

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 - 3 2019

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA

04/16

Official Form 410

Proof of Claim

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?

DWIGHT A. DeLONG
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?

DWIGHT A DeLONG

Name

9065 3rd Ave

Number

Street

Pleasant Prairie WI 53158

City

State

ZIP Code

Contact phone

262 697 7970

Contact email

delongdwight@yahoo.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? _____

6. Do you have any number you use to identify the debtor? ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 12,850.00 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 PAY AND ACCRUED 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: _____

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.

\$

\$

\$ 12,850.00

\$

\$

\$

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 29 2018
MM / DD / YYYY

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

E-mail

Accruals History Report

Employee: Dwight A. DeLong
Time Off: Vacation

VACATION

Added	Transaction Type	Range	Days Authorized	Days Taken	Updated To Date	Comment	Created By	Created By Employee Id
11/07/2018 11:34a	Time Entry (Deleted)	11/12/2018	-	-1.00			Julie A. Cwik	389
11/07/2018 11:34a	Time Entry (Deleted)	11/15/2018	-	-1.00			Julie A. Cwik	389
11/07/2018 11:34a	Time Entry (Deleted)	11/09/2018	-	-1.00			Julie A. Cwik	389
11/07/2018 11:34a	Time Entry (Deleted)	11/14/2018	-	-1.00			Julie A. Cwik	389
11/07/2018 11:34a	Time Entry (Deleted)	11/16/2018	-	-1.00			Julie A. Cwik	389
10/23/2018 02:35p	Time Entry (Deleted)	11/13/2018	-	-1.00			Julie A. Cwik	389
10/23/2018 02:35p	Time Entry (Deleted)	10/26/2018	-	-1.00			Julie A. Cwik	389
10/23/2018 02:35p	Time Entry (Deleted)	10/24/2018	-	-1.00			Julie A. Cwik	389
10/23/2018 02:35p	Time Entry (Deleted)	10/25/2018	-	-1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	11/16/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	11/15/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	11/14/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	11/13/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	11/12/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	11/09/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	10/26/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	10/25/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	10/24/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:51p	Time Entry	10/05/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:51p	Time Entry	10/04/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:51p	Time Entry	10/03/2018	-	1.00			Julie A. Cwik	389
08/24/2018 09:12a	Time Entry	08/24/2018	-	1.00			Julie A. Cwik	389
08/24/2018 09:12a	Time Entry	08/23/2018	-	1.00			Julie A. Cwik	389
08/24/2018 09:12a	Time Entry	08/22/2018	-	1.00			Julie A. Cwik	389
08/24/2018 09:12a	Time Entry	08/10/2018	-	1.00			Julie A. Cwik	389
08/24/2018 09:12a	Time Entry	08/09/2018	-	1.00			Julie A. Cwik	389
08/24/2018 09:12a	Time Entry	08/08/2018	-	1.00			Julie A. Cwik	389
08/24/2018 09:12a	Time Entry	07/06/2018	-	1.00			Julie A. Cwik	389
08/24/2018 09:12a	Time Entry	07/05/2018	-	1.00			Julie A. Cwik	389
08/24/2018 09:12a	Time Entry	07/03/2018	-	1.00			Julie A. Cwik	389
08/24/2018 09:12a	Automatic Accruals Execution	05/06/2018 - 05/06/2019	-	-			System Administrator	389
08/24/2018 09:12a	Carry Over Rule	05/06/2018	15.00	-			System Administrator	389
08/24/2018 09:12a	Carry Over Rule Prev Year Adjustment	05/06/2018	-15.00	-			System Administrator	389
08/24/2018 09:12a	Manual Information Modification	05/05/2018	-	-		Correct Updated To Date	System Administrator	389
08/24/2018 09:12a	Manual Information Modification	05/05/2017	-	-		Correct Updated To Date	System Administrator	389
08/24/2018 09:12a	Manual Information Modification	08/12/2017	-	-		Correct Updated To Date	System Administrator	389
08/24/2018 09:12a	Initial Import Adjustment	08/13/2017	15.00	-		Correct Updated To Date	System Administrator	389

VACATION REPORT

DAYS AUTHORIZED 30 day

DAYS TAKEN 12 days

UNUSED VACATION 18 days or 144 hours

VACATION PAID ON LAST CHECK 11.5

D. DeLong 132.5 hours unpaid

hourly wage \$90.19

CLAIM amount

132.5 hours x \$90.19/hr = \$11,950.18

VACATION TIME RECEIVED

SINCE MAY 6 AND NEVER USED

SERV MAY 6 thru Oct 23 = 20 weeks

20 x 1.25846 = 5.16 weeks x 8hr/day =

41.4874 hr hours x \$90.19 = \$3,748.74

total vacation claim \$16,098.92

Sorted By: Added Descending

VACATION PAY STATEMENT - DWIGHT DELONG

30 DAYS VACATION Authorized

12 DAYS " TAKEN

Difference 18 DAYS owed = 144 hours $18 \times 8 = 144$

VACATION Paid on last paycheck 11.5 hours

unpaid VACATION 132.5 hours

Hourly Pay RATE \$90.19/hour

unpaid vacation $132.5 \times \$90.19 = \$11,950.18$

Anniversary DATE MAY 6, 1994

Last day of employment Oct 22, 2018

vacation time accrued = 20 weeks $\times .28844 = 5.76$ weeks* Hours of vacation pay accrued $5.76 \times 8 \text{ hour/day} = 46$ hours $46 \text{ hours} \times 90.19/\text{hr} = \$4148.74^{00} (4148.74)$

Total Claim For Vacation

Unpaid 132.5 hours @ $90.19/\text{hr} = 11,950.18$

Accrued VACATION pay since MAY 6

46 hours @ $90.19/\text{hr} = 4148.74$

Total 16,098.92

Claim limits \$12,850.00

Total Claim \$12,850.00

Earnings				Company Paid Benefits	
REG	Rate	Time	Current	YTD	
REG	90.19	16:00	40:00	4,376.94	
SAL		16:00	1,443.08	1,443.08	
SICK		16:00		175,606.07	
VAC		96:00		1,635.39	
VAC	90.19	11:50	1,067.28	9,812.32	
Gross Pay			2,510.36	193,941.08	
Deductions				Tax Allowance Settings	
	Current	YTD		Federal:	Single/1 + 700.00
401k		13,400.13		Wisconsin:	Allowances: 1
DENTAL125	8.93	198.79			Filing Status: S
FSA MED 125		550.00			
LTD		1,092.74			
MED125	105.48	3,259.40			
VISION125	2.81	64.63			
VOL ACCIDENT	7.01	161.23			
Total	124.23	18,726.92			
Taxes Withheld				Total	
Taxable	Taxable YTD	Current	YTD	Current	YTD
FIT	2,393.14	176,468.13	1,003.89	187.77	4,003.45
FICA		128,400.00			42.00
MEDI	2,393.14	189,868.26	34.70		7,960.80
SIT:WI	2,393.14	176,468.13	137.54	34.70	2,753.09
Total			1,176.13	68.04	
Net Pay			1,210.00	222.47	14,827.38
Checking (2866)			1,200.00		
Savings (0680)			10.00		

- 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: 11/09/2018
Voucher #: (30777)

Deposited To The Account(s) Of
 Dwight A. DeLong

CORP 410 11/09/2018 (30777)

Dwight A. DeLong
 9065 3rd Ave
 Pleasant Prairie, WI 53158

Deposit #	Account Type	Account #	Transit ABA	Deposit
1	Checking	XXXX2866	075911988	1,200.00
2	Savings	XXXX0680	075911988	10.00
				1,210.00

NON-NEGOTIABLE - THIS IS NOT A CHECK

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

CORP 410 11/09/2018 (30777)

Dwight A. DeLong
 9065 3rd Ave
 Pleasant Prairie, WI 53158

PERSONAL & CONFIDENTIAL

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: (27198435)
DWIGHT DELONG
9065 3RD AVENUE
PLEASANT PRAIRIE, WI
53158

Claim No: 44
Original Filed
Date: 01/03/2019
Original Entered
Date: 01/03/2019

Status:
Filed by: CR
Entered by: Kimetha Collier
Modified:

Amount claimed: \$12850.00

Priority claimed: \$12850.00

History:

[Details](#) [44-1](#) 01/03/2019 Claim #44 filed by DWIGHT DELONG, Amount claimed: \$12850.00 (Collier, Kimetha)

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*	\$12850.00
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	\$12850.00	
Administrative		