Fill in this information to identify the case:	
Debtor 1 JOHN Q HAMMONS 2015 LOAN HOLDINGS LLC	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	District of KANSAS (State)
Case number <u>16-21146</u>	

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				
Who is the current creditor?	Department of the Treasury - Internal Revenue Service Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor			
Has this claim been acquired from someone else?	acquired from			
3. Where should notices and payments to the	Where should notices to the creditor be sent	? Where should payments to the creditor be sent? (if different)		
creditor be sent?	Internal Revenue Service	Internal Revenue Service		
Federal Rule of	Name	Name		
Bankruptcy Procedure (FRBP) 2002(g)	P.O. Box 7346	2850 NE Independence Ave STE 101 M/S 5334-LSM		
	Number Street	Number Street		
	Philadelphia PA 19101-7344 City State ZIP Code	Lee's Summit MO 64064-2327 City State ZIP Code		
	Contact phone 1-800-973-0424	Contact phone (816) 966-2484		
	Contact email	Contact email		
	Creditor Number: 8518039			
	Uniform claim identifier for electronic payments in cha	pter 13 (if you use one)		
Does this claim amend one already filed?	□ No■ Yes. Claim number on court claims registr	y (if known)		
5. Do you know if anyone else has filed a proof of claim for this claim?	■ No ☐ Yes. Who made the earlier filing?			

	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: See Attachment
7.	How much is the claim?	\$ 20,313.21 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.
	oldiii.	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.
		Taxes
9.	Is all or part of the claim secured?	■ No
	secureu:	☐ 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
		□ 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 See Attachment

Part 2: Give Information About the Claim as of the Date the Case Was Filed

12.	Is all or part of the clain entitled to priority unde 11 U.S.C. §507(a)?		neck all that apply:			Amount entitled to priority		
	A claim may be partly priority and partly		estic support obligatio S.C. § 507(a)(1)(A) o		and child support) under	\$		
nonpriority. For examp in some categories, the law limits the amount entitled to priority.		☐ Up to		toward purchase, leas hold use. 11 U.S.C. §	se, or rental of property or services for 507(a)(7).	\$		
		bank			ess ends, whichever is earlier.	\$		
		■ Taxe	s or penalties owed to	o governmental units.	11 U.S.C. § 507(a)(8).	\$ 20,000.00		
		□ Conf	tributions to an emplo	yee benefit plan. 11 U	I.S.C. § 507(a)(5).	\$		
		□ Othe	er. Specify subsection	of 11 U.S.C. § 507(a)() that applies.	\$		
		*Amour	its are subject to adjustm	nent on 4/01/19 and every	y 3 years after that for cases begun on or a	fter the date of adjustment.		
Pa	rt 3: Sign Below							
The	person completing this	Check the ap	opropriate box:					
	of of claim must sign I date it.	■ I am the c	reditor.					
	BP 9011(b).	☐ I am the creditor's attorney or authorized agent.						
	ou file this claim	\Box I am the tr	rustee, or the debtor,	or their authorized age	ent. Bankruptcy Rule 3004.			
500	ctronically, FRBP 05(a)(2) authorizes courts	$\hfill\square$ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
	establish local rules ecifying what a signature				f Claim serves as an acknowledgment for any payments received toward the			
frai	erson who files a udulent claim could be	I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.						
imp yea	ed up to \$500,000, prisoned for up to 5 ars, or both.	I declare under penalty of perjury that the foregoing is true and correct.						
357	U.S.C. §§ 152, 157, and '1.	Executed on	date 08/01/2016 MM / DD / YYYY					
		/s/ VALARIE (Signature)	L. RIVERS					
		Print the na	me of the person wh	no is completing and	signing this claim:			
		Name	VALARIE L. First name	Middle nan		RIVERS _ast name		
		Title	Bankruptcy Specialis	st				
		Company	Internal Revenue Se		the authorized agent is a servicer.			
			identity the corporate st	ervicer as the company in	the dutionzed agent is a servicer.			
		Address	2850 NE Independer Number Stree	nce Ave STE 101 M/S et	5334-LSM			
			Lee's Summit City		MO State	64064-2327 ZIP Code		
		Contact Phone	(816) 966-2484		Email:			

Proof of Claim for Internal Revenue Taxes



Form 410 Attachment

Department of the Treasury/Internal Revenue Service

In the Matter of: JOHN Q HAMMONS 2015 LOAN HOLDINGS

LLC

300 JOHN Q HAMMONS PKWY STE 900

SPRINGFIELD, MO 65806

Case Number 16-21146

Type of Bankruptcy Case CHAPTER 11

Date of Petition 06/26/2016

Amendment No. 1 to Proof of Claim dated 07/26/2016.

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Unsecured P	Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code					
Taxpayer ID Number	Kind of Tax	Tax Period		Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX0335	FID-INC	12/31/2013	1	Pending Examination	\$0.00	\$0.00
XX-XXX0335	FID-INC	12/31/2015	2	NOT FILED	\$10,000.00	\$0.00
XX-XXX0335	FID-INC	12/31/2016	2	NOT FILED	\$10,000.00	\$0.00
					\$20,000.00	\$0.00

Total Amount of Unsecured Priority Claims:

\$20,000.00

Unsecured General Claims

Taxpayer					Interest to
ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Petition Date
XX-XXX0335	MISC PEN	12/31/2012	02/16/2015	\$0.00	\$13.21

Penalty to date of petition on unsecured general claims (including interest thereon) \dots \$300.00

Total Amount of Unsecured General Claims:

\$313.21

District of Kansas Claims Register

<u>16-21142 John Q. Hammons Fall 2006, LLC</u>

Judge: Robert D. Berger Chapter: 11

Office: Kansas City **Last Date to file claims: Trustee: Last Date to file (Govt):**

Creditor: (85099' INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA PA 19 7346		Status: Filed by: CR Entered by: kcm Modified:
Amount claimed: \$31	3.21	

Amount	ciaimeu.	φ313.21

History:		
<u>Details</u>	69-1 09/02/2016 Claim #69 filed by INTERNAL REVENUE SERVICE, Amount claimed: \$30313.21 (kcm)	
<u>Details</u>	69-2 09/02/2016 Amended Claim #69 filed by INTERNAL REVENUE SERVICE, Amount claimed: \$20313.21 (kcm)	
<u>Details</u>	69-3 09/02/2016 Amended Claim #69 filed by INTERNAL REVENUE SERVICE, Amount claimed: \$313.21 (kcm)	

Description:
Remarks: (69-1) **ORIGINAL CLAIM FILED IN CASE 16-21146 ON 7/27/16
AS CLAIM #1**
(69-2) **ORIGINAL CLAIM FILED IN CASE 16-21146 AS CLAIM #1**
(69-3) **ORIGINAL CLAIM FILED IN CASE 16-21146 AS CLAIM #1**

Claims Register Summary

Case Name: John Q. Hammons Fall 2006, LLC **Case Number:** 16-21142 Chapter: 11 **Date Filed:** 06/26/2016 **Total Number Of Claims:** 1

Total Amount Claimed*	\$313.21
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		