

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?	<u>Corina Annette Velasquez</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>Corina Annette Simerson</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	Where should payments to the creditor be sent? (if different)
	<u>Corina Annette Velasquez</u>	
	<u>84320 Falco Ct</u>	
	<u>Indio, CA 92203, United States</u>	
	Contact phone <u>7607717532</u>	Contact phone _____
Contact email <u>corinaashley@yahoo.com</u>	Contact email _____	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? \$ 50,653. 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.
Employee Related-PTO

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)?

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

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 checked="" 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).	\$ <u>6512.45</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)(<u> </u>) 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 11/16/2022
MM / DD / YYYY

/s/Corina Annette Velasquez
Signature

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

Name Corina Annette Velasquez
First name Middle name Last name

Title Chief Operating Officer

Company Borrego Health
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 84320 Falco Ct, Indio, CA, 92203, United States

Contact phone 7607717532 Email cvelasquez@borregomedical.o



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: Corina Annette Velasquez 84320 Falco Ct Indio, CA, 92203 United States Phone: 7607717532 Phone 2: Fax: Email: corinaashley@yahoo.com	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: Corina Annette Simerson	Amends Claim: No Acquired Claim: No	
Basis of Claim: Employee Related-PTO	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 50,653	Includes Interest or Charges: No	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(4): 6512.45	
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: Corina Annette Velasquez on 16-Nov-2022 8:13:21 p.m. Eastern Time Title: Chief Operating Officer Company: Borrego Health		
Optional Signature Address: Corina Annette Velasquez 84320 Falco Ct Indio, CA, 92203 United States Telephone Number: 7607717532 Email: cvelasquez@borregomedical.org		

Fill in this information to identify the case:

Debtor Borrego Community Health Foundation
United States Bankruptcy Court for the Southern District of California
Case number 22-02384

**Official Form 410
Proof of Claim**

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Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Part 1: Identify the Claim

1	Who is the current creditor?	<u>Corina Annette Velasquez</u> Name of the current creditor (the person or entity to be paid for this claim) <u>Corina Annette Simerson</u> Other names the creditor used with the debtor
2	Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>Corina Annette Velasquez</u> Name <u>84320 Falco Ct</u> Number Street <u>Indio</u> <u>CA</u> <u>92203</u> City State ZIP Code Country _____ Contact phone <u>760-771-7532</u> Contact email _____ Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Country _____ 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? \$ 50,053 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
employee related - Paid Time Off (PTO)

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 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

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 \$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) \$ _____
- 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) \$ 6,512.45
- 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 4/01/25 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

\$ _____

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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 11/10/2022
MM / DD / YYYY

Corina Ashley Velasquez
 Signature

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

Name Corina Annette Velasquez
First name Middle name Last name

Title Chief Operating Officer

Company Borrego Health
Identify the corporate servicer as the company if the authorized agent is a servicer

Address 84320 Falco Ct
Number Street

Indio CA 92203
City State ZIP Code Country

Contact phone (760) 711-7532 Email connaashley@yahoo.com

Fw: Vacation Hours

Corina Velasquez <CVelasquez@borregohealth.org>

Mon 10/10/2022 10:29 AM

To: corinaashley@yahoo.com <corinaashley@yahoo.com>

Corina Velasquez

Chief Operating Officer

Pronouns. she, her, hers

Office. 760-541-8847| Ext 4447

Mobile. 760-771-7532

Email: cvelasquez@borregohealth.org



From: Juana Galindo <juanag@borregohealth.org>

Sent: Monday, October 10, 2022 8:20 AM

To: Corina Velasquez <CVelasquez@borregohealth.org>

Subject: Re: Vacation Hours

Good morning,

Your paid out hour as of today will 56.63. You will be out of 383.83 hours looking back at the 180 days.

You have a balance of 440.46

Thank you,

Juana Galindo

Interim Payroll Manager

760-767-6674 Ext. 4674

From: Corina Velasquez <CVelasquez@borregohealth.org>

Sent: Saturday, October 8, 2022 10:01 AM

To: Juana Galindo <juanag@borregohealth.org>

Subject: Re: Vacation Hours

Thanks so much Juana,

When you have a moment (not urgent at all) but how can I find out the total number of vacation hours I am "essentially out" excluding the 180-day look back?

Again when you have time

Thank you
Corina Velasquez
 Chief Operating Officer
 Pronouns: she, her, hers
Office. 760-541-8847 | Ext 4447
Mobile 760-771-7532
Email: cvelasquez@borregohealth.org



From: Juana Galindo <juanag@borregohealth.org>
Sent: Thursday, September 29, 2022 10:10 AM
To: Corina Velasquez <CVelasquez@borregohealth.org>
Subject: Vacation Hours

Hi Corina,

Going from 3/13/2022 - 09/11/2022 you would only get paid 38.17 hours. You didn't get your full accrual on 5/22/2022 and 9/11/2022 because you were tapped out.

Now if we add the new entitlement for the begging of this pay period you should get a total of 47.4 hours.

9/25/2022	9.23	Entitlement
9/16/2022	-8.00	Time off request
9/11/2022	3.85	Entitlement
8/28/2022	9.23	Entitlement
8/14/2022	9.23	Entitlement
7/31/2022	9.23	Entitlement
7/17/2022	9.23	Entitlement
7/3/2022	-50.00	Payroll
7/3/2022	9.23	Entitlement
5/22/2022	0.02	Entitlement
5/8/2022	9.23	Entitlement
4/24/2022	9.23	Entitlement
4/10/2022	9.23	Entitlement
3/27/2022	9.23	Entitlement
3/13/2022	9.23	Entitlement

Thank you,

Juana Galindo
 Interim Payroll Manager
 760-767-6674 Ext. 4674

