

Fill in this information to identify the case:

Debtor Borrego Community Health Foundation

United States Bankruptcy Court for the: Southern District of California
(State)

Case number 22-02384

Official Form 410
Proof of Claim

04/22

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 or 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?** City of Coachella
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor BORREGO HEALTH COACHELLA

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>City of Coachella</u> <u>53990 Enterprise Way</u> <u>Coachella, CA 92236</u>	

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Contact phone 7603983502 Contact phone _____
 Contact email utilities@coachella.org 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: 0304 _____

7. How much is the claim? \$ 831.26. 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.
Water Utility

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle 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 amount 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 all that apply:

	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 \$3,350* 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 \$15,150*) 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 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

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 acknowledgement 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 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 11/30/2022
MM / DD / YYYY

/s/Zaida Villalobos
Signature

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

Name Zaida Villalobos
First name Middle name Last name

Title Customer Service Supervisor

Company City of Coachella
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 53990 Enterprise Way, Coachella, California, 92236

Contact phone 7603983502 Email utilities@coachella.org



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0670 | International (310) 751-2670

Debtor: 22-02384 - Borrego Community Health Foundation		
District: Southern District of California, San Diego Division		
Creditor: City of Coachella 53990 Enterprise Way Coachella, CA, 92236 Phone: 7603983502 Phone 2: Fax: Email: utilities@coachella.org	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor: BORREGO HEALTH COACHELLA	Amends Claim: Yes Acquired Claim: No	
Basis of Claim: Water Utility	Last 4 Digits: Yes - 0304	Uniform Claim Identifier:
Total Amount of Claim: 831.26	Includes Interest or Charges: Yes	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Zaida Villalobos on 30-Nov-2022 5:49:17 p.m. Eastern Time Title: Customer Service Supervisor Company: City of Coachella		
Optional Signature Address: Zaida Villalobos 53990 Enterprise Way Coachella, California, 92236 Telephone Number: 7603983502 Email: utilities@coachella.org		

Customer #	Billing Date	Due Date	Prev Balance	Payments	Current Activity	Amount Due
00040304	11/30/2022	12/25/2022	150.97	82.30	49.75	118.42



Amount Enclosed

BORREGO COMMUNITY HEALTH FOUNDATION
PO BOX 2369
BORREGO SPRINGS, CA 92004

Please detach and return top portion with your remittance.

REPRINT - BATCH #: 1526

Customer	BORREGO COMMUNITY HEALTH FOUNDATION
Address	PO BOX 2369 · BORREGO SPRINGS, CA 92004

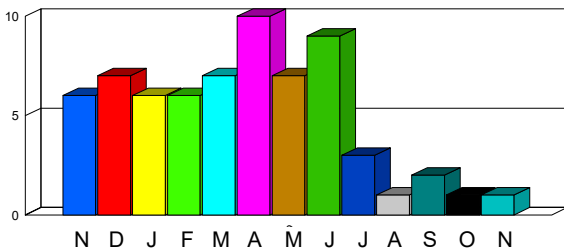
Customer #	Billing Date	Due Date	Prev Balance	Payments	Cur Activity	Amount Due
00040304	11/30/2022	12/25/2022	150.97	82.30	49.75	118.42

Date	Billing Cycle	Days	Service Fee	Units	Amount
10/31/22	Previous Balance				150.97
11/22/22	Payment - thank you		Document #: 01695164		82.30CR
11/30/22	Billing		Document #: 01810925		49.75
Account #:			37-37906-000	55497 VAN BUREN ST	
11/01	-	11/30	30	Water - 2 " Water Meter	1 41.52
				Units	Charge
					40.02
				Consumption (1 - 41)	1.00 1.50
11/01	-	11/30	30	utility users tax - utility users tax	0 2.08
11/01	-	11/30	30	Replenishment Assessment Charge - CVWD Replenishment As:	0 0.15
11/01	-	11/30	30	backflow charge - backflow assessment	1 6.00

Amount Due: 118.42

Meter #	Prev Read 1	Curr Date	Curr Read 1	Totals Cons
0037379060	1,036	11/16/22	1,037	1

Year to Date Consumption



0-30	31-60	61-90	90+
49.75	49.75	18.92	0.00

Customer #	Billing Date	Due Date	Prev Balance	Payments	Current Activity	Amount Due
00054624	11/15/2022	12/10/2022	551.82	221.25	132.73	463.30



Amount Enclosed

BORREGO HEALTH COACHELLA
PO BOX 2369
BORREGO SPRINGS, CA 92004

Please detach and return top portion with your remittance.

REPRINT - BATCH #: 1525

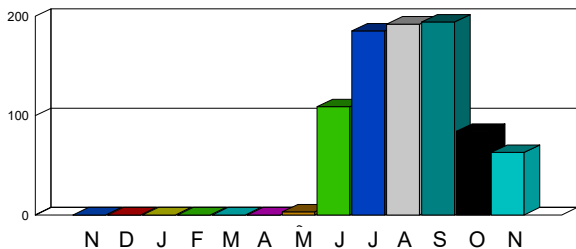
Customer	BORREGO HEALTH COACHELLA
Address	PO BOX 2369 · BORREGO SPRINGS, CA 92004

Customer #	Billing Date	Due Date	Prev Balance	Payments	Cur Activity	Amount Due
00054624	11/15/2022	12/10/2022	551.82	221.25	132.73	463.30

Date	Billing Cycle	Days	Service Fee	Units	Amount
10/15/22	Previous Balance				551.82
10/31/22	Payment - thank you		Document #: 01688852		48.96CR
11/03/22	Payment - thank you		Document #: 01689869		172.29CR
11/15/22	Billing		Document #: 01804449		132.73
Account #: 30-30274-001			49869 CALHOUN		
10/16	-	11/15	31 Water - 3/4 " Water Meter	1	111.60
				Units	Charge
					13.80
				41.00	61.50
				22.00	36.30
10/16	-	11/15	31 utility users tax - utility users tax	1	5.58
10/16	-	11/15	31 Replenishment Assessment Charge - CVWD Replenishment As:	1	9.55
10/16	-	11/15	31 backflow charge - backflow assessment	1	6.00
Amount Due:					463.30

Meter #	Prev Read 1	Curr Date	Curr Read 1	Totals Cons
0030302740	1,120	10/31/22	1,183	63

Year to Date Consumption



0-30	31-60	61-90	90+
132.73	172.29	158.28	0.00

Customer #	Billing Date	Due Date	Prev Balance	Payments	Current Activity	Amount Due
00054618	11/15/2022	12/10/2022	266.06	154.52	138.00	249.54



Amount Enclosed

BORREGO HEALTH COACHELLA
PO BOX 2369
BORREGO SPRINGS, CA 92004

Please detach and return top portion with your remittance.

REPRINT - BATCH #: 1525

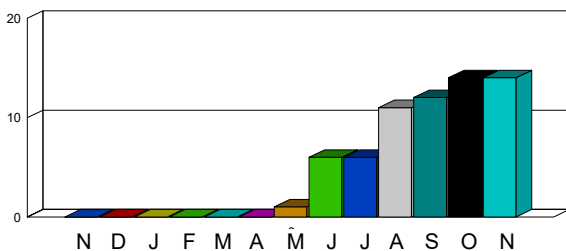
Customer	BORREGO HEALTH COACHELLA
Address	PO BOX 2369 · BORREGO SPRINGS, CA 92004

Customer #	Billing Date	Due Date	Prev Balance	Payments	Cur Activity	Amount Due
00054618	11/15/2022	12/10/2022	266.06	154.52	138.00	249.54

Date	Billing Cycle	Days	Service Fee	Units	Amount
10/15/22	Previous Balance				266.06
10/31/22	Payment - thank you		Document #: 01688851		16.52CR
11/03/22	Payment - thank you		Document #: 01689868		138.00CR
11/15/22	Billing		Document #: 01804448		138.00
Account #: 30-30273-001			49869 CALHOUN		
10/16	- 11/15	31	Water - 1" Water Meter	1	40.32
				Units	Charge
					19.32
			BaseRate:		
			Consumption (1 - 41)	14.00	21.00
10/16	- 11/15	31	Sewer - 1" Commercial Low	1	83.37
10/16	- 11/15	31	utility users tax - utility users tax	1	6.19
10/16	- 11/15	31	Replenishment Assessment Charge - CVWD Replenishment As:	1	2.12
10/16	- 11/15	31	backflow charge - backflow assessment	1	6.00
					Amount Due: 249.54

Meter #	Prev Read 1	Curr Date	Curr Read 1	Totals Cons
0030302730	70	10/31/22	84	14

Year to Date Consumption



0-30	31-60	61-90	90+
138.00	111.54	0.00	0.00