

Fill in this information to identify the case:

Debtor 1 OL Enterprises LLC

Debtor 2 _____
(Spouse, if filing)

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

Case number 18-30056

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?** WILLIAM H RAPP
 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)

<p>Where should notices to the creditor be sent?</p> <p><u>WILLIAM H RAPP</u> Name _____ <u>563 LINDA LANE</u> Number Street _____ <u>LYNWOOD IL 60411</u> City State ZIP Code _____ Contact phone <u>708-927-5663</u> Contact email <u>Bilrap57@gmail.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____</p>
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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? \$ 2039.00. 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:

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

	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).	\$ <u>2039.00</u>
<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 4/01/19 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 01/04/2019
MM / DD / YYYY

William H Rapp
Signature

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

Name	<u>WILLIAM</u>	<u>HARRY</u>	<u>RAPP</u>
	First name	Middle name	Last name
Title	_____		
Company	_____		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>563 LINDA LANE</u>		
	Number	Street	
	<u>LYNWOOD</u>	<u>IL</u>	<u>60411</u>
	City	State	ZIP Code
Contact phone	<u>708-927-5663</u>	Email <u>Bilrap57@gmail.com</u>	

Mike Earl <mearl@hoboonline.com>

12/24/2018 2:18 PM

Pay Statement and Vacation Accrual

To bilkat2@comcast.net <bilkat2@comcast.net>

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

- Vac Accrual - Rapp, William.pdf (96 KB)
- PayStatement - Rapp, William.pdf (73 KB)
- image001.png (42 KB)

Accruals History Report

Employee: William H. Rapp
Time Off: Vacation

Added	Transaction Type	Range	Days Authorized	Days Taken	Updated To Date	Comment	Created By	Created By Employee Id
08/06/2018 06:45a	Time Entry	09/07/2018	-	1.00			Michael M. Eichinger	152
08/06/2018 06:45a	Time Entry	09/06/2018	-	1.00			Michael M. Eichinger	152
08/06/2018 06:45a	Time Entry	09/05/2018	-	1.00			Michael M. Eichinger	152
08/06/2018 06:45a	Time Entry	09/04/2018	-	1.00			Michael M. Eichinger	152
04/19/2018 03:03a	Automatic Accruals Execution	04/19/2018 - 04/19/2019	15.00		- 04/19/2019		System Administrator	
04/19/2018 03:03a	Carry Over Rule	04/19/2018	4.00		- 04/19/2018		System Administrator	
04/19/2018 03:03a	Carry Over Rule Prev Year Adjustment	04/19/2018	-4.00		- 04/19/2018		System Administrator	
03/27/2018 02:22p	Time Entry	04/27/2018	-	1.00			Michael M. Eichinger	152
03/27/2018 02:21p	Time Entry	04/26/2018	-	1.00			Michael M. Eichinger	152
03/27/2018 02:21p	Time Entry	04/25/2018	-	1.00			Michael M. Eichinger	152
03/27/2018 02:21p	Time Entry	04/24/2018	-	1.00			Michael M. Eichinger	152
03/27/2018 02:20p	Time Entry	04/23/2018	-	1.00			Michael M. Eichinger	152
01/31/2018 08:05a	Time Entry	02/26/2018	-	1.00			Michael M. Eichinger	152
11/22/2017 10:20a	Time Entry (Deleted)	12/04/2017	-	-1.00			Michael M. Eichinger	152
11/21/2017 01:18p	Time Entry	12/04/2017	-	1.00			William H. Rapp	220
11/15/2017 01:03p	Manual Information Modification	04/18/2018	-9.53		- 04/19/2018	Adjust to Correct Balance	Michael M. Eichinger	152
10/11/2017 01:08p	Manual Information Modification	04/18/2018	-		- 04/19/2018	Correct Updated To Date	Julie A. Cwik	389
10/11/2017 01:07p	Manual Information Modification	08/12/2017	-		- 04/19/2017	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	
10/11/2017 03:05a	Automatic Accruals Execution	08/30/2017 - 04/19/2018	9.53		- 04/19/2018		System Administrator	
10/06/2017 08:59a	Initial Import Adjustment	08/13/2017	12.00		- 08/30/2017		System Administrator	
08/22/2017 09:41a	Time Entry	09/04/2017	-	1.00			System Administrator	
08/22/2017 09:29a	Time Entry	09/01/2017	-	1.00			System Administrator	
08/18/2017 03:30p	Time Entry	07/21/2017	-	1.00			System Administrator	
08/18/2017 03:30p	Time Entry	07/20/2017	-	1.00			System Administrator	
08/18/2017 03:30p	Time Entry	07/19/2017	-	1.00			System Administrator	
08/18/2017 03:30p	Time Entry	07/18/2017	-	1.00			System Administrator	
08/18/2017 03:30p	Time Entry	07/17/2017	-	1.00			System Administrator	
Report Total			27.00	17.00				

Sorted By: Added Descending

Bradenton



Generated: 12/21/2018 11:34a
Generated By: Michael J. Earl
Page 1 of 1

#220 - William H. Rapp 25		Voucher # (32831)		Pay Date: 12/21/2018	
Earnings		Company Paid Benefits			
	Rate	Hours	YTD	Current	YTD
BON				648.05	648.05
HOL			24:00		428.16
OT			36:32		985.56
REG	18.00	77:42	1925:39	1,398.60	34,516.06
SICK			48:00		862.08
VAC			80:00		1,438.08
VAC	18.00	45:08	45:08	812.52	812.52
Gross Pay				2,859.17	39,690.51
Deductions		Tax Allowance Settings			
			Current	YTD	
401k			85.78	1,190.73	1 Reduces your Federal & State Withholding Taxable Wage
DENTAL125				374.22	2 Reduces your Federal Withholding, OASDI & Medicare Taxable Wage
MED125			214.70	4,516.30	3 For information purposes only. No effect on your net pay.
VISION125				117.26	
VOL LIFE EE			29.54	768.04	
VOL LIFE SPOUSE				324.94	
Total			330.02	7,291.49	
Taxes Withheld		Federal: Married/0			
	Taxable	Taxable YTD	Current	YTD	Illinois: Allowances: 0
FIT	2,558.69	33,492.00	239.08	2,286.89	Additional Allowances: 0
FICA	2,644.47	34,682.73	163.96	2,150.33	
MEDI	2,644.47	34,682.73	38.35	502.90	
SIT:IL	2,558.69	33,492.00	126.66	1,657.86	
Total			568.05	6,597.98	
Net Pay			1,961.10	25,801.04	
Checking (3434)			1,961.10	25,801.04	

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 #: (32831)

Deposited To The Account(s) Of	Deposit #	Account Type	Account #	Transit ABA	Deposit
William H. Rapp	1	Checking	XXXXXX3434	071025661	1,961.10

25 220 12/21/2018 (32831)

William H. Rapp
563 Linda Ln
Lynwood, IL 60411

NON-NEGOTIABLE - THIS IS NOT A CHECK

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

25 220 12/21/2018 (32831)

William H. Rapp
563 Linda Ln
Lynwood, IL 60411

PERSONAL & CONFIDENTIAL

Northern District of Illinois Claims Register

[18-30056 OL Enterprises LLC](#)

Honorable Judge: Jacqueline P. Cox **Chapter:** 11
Office: Eastern Division **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (27447772)	Claim No: 31	<i>Status:</i>
William H Rapp	<i>Original Filed</i>	<i>Filed by:</i> CR
563 Linda Lane	<i>Date:</i> 01/15/2019	<i>Entered by:</i> Kevin Lyons
Lynwood IL 60411	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 01/15/2019	

Amount claimed: \$2039.00
Priority claimed: \$2039.00

History:
[Details](#) [31-1](#) 01/15/2019 Claim #31 filed by William H Rapp, Amount claimed: \$2039.00 (Lyons, Kevin)

Description:
Remarks:

Claims Register Summary

Case Name: OL Enterprises LLC
Case Number: 18-30056
Chapter: 11
Date Filed: 10/25/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$2039.00
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	\$2039.00	
Administrative		