

Fill in this information to identify the case:

Debtor 1 <u>Morgan Administration, Inc.</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Northern District of Illinois</u>
Case number: <u>18-30039</u>

FILED
 U.S. Bankruptcy Court
 Northern District of Illinois
 2/5/2019
 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>Morgan Administration Corp HOBO Wrap Plan</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?	Where should payments to the creditor be sent? (if different)
	<u>Morgan Administration Corp HOBO Wrap Plan</u>	<u>Please contact DOL for instructions</u>
	Name	Name
	US DOL, EBSA on behalf of Morgan Admin HOBO Wrap 230 S. Dearborn St., Suite 2160 Attn: Senior Investigator Mona Howell Chicago, IL 60604	,
	Contact phone <u>312.886.0525</u>	Contact phone _____
	Contact email <u>howell.mona@dol.gov</u>	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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><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: _____</p>
<p>7. How much is the claim?</p>	<p>\$ 0.00 _____</p> <p>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).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p style="text-align: center;">Ongoing Investigation _____</p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>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: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	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.	<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 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).	\$ _____
	<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 2/5/2019

MM / DD / YYYY

/s/ Jeffrey A. Monhart

Signature

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

Name Jeffrey A. Monhart

First name Middle name Last name

Title Regional Director

Company U.S. Department of Labor, EBSA

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

Address 230 South Dearborn Street, Suite 2160

Number Street

Chicago, IL 60604

City State ZIP Code

Contact phone 312.353.0900 Email monhart.jeff@dol.gov

UNITED STATES BANKRUPTCY COURT FOR THE
DISTRICT OF NORTHERN DISTRICT OF ILLINOIS

IN RE:	*	Case No. 18-30039
	*	
Morgan Administration Corp, d/b/a	*	Chapter 11
Home Owners Bargain Outlet	*	
	*	
Debtors and Debtors in Possession	*	

**ATTACHMENT TO
PROOF OF CLAIM OF THE
U.S. DEPARTMENT OF LABOR**

The Secretary of the United States Department of Labor (hereafter, the "Department") is charged with responsibility for enforcement of the fiduciary provisions of Title I of the Employee Retirement Income Security Act of 1974, 29 U.S.C. § 1001, et seq., as amended (hereinafter known as "ERISA"), including the investigation of employee benefit plans covered by ERISA. 29 U.S.C. § 1134(a), ERISA § 504(a). Such investigations fall within an exception to the Bankruptcy Code's automatic stay provisions, set forth at 11 U.S.C. § 362(b)(4).

The Department has determined that the above-referenced Debtor is the sponsor and fiduciary of the Morgan Administration Corp. dba Home Owners Bargain Outlet (HOBO) Wrap Plan (hereafter, "Plan"), to which the provisions of ERISA apply.

Under its investigative authority, the Department initiated an investigation of the Plan to determine whether any entity or person has violated or is about to violate any provision of Title I of ERISA.

The Department has determined that the Debtor failed to pay participant medical claims, which were covered under the terms of its Plan. Any failure to pay medical claims may or may not constitute a violation actionable by the Secretary pursuant to ERISA § 502(a). Nevertheless, the Secretary files this proof of claim to advise the Court of the amounts owed by the Debtor, and to assist the Court in protecting the interests of the Plan participants and beneficiaries.

The Department's Proof of Claim represents the amount of unpaid participant and beneficiary medical claims, which were covered under the terms of the Plan and should have been paid by the Debtor.

Because the money claimed by the Department is owed to the Plan or its participants and beneficiaries, the Department requests that payments be made directly to the Plan (or, if appropriate, to its participants or beneficiaries), and not to the Department of Labor.

Debtor may also be assessed a civil penalty pursuant to § 502(l) of ERISA, 29 U.S.C. § 1132(l), by the Secretary of Labor, which penalty is owed to the U.S. Treasury.

Any questions regarding this Attachment should be addressed to:

U.S. Department of Labor
Employee Benefits Security Administration
Attention: Mona Howell
Address: 230 South Dearborn, Suite 2160, Chicago, IL 60604
Telephone: (312) 886-0525

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

<p><i>Creditor:</i> (27510623) Morgan Administration Corp HOBO Wrap Plan US DOL, EBSA on behalf of Morgan Admin HOBO Wrap 230 S. Dearborn St., Suite 2160 Attn: Senior Investigator Mona Howell Chicago, IL 60604</p>	<p>Claim No: 118 <i>Original Filed</i> Date: 02/05/2019 <i>Original Entered</i> Date: 02/05/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> EPoc ADI <i>Modified:</i></p>
---	---	---

Amount claimed: \$0.00

History:

[Details](#) [118-1](#) 02/05/2019 Claim #118 filed by Morgan Administration Corp HOBO Wrap Plan, Amount claimed: \$0.00 (ADI, EPoc)

Description:

Remarks: (118-1) Filer Comment: Ongoing Investigation

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*	\$0.00
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		