

Fill in this information to identify the case:

Debtor 1 KLS Acquisition Corp.

Debtor 2 _____
(Spouse, if filing)

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

Case number 18-30052

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
JAN 15 2019

**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?

Thomas C. Peterson

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?

Thomas C. Peterson

Name

2466 N. Lehigh St

Number

Street

Wauwatosa WI 53213

City

State

ZIP Code

Contact phone 414-659-3499

Contact email ThomasCP71@gmail.com

Where should payments to the creditor be sent? (if different)

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?

☒ 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? _____

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? \$ 1,943.01 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.

Unpaid Vacation time

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).

\$ 1,943.01

☐ 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 01/08/2019
MM / DD / YYYY

Thomas Peterson
Signature

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

Name

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

Thomas c Peterson
2466 N. 69th St.
Wauwatosa, WI 53213
414-659-3499
Thomascp71@gmail.com

Summary of unpaid vacation time:

Total days of unpaid time 15 days

15 days X 8 hours =120 hours

Paid on last check for 17 hours & 28 minutes

Balance due 102 hours & 32 minutes @ \$18.95

Total due: \$1,943.01

Employee Information

Employee Information

Name Thomas C. Peterson
Social Security 396-78-9833
EIN KLS Acquisitions Corp
Employee Id 49
Username 49
Status Active
Time Zone Central
Primary Email tpeterson@hoboonline.com
Secondary Email thomascp71@yahoo.com
Work Phone +1 414-302-4626
Cell Phone +1 414-659-3499
Eagle ID TPET
Salesperson ID B6
Commission Eligible Yes
401k A
Address 2466 N 69th St
Wauwatosa, WI 53213
Birthday 01/29/1971
Hired 09/20/1999
Started 09/20/1999
Seniority 09/20/1999
Review 09/20/1999
Adjusted Date of Hire 09/20/1999
Full Time Employment Date 09/20/1999
Original Date of Hire 09/20/1999

Account Demographics

Gender M
Ethnicity
Actual Marital Status Divorced

Managers

Direct Report Manager David J. Wanker
Store Manager Harry Hulbert
HR Coordinator Melina M. Krstic
Assistant Store Manager David J. Wanker
Department Supervisor Thomas C. Peterson

Contacts

Name Jackie H. Hill
Contact Type Emer - Primary
Relationship Emergency
Cell Phone 414-517-7886
Social Security 389-60-3918
Birthday 05/24/1955
Gender U

Name Jackie Hill
Contact Type Ben
Relationship Emergency
Birthday 05/24/1955
Gender U

Name Jackie Hill
Contact Type Ben
Relationship Emergency
Birthday 05/24/1955
Gender U

Profiles

Accruals FULL TIME
Benefit FULL TIME BENEFITS
Holiday Store Holidays
Pay Calculations Hourly
Pay Period KLS Acquisitions Corp
Pay Prep Regular
Points Attendance Occurences
Retirement Plan Fidelity 401k
Security Dept Supervisor
Timesheet HOURLY Employee
TS Auto Population Holidays

Pay Information

	Amount	Hours
Annual	\$39,416.00	2080:00
Pay Period	\$1,516.00	80:00
Hourly	\$18.95	

Default Job Department Supervisor
Job Last Changed 09/11/2016
Job Length 2 Years, 3 Months, 1 Day
Standard Work Day 8:00
Employee Type Full Time Non-Exempt
Pay Type Hourly
Pay Grade
Medical Eligibility
EEO Classification Sales Workers
Default Workers Comp Cod 8058:WI

Cost Centers

Location Store 21 - West Allis
Department Flooring
Schedule Group 21 FLOORING
Employee Default Settings Full Time (Hourly Non-Exempt)
Jobs (HR) Department Supervisor

Accruals

Sick (Accrued to: 09/20/2019)

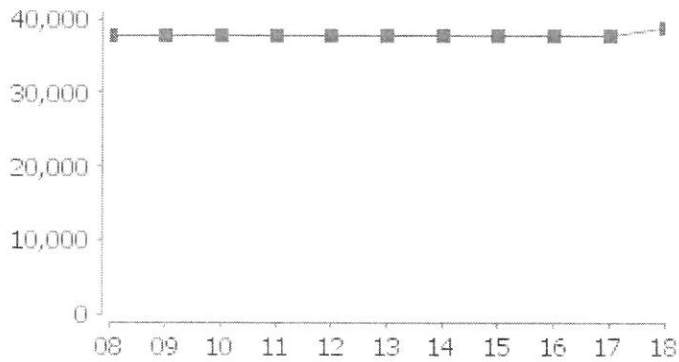
Accrd	Taken	Balance	Sch	Pnd Apr
10.00	2.06	7.94	0.00	0.00

Vacation (Accrued to: 09/20/2019)

Accrd	Taken	Balance	Sch	Pnd Apr
16.00	1.00	15.00	0.00	0.00

Employee Information

Compensation By Year



Deductions

Begin Date	End Date		\$	%	Last PR	YTD
401k						
09/20/1999		EE	-	1.00	16.08	383.67
		ER	-	-	0.00	0.00
Loan 401K						
05/27/2018		EE	85.58	-	85.58	1,829.78
		ER	-	-	0.00	0.00
Medical Section 125						
11/01/2018	10/31/2019	EE	-	-	46.94	1,256.66
		ER	-	-	187.77	4,378.99
Dental Section 125						
11/01/2018	10/31/2019	EE	-	-	8.93	385.39
		ER	-	-	0.00	0.00
Short Term Disability						
11/01/2018	10/31/2019	EE	-	-	0.00	0.00
		ER	-	-	3.74	93.50
Basic Life						
11/01/2018	10/31/2019	EE	-	-	0.00	0.00
		ER	-	-	0.48	12.00

Tax Allowance Settings

Unemployment State	From Date	To Date
Wisconsin	12/31/1900	12/31/9999
Federal:	Single/1	
Wisconsin:	Allowances: 1	
	Filing Status: S	

Direct Deposits

Begin Date	End Date	Type	ABA#	Account#
12/31/1900		Direct Deposit	075001199	XXXX4349
Entire/Remainder				

Bradenton

Generated: 12/12/2018 02:07p
Generated By: Melina M. Krstic

#49 - Thomas C. Peterson

Voucher # (32595)

Pay Date: 12/21/2018

21

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

Earnings

	Rate	Hours	YTD	Current	YTD
BON				1,512.12	1,512.12
COM					1,331.57
COM					2.44
HOL			24:00		450.80
OT	28.43	2:43	5:16	77.22	148.80
REG	18.95	105:15	1882:57	1,994.49	35,340.07
SICK			40:29		761.16
VAC			128:00		2,405.60
VAC	18.95	17:28	17:28	331.06	331.06
Gross Pay				3,914.89	42,283.62

Deductions

	Current	YTD
401k		383.67
DENTAL125	8.93	394.32
Loan 401K		1,829.78
MED125	46.94	1,303.60
Total	55.87	3,911.37

Taxes Withheld

	Taxable	Taxable YTD	Current	YTD
FIT	3,859.02	40,202.03	634.07	3,967.62
FICA	3,859.02	40,585.70	239.26	2,516.31
MED	3,859.02	40,585.70	55.95	588.49
SIT:WI	3,859.02	40,202.03	229.67	2,019.06
Total			1,158.95	9,091.48

Net Pay	2,700.07	29,280.77
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Checking (4349)	2,700.07	29,280.77
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Company Paid Benefits

	Current	YTD
MED125	187.77	4,566.76
SUTA:WI		98.00
Total	187.77	4,664.76

Tax Allowance Settings

Federal: Single/1
 Wisconsin: Allowances: 1
 Filing Status: S

- 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.

KLS Acquisitions Corp 2650 Belvidere Road, Waukegan, IL 60085

1 of 1

KLS Acquisitions Corp
 2650 Belvidere Road
 Waukegan, IL 60085

Pay Date: 12/21/2018

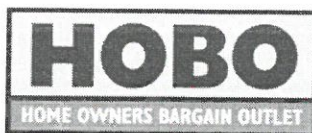
Voucher #: (32595)

Deposited To The Account(s) Of	Deposit #	Account Type	Account #	Transit ABA	Deposit
Thomas C. Peterson	1	Checking	XXXX4349	075001199	2,700.07

21 49 12/21/2018 (32595)

Thomas C. Peterson
 2466 N 69th St
 Wauwatosa, WI 53213

NON-NEGOTIABLE - THIS IS NOT A CHECK



To: All Full-Time Employees

From: Michael Earl

Date: 10/23/2018

Re: Changes to Vacation Policy – Effective Immediately

Effective immediately, the following changes and clarifications to the Company's Vacation Policy as set forth in the HOBO Employee Handbook are in effect:

From the date of this notice, full time employees in Illinois and Wisconsin will earn vacation time throughout each year (calculated from your employment anniversary date) in the following manner:

- After completing your 1st full-time year of employment, you will earn up to 1 week of paid vacation per year calculated from your first work anniversary date throughout the year until your next anniversary date at the rate of 0.09615 days per week of employment.
- After completing your 2nd full-time year of employment, and beginning on your second anniversary date, you are entitled to up to 2 weeks of paid vacation per year which shall accrue from your work anniversary date throughout the year until your next anniversary date at the rate of 0.19231 days per week of employment.
- After completing your 5th full-time year of employment, and beginning on your fifth anniversary date, you are entitled to up to 3 weeks of paid vacation per year which shall accrue from your work anniversary date throughout the year until the next anniversary date at the rate of 0.28846 days per week of employment.

The Company reaffirms its policy of not permitting full-time employees to carry vacation time not used into the following year. No exceptions to this "no carryover" policy for vacation earned from the date of this amendment shall be granted.

Krstic, Melina

From: Earl, Mike
Sent: Friday, November 2, 2018 4:49 PM
To: Store Managers; Stores - HR Coordinator
Cc: Jurewicz, Jerry; Cwik, Julie
Subject: ACTION REQUIRED - Updates to wage motion

Importance: High

Hi Store Managers and HR Coordinators,

Our Attorney's filed a motion in court yesterday seeking permission to pay wages including paid time off, commissions, etc. They were successful in their motion. Therefore:

- We are allowed to let employees use paid time off including sick, vacation (SEE NOTE BELOW), holiday, bereavement, etc. **according to the written policy.**
- We are allowed to payout unused vacation time upon termination according to the written policy. (SEE NOTE BELOW)
- We are allowed to pay employees for any time form a prior pay period that was inadvertently missed from that pay period
- We are allowed to pay Designers commissions earned on the invoicing of kitchen in October (up through October 26th) on the standard payroll cycle. (From October 27 and on they are going to receive commissions from the Liquidators based on a program that was communicated out to the earlier today.)

Example: if your anniversary date is July 7 and you were awarded 10 days on July 7, and since July 7th you used 5 days, then you only have 5 days available to use or get paid out. Any amount you had in your record from a prior year is ineligible to be paid out.

NOTE UNDER NO CIRCUMSTANCE IS ANYONE OTHER THAN ME OR JULIE CWIK ALLOWED TO APPROVE VACATION TIME OFF IN THE SYSTEM BECAUSE THE SYSTEM BALANCE INCLUDES CARRY OVER AND IT WOULD BE A VIOLATION OF FEDERAL LAW TO APPROVE ANY VACATION TIME THAT WOULD BE CONSIDERED CARRYOVER. DO NOT UNDER ANY CIRCUMSTANCE APPROVE VACATION PAY! I'M TRYING TO GET PAYSERV TO CHANGE THE SYSTEM SO NONE OF YOU GET THE EMAILS OR HAVE THE ABILITY TO APPROVE VACATION TIME SO NO ONE INADVERTENTLY APPROVES TIME THAT WE ARE NOT ALLOWED TO GIVE.

Michael J Earl, SPHR, SHRM-SCP

Director of Human Resources
Home Owners Bargain Outlet

Northern District of Illinois Claims Register

[18-30052 KLS Acquisition Corp.](#)

Honorable Judge: Jacqueline P. Cox

Chapter: 11

Office: Eastern Division

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27447776)

Claim No: 52

Status:

Thomas C Peterson

Original Filed

Filed by: CR

2466 N 69th St

Date: 01/15/2019

Entered by: Kevin Lyons

Wauwatosa WI 53213

Original Entered

Modified:

Date: 01/15/2019

Amount claimed: \$1943.01

Priority claimed: \$1943.01

History:

[Details](#) [52-1](#) 01/15/2019 Claim #52 filed by Thomas C Peterson, Amount claimed: \$1943.01 (Lyons, Kevin)

Description:

Remarks:

Claims Register Summary

Case Name: KLS Acquisition Corp.

Case Number: 18-30052

Chapter: 11

Date Filed: 10/25/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$1943.01
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	\$1943.01	
Administrative		