Any employer that provides paid vacation to its employees must maintain true and accurate records of the number of vacation days earned for each year and the dates on which vacation days were taken and paid.
- h) An employer cannot effectuate a forfeiture of earned vacation by a written employment policy or practice of the employer.

(Source: Amended at 38 Ill. Reg. 18517, effective August 22, 2014)

#388 - Michael J. Earl				Voucher # (32481)		Pay Date: 12/21/2018	
CORP				Pay Period: 12/02/2018-12/15/2018			

Earnings					
	Rate	Hours	YTD	Current	YTD
BON				7,500.00	7,500.00
HOL	55.29	8:00	64:00	442.31	3,538.48
SAL	55.29	80:00	1984:00	4,423.07	109,692.35
SAL	55.29	80:00		4,423.08	
SICK			32:00		1,769.24
VAC			88:00		4,865.39
VAC	55.29	57:45	57:45	3,192.91	3,192.91
Gross Pay				19,981.37	130,558.37

Deductions			
	Current	YTD	
401k		796.14	¹
DENTAL125	27.54	695.36	²
FSA MED 125		2,446.08	²
LTD	68.25	1,285.88	
Loan 401K	110.69	2,228.99	
MED125	331.75	7,022.36	²
VISION125	8.25	214.50	²
VOL ACCIDENT	15.42	400.92	
VOL LIFE CHILD	0.78	20.28	
VOL LIFE EE	21.69	401.58	
VOL LIFE SPOUSE	10.85	200.70	
Total	595.22	15,712.79	

Taxes Withheld				
	Taxable	Taxable YTD	Current	YTD
FIT	19,613.83	119,383.93	3,109.57	11,144.64
FICA	19,613.83	120,180.07	1,216.05	7,451.16
MEDI	19,613.83	120,180.07	284.40	1,742.61
SIT:IL	19,613.83	119,383.93	924.99	5,375.29
Total			5,535.01	25,713.70

Net Pay		
	13,851.14	89,131.88
Checking (7929)	13,851.14	89,131.88

Company Paid Benefits		
	Current	YTD
MED125	463.31	11,465.48
FUTA		42.00
FICA	1,216.05	7,451.16
MEDI	284.40	1,742.61
SUTA:IL		68.03
Total	1,963.76	20,769.28

Tax Allowance Settings	
Federal:	Married/5
Illinois:	Allowances: 5
	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.

HOB0 Group - Multi-EIN 2650 Belvidere Road, Waukegan, IL 60085

1 of 1

HOB0 Group - Multi-EIN
 2650 Belvidere Road
 Waukegan, IL 60085

Pay Date: 12/21/2018
Voucher #: (32481)

Deposited To The Account(s) Of	Deposit #	Account Type	Account #	Transit ABA	Deposit
Michael J. Earl	1	Checking	XXXXX7929	071000013	13,851.14

CORP 388 12/21/2018 (32481)

Michael J. Earl
 15 Woodland Ave
 Fox Lake, IL 60020

NON-NEGOTIABLE - THIS IS NOT A CHECK

HOB0 Group - Multi-EIN
 2650 Belvidere Road
 Waukegan, IL 60085

CORP 388 12/21/2018 (32481)

Michael J. Earl
 15 Woodland Ave
 Fox Lake, IL 60020

PERSONAL & CONFIDENTIAL

Accruals History Report

Employee: Michael J. Earl
Time Off: Vacation

Case 18-30039

Claim 83-1 Part 4

Filed 01/21/19

Desc Attachment 3

Page 1 of 1

Added	Transaction Type	Range	Days Authorized	Days Taken	Updated To Date	Comment	Created By	Created By Employee Id
11/16/2018 09:15a	Time Entry	11/21/2018	-	1.00			Michael J. Earl	388
11/16/2018 09:15a	Time Entry	11/20/2018	-	1.00			Michael J. Earl	388
11/16/2018 09:15a	Time Entry	11/19/2018	-	1.00			Michael J. Earl	388
09/05/2018 12:21p	Time Entry	09/14/2018	-	1.00			Michael J. Earl	388
09/05/2018 12:21p	Time Entry	09/13/2018	-	1.00			Michael J. Earl	388
08/28/2018 10:16a	Time Entry	09/04/2018	-	1.00			Julie A. Cwik	389
04/12/2018 10:49a	Time Entry	04/16/2018	-	1.00			Julie A. Cwik	389
04/12/2018 10:49a	Time Entry	04/13/2018	-	1.00			Julie A. Cwik	389
03/22/2018 03:05a	Automatic Accruals Execution	03/22/2018 - 03/22/2019	15.00	-	03/22/2019		System Administrator	
03/22/2018 03:05a	Carry Over Rule	03/22/2018	14.00	-	03/22/2018		System Administrator	
03/22/2018 03:05a	Carry Over Rule Prev Year Adjustment	03/22/2018	-14.00	-	03/22/2018		System Administrator	
12/26/2017 05:52p	Time Entry	12/29/2017	-	1.00			Julie A. Cwik	389
12/26/2017 05:52p	Time Entry	12/28/2017	-	1.00			Julie A. Cwik	389
12/26/2017 05:52p	Time Entry	12/27/2017	-	1.00			Julie A. Cwik	389
10/11/2017 01:08p	Manual Information Modification	03/21/2018	-	-	03/22/2018	Correct Updated To Date	System Administrator	
10/11/2017 01:07p	Manual Information Modification	03/21/2017	-	-	03/22/2017	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	17.00	-	06/20/2018		System Administrator	
Report Total								
			32.00	11.00				

Sorted By: Added Descending

Bradenton



Generated: 12/27/2018 10:16a
Generated By: Michael J. Earl
Page 1 of 1

Attached is your last pay statement and your vacation accrual report. Michael J Earl

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
32 Days Authorized – 11 Days Taken = 21 days accrued through 03/22/2018.
2. Add the **VACATION TIME ACCRUED since your last anniversary date** Calculated above
40 weeks (03/22/2018 to 12/31/2018) x 0.28846 = 11.54 days.
3. Multiply the total by your standard daily hours
 - a. 8 hours per day for hourly, warehouse or corporate staff.
8 hours per day x 32.54 days accrued (21 + 11.54) = 260.32 hours accrued
 - 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>
260.32 hours x \$55.29 per hour = \$14,393.00 in accrued vacation pay.
5. Subtract the vacation payout on your last pay statement (attached)
\$14,393.00 - \$3,192.91 = \$11,200.18
6. The result is what you accrued that was not paid out.
I am entitled to file a claim for \$11,200.18 in vacation pay that I was not given when I left HOBO.

Priority Claim

180 days prior to the bankruptcy (26 weeks x 0.28846 = 7.50 days. 7.50 days x 8 hours per day x \$55.29 per hour = \$3,317.40). The \$3,192.91 paid out on the final pay check on 12/21/2018 should have covered the \$3,317.40 accrued in the 180 days plus time accrued since the bankruptcy (9 weeks x 0.28846 x 8 hours per day x \$55.29 = \$1,148.32, or \$4,465.72 but I was only paid out \$3,192.91 on my final paycheck so I was shorted \$1,272.81 in priority payment.

Mike

From: Earl, Mike <mearl@hoboonline.com>
Sent: Thursday, December 27, 2018 10:18 AM
To: Michael J. Earl (bixby-earl@sbcglobal.net)
Subject: Pay Statement and Vacation Accrual
Attachments: Vac Accrual - Earl, Michael.pdf; PayStatement - Earl, Michael.pdf

Flag Status: Flagged

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

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

Creditor: (27465643)

Claim No: 83

Status:

Michael J Earl

Original Filed

Filed by: CR

102 S Hill Top Dr

Date: 01/21/2019

Entered by: EPoc ADI

Boerne, TX 78006-5941

Original Entered

Modified:

Date: 01/21/2019

Amount claimed: \$11200.18

Priority claimed: \$1272.81

History:

[Details](#) [83-1](#) 01/21/2019 Claim #83 filed by Michael J Earl, Amount claimed: \$11200.18 (ADI, EPoc)

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*	\$11200.18
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	\$1272.81	
Administrative		