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Debtor and the Co-Liquidating Trustee
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sgolden@pszjlaw.com

Attorneys for the Co-Liquidating Trustee

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF CALIFORNIA**

In re

BORREGO COMMUNITY
HEALTH FOUNDATION,

Debtor and Debtor in
Possession.

Case No. 22-02384-11

Chapter 11 Case

Judge: Honorable Laura S. Taylor

**STIPULATION BY AND AMONG THE
POST-EFFECTIVE DATE DEBTOR,
THE LIQUIDATING TRUSTEE, THE
CO-LIQUIDATING TRUSTEES AND
RIVERSIDE UNIFIED SCHOOL
DISTRICT REGARDING CLAIM NO. 247**

DENTONS US LLP
601 SOUTH FIGUEROA STREET, SUITE 2500
LOS ANGELES, CALIFORNIA 90017-5704
(213) 623-9300



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Borrego Community Health Foundation, the debtor and debtor in possession (prior to the effective date of the Plan (defined below), the “Debtor,” and after the effective date, the “Post-Effective Date Debtor”) in the above-captioned chapter 11 bankruptcy case, the Liquidating Trustee (the “Liquidating Trustee”) of the Borrego Community Health Foundation Liquidating Trust (the “Liquidating Trust”), the Co-Liquidating Trustees of the Liquidating Trust (the “Co-Liquidating Trustees”) and Riverside Unified School District (the “Claimant”, and collectively with the Post-Effective Date Debtor, the Liquidating Trustee, and the Co-Liquidating Trustees, the “Parties”) hereby enter into this *Stipulation By and Among the Post-Effective Date Debtor, the Liquidating Trustee, the Co-Liquidating Trustees and Riverside Unified School District Regarding Claim No. 247*.

RECITALS

WHEREAS, on September 12, 2022, the Debtor filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code commencing Case No. 22-02384 (the “Chapter 11 Case”) in the United States Bankruptcy Court for the Southern District of California;

WHEREAS, on September 13, 2022, the Bankruptcy Court established November 21, 2022 as the deadline by which parties holding prepetition claims against the Debtor must file proofs of claim (the “Claims Bar Date”) [See Docket No. 16].

WHEREAS, on or about March 18, 2024, after the Claims Bar Date, Claimant filed Proof of Claim No. 247 in the amount of \$77,056.76 (“Claim 247”), a copy of which is attached hereto as **Exhibit A**;

WHEREAS, the Liquidating Trust was established pursuant to the *First*

1 *Amended Joint Combined Disclosure Statement and Chapter 11 Plan of*
2 *Liquidation of Borrego Community Health Foundation* [Docket No. 1168] (the
3 “Plan”), confirmed by the order [Docket No. 1273] entered January 25, 2024 (the
4 “Confirmation Order”), and that certain *Liquidating Trust Agreement*, dated as of
5 February 14, 2024 (the “Liquidating Trust Agreement”);

6 WHEREAS, Claimant and the Co-Liquidating Trustees are in dispute over
7 Claim 247, as to whether Claimant has sufficient evidence of excusable neglect to
8 avoid having Claim 247 disallowed as late filed.

9 WHEREAS, the Parties have agreed to resolve their dispute regarding Claim
10 247 as set forth herein.

11 **STIPULATION**

12 **NOW THEREFORE**, subject to the approval of the Court, the Parties
13 hereby agree and stipulate as follows:

14 1. Based on the evidence provided by the Claimant, and the fact that
15 Claim 247 was filed after the Claims Bar Date, Claim 247 shall be reduced and
16 allowed as a general unsecured claim in the amount of \$57,792.57 (the “Allowed
17 Claim Amount”).

18 2. Claimant shall not file any additional proofs of claim, nor will
19 Claimant amend (or seek to amend) Claim 247.

20 3. Within thirty (30) days of entry of the order approving this Stipulation,
21 and after Claimant has provided a completed W-9 to the Co-Liquidating Trustees,
22 the Liquidating Trust shall pay the Allowed Claim Amount to Claimant pursuant to
23 the Plan.

24 4. In consideration of the agreements with and value provided herein and
25 other good and valuable consideration, the Parties hereby waive, remise, release
26 and forever discharge the other, including each of their respective former and
27 current predecessors, successors, assigns, subsidiaries, parent companies,
28 shareholders, partners, members, managers, investors directors, officers,

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(213) 623-9300

1 accountants, attorneys, employees, agents, representatives and servants of, from and
2 against any and all claims, actions, causes of action, suits, proceedings, defenses,
3 counterclaims, contracts, judgments, damages, accounts, reckonings, executions,
4 and liabilities whatsoever of every name and nature, whether known or unknown,
5 whether or not well-founded in fact or in law, and whether in law, at equity or
6 otherwise, which either Party ever had or now has for or by reason of any matter,
7 cause or anything whatsoever to this date, relating to or arising out of the Chapter
8 11 Case.

9 5. Each of the Parties to the Stipulation acknowledge that they are
10 familiar with California Civil Code Section 1542 and with respect to the matters
11 released herein, each Party expressly waives any and all rights under California
12 Civil Code Section 1542 and under any other federal or state statute or law of
13 similar effect. California Civil Code Section 1542 provides:

14
15 A general release does not extend to claims that the
16 creditor or releasing party does not know or suspect to
17 exist in his or her favor at the time of executing the
18 release and that, if known by him or her, would have
19 materially affected his or her settlement with the debtor
20 or released party.

21 6. Claimant hereby warrants that Claimant (a) is authorized and
22 empowered to execute this Stipulation on behalf of the Claimant, (b) has read this
23 Stipulation in its entirety and fully understands and accepts the terms set forth
24 herein, (c) has had an opportunity to consult with legal counsel and any other
25 advisors of Claimant's choice with respect to the terms of this Stipulation, and (d)
26 is signing this Stipulation on Claimant's own free will.
27
28

1 7. The terms, covenants, conditions, and provisions of this Stipulation
2 cannot be altered, changed, modified, or added to, or deleted from, except in a
3 writing signed by all parties hereto.

4 8. This Stipulation may be executed in counterparts each of which shall
5 be deemed an original, but all of which together shall constitute one and the same.

6 9. The Court shall retain jurisdiction over all matters relating to the
7 interpretation and enforcement of this Stipulation.

8
9 Dated: April 30, 2025

DENTONS US LLP
SAMUEL R. MAIZEL
TANIA M. MOYRON

11 By /s/ Tania M. Moyron
12 Tania M. Moyron
13 Attorneys for the Post-Effective Date
14 Debtor and the Co-Liquidating Trustee

15
16 Dated: April 30, 2025

PACHULSKI STANG ZIEHL & JONES LLP
Jeffrey N. Pomerantz
Steven W. Golden

17 By /s/ Steven W. Golden
18 Steven W. Golden
19 Attorneys for the Co-Liquidating Trustee

20 Dated: April 29, 2025

RIVERSIDE UNIFIED SCHOOL DISTRICT

21 By 
22 Christina DeFalco-Hoff
23 Director, Business Services
24
25
26
27
28

DENTONS US LLP
601 SOUTH FIGUEROA STREET, SUITE 2500
LOS ANGELES, CALIFORNIA 90017-5704
(213) 623-9300

EXHIBIT A

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>Riverside Unified School District</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>BCHF</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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Riverside Unified School District</u> <u>Business Services</u> <u>6050 Industrial Avenue</u> <u>Riverside, CA 92504</u>	
	Contact phone <u>9513526729</u>	Contact phone _____
	Contact email <u>afrohwein@riversideunified.org</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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>1238</u>
7. How much is the claim? \$ <u>77,056.76</u>	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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. <u>MEDICAL/DENTAL COORDINATION SERVICES</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <div style="margin-left: 40px;">Nature or property:</div> <div style="margin-left: 40px;"> <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ </div> <div style="margin-left: 40px; margin-top: 10px;">Basis for perfection: _____</div> <div style="margin-left: 40px; margin-top: 5px;"> <small>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.)</small> </div> <div style="margin-left: 40px; margin-top: 20px;"> 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.) </div> <div style="margin-left: 40px; margin-top: 20px;"> Amount necessary to cure any default as of the date of the petition: \$ _____ </div> <div style="margin-left: 40px; margin-top: 20px;"> Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable </div>
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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).

\$ _____

☐ 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).

\$ 28,693.49

☐ 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 entitled to administrative priority 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 03/18/2024
MM / DD / YYYY

/s/Adriana Frohwein
Signature

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

Name Adriana Frohwein
First name Middle name Last name

Title Administrative Secretary II

Company Riverside Unified School District
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 3380 14th Street, Riverside, CA, 92501

Contact phone _____ Email afrohwein@riversideunified.org



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: Riverside Unified School District Business Services 6050 Industrial Avenue Riverside, CA, 92504 Phone: 9513526729 Phone 2: Fax: Email: afrohwein@riversideunified.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: BCHF	
Amends Claim: No Acquired Claim: No		
Basis of Claim: MEDICAL/DENTAL COORDINATION SERVICES	Last 4 Digits: Yes - 1238	Uniform Claim Identifier:
Total Amount of Claim: 77,056.76	Includes Interest or Charges: No	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(5): 28,693.49	
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: Adriana Frohwein on 18-Mar-2024 3:08:28 p.m. Eastern Time Title: Administrative Secretary II Company: Riverside Unified School District Optional Signature Address: 3380 14th Street Riverside, CA, 92501 Telephone Number: Email: afrohwein@riversideunified.org		

AMENDMENT NO. 1
To Agreement Between
Riverside Unified School District ("District")
And
BORREGO COMMUNITY HEALTH FOUNDATION ("Consultant" or "BCHF")
Dated
July 1, 2018

MOBILE MEDICAL & DENTAL SERVICES FOR K-12 GRADE STUDENTS
Extending the Term of Services

This AMENDMENT No. 1, entered into on March 5, 2019, is attached and incorporated in that certain document dated July 1, 2018, entitled "Agreement Between Riverside Unified School District and Borrego Community Health Foundation for Medical/Dental Coordination Services" (AGREEMENT), as the Parties now desire to amend the terms of the AGREEMENT as stated herein. Article XIX of the AGREEMENT requires a written agreement signed by both Parties to modify the AGREEMENT. This AMENDMENT arises out of the Parties' desire to extend the term of Services of the AGREEMENT.

NOW, THEREFORE, the parties hereto agree that this AMENDMENT shall be completed pursuant to the terms and conditions of the AGREEMENT and as set forth hereinbelow:

MODIFICATIONS: The terms of the AGREEMENT shall be amended as follows:

Article III – TERM AND TERMINATION, §A will be replaced with the following:


- A. The term of the Agreement shall be from August 13, 2018, through and including, June 30, 2022 ("Dates of Service"). This Agreement may be renewed upon mutual written consent of the Parties for an additional period of no more than three (3) years thereafter, which will require a written agreement signed by both Parties. The Parties will meet no later than sixty (60) days prior to the termination date to address the conditions of the renewal, if applicable.

This AMENDMENT extends the term of Services associated with the AGREEMENT through June 30, 2022.

Except as amended by this AMENDMENT No. 1, all the other provisions of the aforementioned AGREEMENT shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties hereto, through their authorized representatives, have executed this AMENDMENT as of the day and year first written above.

**BORREGO COMMUNITY HEALTH
FOUNDATION**



Mikia Wallis
CEO

RIVERSIDE UNIFIED SCHOOL DISTRICT



Mays Kakish
CBO & Governmental Relations

RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 02/02/2021
Invoice Number: 2021 / 219

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

P.O. BOX 2369
4343 YAQUI PASS RD.
BORREGO SPRINGS, CA 920042369

JOY HURST 951-352-6729 X82101

Make check or warrant payable to:

PO Number	Terms	Customer Message
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RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE, CA 92516-2800
Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, JAN 2021 (7M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, JAN 2021 (7M)	1	1,509.92	1,509.92

Sales Tax: 0.00

TOTAL: 4,479.22

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,484.65	2
	A/R	1,484.65	2
	A/R	754.96	2
	A/R	754.96	2

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

INVOICE

Invoice Date:

03/02/2021

Invoice Number:

2021 / 243

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

JOY HURST 951-352-6729 X82101

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE, CA 92516-2800

Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, FEB 2021 (8M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, FEB 2021 (8M)	1	1,509.92	1,509.92

Sales Tax: 0.00

TOTAL: 4,479.22

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,484.65	2
	A/R	1,484.65	2
	A/R	754.96	2
	A/R	754.96	2

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

INVOICE

Invoice Date:

04/02/2021

Invoice Number:

2021 / 294

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

JOY HURST 951-352-6729 X82101

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE, CA 92516-2800

Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, MAR 2021 (9M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, MAR 2021 (9M)	1	2,085.96	2,085.96

Sales Tax: 0.00

TOTAL: 5,055.26

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,484.65	2
	A/R	1,484.65	2
	A/R	1,042.98	2
	A/R	1,042.98	2

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

INVOICE

Invoice Date:

05/05/2021

Invoice Number:

2021 / 328

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

JOY HURST 951-352-6729 X82101

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE, CA 92516-2800

Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, APRIL 2021 (10M)	1	4,982.84	4,982.84
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, APRIL 2021 (10M)	1	2,389.12	2,389.12

Sales Tax: 0.00

TOTAL: 7,371.96

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	2,491.42	2
	A/R	2,491.42	2
	A/R	1,194.56	2
	A/R	1,194.56	2

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 06/02/2021

Invoice Number: 2021 / 369

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

JOY HURST 951-352-6729 X82101

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT**P.O. BOX 2800****RIVERSIDE, CA 92516-2800****Remit To: JOANNA KERSHAW**

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, MAY 2021 (11M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, MAY 2021 (11M)	1	1,515.68	1,515.68

Sales Tax: 0.00**TOTAL:** 4,484.98

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,484.65	2
	A/R	1,484.65	2
	A/R	757.84	2
	A/R	757.84	2

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

INVOICE

Invoice Date:

06/30/2021

Invoice Number:

2021 / 451

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

JOY HURST 951-352-6729 X82101

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE, CA 92516-2800

Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, JUNE 2021 (12M)	1	120.96	120.96
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, JUNE 2021 (12M)	1	493.94	493.94

Sales Tax: 0.00

TOTAL: 614.90

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	60.48	2
	A/R	60.48	2
	A/R	307.50	2
	A/R	186.44	2

RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 08/12/2021
Invoice Number: 2022 / 57

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

P.O. BOX 2369
4343 YAQUI PASS RD.
BORREGO SPRINGS, CA 920042369

Julie Chico 951-352-6729 X82106

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE, CA 92516-2800
Remit To: JOANNA KERSHAW

Description	Quantity	Rate	Amount
BENEFITS FOR STUDENT HEALTH ARE SPECIALIST, LUPE ARELLANO, JULY 2021 (1M)	1	848.24	848.24

Sales Tax: 0.00**TOTAL:** 848.24

nly)

Type	Amount	Trans Type
A/R	424.11	2
A/R	424.13	2

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 09/02/2021

Invoice Number: 2022 / 84

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT**P.O. BOX 2800****RIVERSIDE, CA 92516-2800****Remit To: JOANNA KERSHAW**

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, AUGUST 2021 (2M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, AUGUST 2021 (2M)	1	1,859.04	1,859.04

Sales Tax: 0.00**TOTAL:** 4,828.34

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,484.65	2
	A/R	1,484.65	2
	A/R	929.51	2
	A/R	929.53	2

RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 08/12/2021
Invoice Number: 2022 / 57

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

P.O. BOX 2369
4343 YAQUI PASS RD.
BORREGO SPRINGS, CA 920042369

Julie Chico 951-352-6729 X82106

Make check or warrant payable to: PO Number Terms Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE, CA 92516-2800
Remit To: JOANNA KERSHAW

Description	Quantity	Rate	Amount
BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, JULY 2021 (1M)	1	848.24	848.24

Sales Tax: 0.00**TOTAL:** 848.24

nly)

Type	Amount	Trans Type
A/R	424.11	2
A/R	424.13	2

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 09/02/2021

Invoice Number: 2022 / 84

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT**P.O. BOX 2800****RIVERSIDE, CA 92516-2800****Remit To: JOANNA KERSHAW**

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, AUGUST 2021 (2M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, AUGUST 2021 (2M)	1	1,859.04	1,859.04

Sales Tax: 0.00**TOTAL:** 4,828.34

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,484.65	2
	A/R	1,484.65	2
	A/R	929.51	2
	A/R	929.53	2

RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 10/11/2021
Invoice Number: 2022 / 173

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

P.O. BOX 2369
4343 YAQUI PASS RD.
BORREGO SPRINGS, CA 920042369

Julie Chico 951-352-6729 X82106

Make check or warrant payable to: PO Number Terms Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE, CA 92516-2800
Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, SEPTEMBER 2021 (3M)	1	2,422.59	2,422.59
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, SEPTEMBER 2021 (3M)	1	1,390.19	1,390.19

Sales Tax: 0.00

TOTAL: 3,812.78

nly)

Type	Amount	Trans Type
A/R	1,211.29	2
A/R	1,211.30	2
A/R	695.09	2
A/R	695.10	2

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

INVOICE

Invoice Date:

11/04/2021

Invoice Number:

2022 / 229

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT**P.O. BOX 2800****RIVERSIDE, CA 92516-2800****Remit To: JOANNA KERSHAW**

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, OCTOBER 2021 (4M)	1	2,479.44	2,479.44
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, OCTOBER 2021 (4M)	1	1,409.44	1,409.44

Sales Tax: 0.00**TOTAL:** 3,888.88

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,239.72	2
	A/R	1,239.72	2
	A/R	704.72	2
	A/R	704.72	2

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 12/10/2021

Invoice Number: 2022 / 347

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT**P.O. BOX 2800****RIVERSIDE, CA 92516-2800****Remit To: JOANNA KERSHAW**

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, NOVEMBER 2021 (5M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, NOVEMBER 2021 (5M)	1	1,578.70	1,578.70

Sales Tax: 0.00**TOTAL:** 4,548.00

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,484.65	2
	A/R	1,484.65	2
	A/R	789.35	2
	A/R	789.35	2

RIVERSIDE UNIFIED SCHOOL DISTRICT
 P.O. BOX 2800
 RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 01/07/2022
 Invoice Number: 2022 / 408

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

 P.O. BOX 2369
 4343 YAQUI PASS RD.
 BORREGO SPRINGS, CA 920042369

Julie Chico 951-352-6729 X82106

Make check or warrant payable to: PO Number Terms Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT
 P.O. BOX 2800
 RIVERSIDE, CA 92516-2800
 Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, DECEMBER 2021 (6M)	1	2,969.30	2,969.30
FIXED CHARGES	B EFITS FOR STUDENT HEALTH E SPECIALIST, LUPE ARELLANO, EMBER 2021 (6M)	1	1,578.82	1,578.82

Sales Tax: 0.00

TOTAL: 4,548.12

Type	Amount	Trans Type
A/R	1,484.65	2
A/R	1,484.65	2
A/R	789.41	2
A/R	789.41	2

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 11/04/2021

Invoice Number: 2022 / 229

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT**P.O. BOX 2800****RIVERSIDE, CA 92516-2800****Remit To: JOANNA KERSHAW**

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, OCTOBER 2021 (4M)	1	2,479.44	2,479.44
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, OCTOBER 2021 (4M)	1	1,409.44	1,409.44

Sales Tax: 0.00**TOTAL:** 3,888.88

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,239.72	2
	A/R	1,239.72	2
	A/R	704.72	2
	A/R	704.72	2

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 12/10/2021

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BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT**P.O. BOX 2800****RIVERSIDE, CA 92516-2800****Remit To: JOANNA KERSHAW**

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, NOVEMBER 2021 (5M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, NOVEMBER 2021 (5M)	1	1,578.70	1,578.70

Sales Tax: 0.00**TOTAL:** 4,548.00

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,484.65	2
	A/R	1,484.65	2
	A/R	789.35	2
	A/R	789.35	2

RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 01/07/2022
Invoice Number: 2022 / 408

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

P.O. BOX 2369
4343 YAQUI PASS RD.
BORREGO SPRINGS, CA 920042369

Julie Chico 951-352-6729 X82106

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RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE, CA 92516-2800
Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, DECEMBER 2021 (6M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH ARE SPECIALIST, LUPE ARELLANO, ECEMBER 2021 (6M)	1	1,578.82	1,578.82

Sales Tax: 0.00

TOTAL: 4,548.12



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Type	Amount	Trans Type
A/R	1,484.65	2
A/R	1,484.65	2
A/R	789.41	2
A/R	789.41	2

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

INVOICE

Invoice Date:

02/07/2022

Invoice Number:

2022 / 481

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE, CA 92516-2800

Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, JANUARY 2022 (7M)	1	3,092.50	3,092.50
FIX	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, JANUARY 2022 (7M)	1	1,625.53	1,625.53

Sales Tax: 0.00**TOTAL:** 4,718.03

nly)

Type	Amount	Trans Type
A/R	1,546.25	2
A/R	1,546.25	2
A/R	812.76	2
A/R	812.77	2

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

INVOICE

Invoice Date:

03/07/2022

Invoice Number:

2022 / 574

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE, CA 92516-2800

Remit To: PERLA SOBERANES

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, FEBRUARY 2022 (8M)	1	3,092.50	3,092.50
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, FEBRUARY 2022 (8M)	1	1,624.75	1,624.75

Sales Tax: 0.00**TOTAL:** 4,717.25

nly)

Type	Amount	Trans Type
A/R	1,546.25	2
A/R	1,546.25	2
A/R	812.37	2
A/R	812.38	2