

**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?** Anchor Health Properties  
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?**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Anchor Health Properties c/o Kimball, Tirey and St. John LLP 7676 Hazard Center Drive Suite 900B San Diego, CA 92108, United States  Contact phone <u>6192311422</u> Contact email <u>terry.devlin@kts-law.com</u>	     Contact phone _____ Contact email _____

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

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: 6725 \_\_\_\_

7. How much is the claim? \$ 8164.69. 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.  
commercial lease-related expenses

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. \$ 8164.69

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 11/15/2022  
MM / DD / YYYY

/s/Robert C. Thorn, Esq.  
Signature

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

Name Robert C. Thorn, Esq.  
First name Middle name Last name

Title Attorney for Creditor

Company Kimball, Tirey and St. John LLP  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



# KCC ePOC Electronic Claim Filing Summary

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

<b>Debtor:</b> 22-02384 - Borrego Community Health Foundation		
<b>District:</b> Southern District of California, San Diego Division		
<b>Creditor:</b> Anchor Health Properties c/o Kimball, Tirey and St. John LLP 7676 Hazard Center Drive Suite 900B  San Diego, CA, 92108 United States <b>Phone:</b> 6192311422 <b>Phone 2:</b>  <b>Fax:</b> 619-234-7692 <b>Email:</b> terry.devlin@kts-law.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
		<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>
		<b>Filing Party:</b>
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> commercial lease-related expenses	<b>Last 4 Digits:</b> Yes - 6725	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 8164.69	<b>Includes Interest or Charges:</b> Yes	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> Yes, 8164.69 <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Robert C. Thorn, Esq. on 15-Nov-2022 4:57:52 p.m. Eastern Time <b>Title:</b> Attorney for Creditor <b>Company:</b> Kimball, Tirey and St. John LLP		

**Fill in this information to identify the case:**

Debtor 1 Borrego Community Health Foundation

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of California 

Case number 22-02384-LT11

# 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 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?** Anchor Health Properties  
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. <b>Where should notices and payments to the creditor be sent?</b> <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>Anchor Health Properties, c/o KTS</u> Name <u>7676 Hazard Center Drive, Suite 900B</u> Number Street <u>San Diego CA 92108</u> City State ZIP Code Contact phone <u>619-231-1422</u> Contact email <u>robert.thorn@kts-law.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____

4. **Does this claim amend one already filed?**  No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_  
CLAIMANT RESERVES THE RIGHT TO AMEND THIS CLAIM IF THE LEASE IS REJECTED BY DEBTOR. 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: 6 7 2 5

7. How much is the claim? \$ 8,164.69. 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.  
commercial lease-related expenses, debtor occupies subject premises located at 8881 Fletcher Pkwy, Suite 200, La Mesa CA, claimant is the lessor, there is unpaid rent owed in the amount of \$8,164.69.

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.)  
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**Amount of the claim that is secured:** \$ \_\_\_\_\_  
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**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. \$ 8,164.69

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 one:

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).

Other. Specify subsection of 11 U.S.C. § 507(a)(    ) that applies.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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.

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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 11/14/2022  
MM / DD / YYYY

Signature \_\_\_\_\_



Print the name of

Name Robert C. Thorn, Esq.  
First name Middle name Last name

Title Attorney for Creditor

Company Kimball, Tirey & St. John LLP  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 7676 Hazard Center Drive, Suite 900B  
Number Street  
San Diego, CA 92108  
City State ZIP Code

Contact phone 619-231-1422 Email robert.thorn@kts-law.com

### Lease Ledger

Date: 11/14/2022

Property: 17116

Tenant: t0001612 Borrego Community Health Foundation

From Date: 08/01/2020 To Date: 07/31/2032

Move In Date: 08/01/2020

Unit(S): 200

Date	Description	Unit	Charge	Payment	Balance	Chg/Rec	Hold
8/1/2020	Operating Rent - CAM (08/2020)	200	3,736.42	0.00	3,736.42	C-112681	No
8/1/2020	Base Rent (08/2020)	200	10,848.60	0.00	14,585.02	C-112682	No
8/21/2020	Chk# 028951 Reapplied Receipt		0.00	14,585.02	0.00	R-71723	
9/1/2020	Operating Rent - CAM (09/2020)	200	3,736.42	0.00	3,736.42	C-113889	No
9/1/2020	Base Rent (09/2020)	200	10,848.60	0.00	14,585.02	C-113890	No
10/1/2020	Operating Rent - CAM (10/2020)	200	3,736.42	0.00	18,321.44	C-115683	No
10/1/2020	Base Rent (10/2020)	200	10,848.60	0.00	29,170.04	C-115684	No
10/6/2020	Chk# 029012 :CHECKscan Payment		0.00	29,170.04	0.00	R-73189	
10/21/2020	Chk# 029037 :CHECKscan Payment		0.00	14,585.02	-14,585.02	R-73773	
11/1/2020	Operating Rent - CAM (11/2020)	200	3,736.42	0.00	-10,848.60	C-118333	No
11/1/2020	Base Rent (11/2020)	200	10,848.60	0.00	0.00	C-118334	No
11/9/2020	FOB - Richard Short		25.00	0.00	25.00	C-120211	No
11/17/2020	Chk# 029116 :CHECKscan Payment		0.00	25.00	0.00	R-75129	
11/23/2020	Chk# 029145 :CHECKscan Payment		0.00	14,610.02	-14,610.02	R-75315	
12/1/2020	Operating Rent - CAM (12/2020)	200	3,736.42	0.00	-10,873.60	C-120667	No
12/1/2020	Base Rent (12/2020)	200	10,848.60	0.00	-25.00	C-120668	No
1/1/2021	Operating Rent - CAM (01/2021)	200	3,736.42	0.00	3,711.42	C-124325	No
1/1/2021	Base Rent (01/2021)	200	10,848.60	0.00	14,560.02	C-124326	No
1/4/2021	Chk# 029307 :CHECKscan Payment		0.00	14,560.02	0.00	R-77650	
2/1/2021	January 2021 CAM adjustment		233.68	0.00	233.68	C-125963	No
2/1/2021	Operating Rent - CAM (02/2021)	200	3,970.10	0.00	4,203.78	C-126253	No
2/1/2021	Base Rent (02/2021)	200	10,848.60	0.00	15,052.38	C-126254	No
2/1/2021	Actual Operating Rent - CAM (08/2020 - 12/2020)		-6.00	0.00	15,046.38	C-129339	No
2/8/2021	Chk# 029418 :CHECKscan Payment		0.00	15,052.38	-6.00	R-79652	
2/23/2021	Chk# 029481 :CHECKscan Payment		0.00	14,812.70	-14,818.70	R-80508	
3/1/2021	Operating Rent - CAM (03/2021)	200	3,970.10	0.00	-10,848.60	C-130069	No

**Lease Ledger**

Date: 11/14/2022

Property: 17116

Tenant: t0001612 Borrego Community Health Foundation

From Date: 08/01/2020 To Date: 07/31/2032

Move In Date: 08/01/2020

Unit(S): 200

Date	Description	Unit	Charge	Payment	Balance	Chg/Rec	Hold
3/1/2021	Base Rent (03/2021)	200	10,848.60	0.00	0.00	C-130070	No
3/23/2021	Chk# 029567 :CHECKscan Payment		0.00	14,818.70	-14,818.70	R-82152	
4/1/2021	Operating Rent - CAM (04/2021)	200	3,970.10	0.00	-10,848.60	C-133247	No
4/1/2021	Base Rent (04/2021)	200	10,848.60	0.00	0.00	C-133248	No
4/26/2021	Chk# 029637 :CHECKscan Payment		0.00	14,818.70	-14,818.70	R-84095	
5/1/2021	Operating Rent - CAM (05/2021)	200	3,970.10	0.00	-10,848.60	C-136360	No
5/1/2021	Base Rent (05/2021)	200	10,848.60	0.00	0.00	C-136361	No
6/1/2021	Operating Rent - CAM (06/2021)	200	3,970.10	0.00	3,970.10	C-140918	No
6/1/2021	Base Rent (06/2021)	200	10,848.60	0.00	14,818.70	C-140919	No
6/2/2021	Chk# 029958 :CHECKscan Payment		0.00	14,818.70	0.00	R-86365	
6/22/2021	Chk# 30009		0.00	14,818.70	-14,818.70	R-87331	
7/1/2021	Operating Rent - CAM (07/2021)	200	3,970.10	0.00	-10,848.60	C-142156	No
7/1/2021	Base Rent (07/2021)	200	10,848.60	0.00	0.00	C-142157	No
7/20/2021	Chk# 30049		0.00	15,144.16	-15,144.16	R-88949	
8/1/2021	Operating Rent - CAM (08/2021)	200	3,970.10	0.00	-11,174.06	C-144955	No
8/1/2021	Base Rent (08/2021)	200	11,174.06	0.00	0.00	C-144956	No
8/30/2021	Chk# 30120 Reapplied Receipt		0.00	15,144.16	-15,144.16	R-91723	
9/1/2021	Operating Rent - CAM (09/2021)	200	3,970.10	0.00	-11,174.06	C-148357	No
9/1/2021	Base Rent (09/2021)	200	11,174.06	0.00	0.00	C-148358	No
9/30/2021	Chk# 30176		0.00	15,144.16	-15,144.16	R-93240	
10/1/2021	Operating Rent - CAM (10/2021)	200	3,970.10	0.00	-11,174.06	C-151433	No
10/1/2021	Base Rent (10/2021)	200	11,174.06	0.00	0.00	C-151434	No
11/1/2021	Operating Rent - CAM (11/2021)	200	3,970.10	0.00	3,970.10	C-154797	No
11/1/2021	Base Rent (11/2021)	200	11,174.06	0.00	15,144.16	C-154798	No
11/12/2021	November 2021 late fee		198.51	0.00	15,342.67	C-157545	No
11/12/2021	November 2021 late fee		1,117.41	0.00	16,460.08	C-157546	No

### Lease Ledger

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From Date: 08/01/2020 To Date: 07/31/2032

Move In Date: 08/01/2020

Unit(S): 200

Date	Description	Unit	Charge	Payment	Balance	Chg/Rec	Hold
11/12/2021	Chk# 30228		0.00	15,144.16	1,315.92	R-96115	
11/30/2021	Chk# 30265		0.00	15,144.16	-13,828.24	R-97191	
12/1/2021	Operating Rent - CAM (12/2021)	200	3,970.10	0.00	-9,858.14	C-158881	No
12/1/2021	Base Rent (12/2021)	200	11,174.06	0.00	1,315.92	C-158882	No
1/1/2022	Operating Rent - CAM (01/2022)	200	4,095.34	0.00	5,411.26	C-163979	No
1/1/2022	Base Rent (01/2022)	200	11,174.06	0.00	16,585.32	C-163980	No
1/3/2022	Chk# 30335		0.00	16,585.32	0.00	R-99639	
1/25/2022	Chk# 30357		0.00	15,269.40	-15,269.40	R-100751	
2/1/2022	Operating Rent - CAM (02/2022)	200	4,095.34	0.00	-11,174.06	C-166899	No
2/1/2022	Base Rent (02/2022)	200	11,174.06	0.00	0.00	C-166900	No
2/23/2022	Chk# 30387		0.00	14,802.73	-14,802.73	R-102822	
3/1/2022	Actual Operating Rent - CAM (01/2021 - 12/2021)		-466.67	0.00	-15,269.40	C-171249	No
3/1/2022	Operating Rent - CAM (03/2022)	200	4,095.34	0.00	-11,174.06	C-174128	No
3/1/2022	Base Rent (03/2022)	200	11,174.06	0.00	0.00	C-174129	No
3/30/2022	Chk# 30428		0.00	15,269.40	-15,269.40	R-105098	
4/1/2022	Operating Rent - CAM (04/2022)	200	4,095.34	0.00	-11,174.06	C-177500	No
4/1/2022	Base Rent (04/2022)	200	11,174.06	0.00	0.00	C-177501	No
4/29/2022	Chk# 30470		0.00	15,269.40	-15,269.40	R-107347	
5/1/2022	Operating Rent - CAM (05/2022)	200	4,095.34	0.00	-11,174.06	C-181026	No
5/1/2022	Base Rent (05/2022)	200	11,174.06	0.00	0.00	C-181027	No
6/1/2022	Operating Rent - CAM (06/2022)	200	4,095.34	0.00	4,095.34	C-184925	No
6/1/2022	Base Rent (06/2022)	200	11,174.06	0.00	15,269.40	C-184926	No
6/15/2022	Chk# 30529		0.00	15,269.40	0.00	R-110824	
7/1/2022	Operating Rent - CAM (07/2022)	200	4,095.34	0.00	4,095.34	C-189019	No
7/1/2022	Base Rent (07/2022)	200	11,174.06	0.00	15,269.40	C-189020	No
7/18/2022	Chk# 30586 Reapplied Receipt		0.00	30,538.80	-15,269.40	R-115021	

**Lease Ledger**

Date: 11/14/2022

Property: 17116

Tenant: t0001612 Borrego Community Health Foundation

From Date: 08/01/2020 To Date: 07/31/2032

Move In Date: 08/01/2020

Unit(S): 200

Date	Description	Unit	Charge	Payment	Balance	Chg/Rec	Hold
8/1/2022	Operating Rent - CAM (08/2022)	200	4,095.34	0.00	-11,174.06	C-193260	No
8/1/2022	Base Rent (08/2022)	200	11,509.28	0.00	335.22	C-193261	No
9/1/2022	Operating Rent - CAM (09/2022)	200	4,095.34	0.00	4,430.56	C-197417	No
9/1/2022	Base Rent (09/2022)	200	11,509.28	0.00	15,939.84	C-197418	No
10/1/2022	Operating Rent - CAM (10/2022)	200	4,095.34	0.00	20,035.18	C-201668	No
10/1/2022	Base Rent (10/2022)	200	11,509.28	0.00	31,544.46	C-201669	No
10/4/2022	Late Fees - August - October 2022		2,390.98	0.00	33,935.44	C-204566	No
10/25/2022	Chk# 30752 9/22 63%		0.00	9,830.91	24,104.53	R-120117	
10/25/2022	Chk# 30750 8/22 Remaining Balance		0.00	335.22	23,769.31	R-120118	
11/1/2022	Operating Rent - CAM (11/2022)	200	4,095.34	0.00	27,864.65	C-205580	No
11/1/2022	Base Rent (11/2022)	200	11,509.28	0.00	39,373.93	C-205581	No
11/1/2022	Chk# 30764 October 2022 rent		0.00	15,604.62	23,769.31	R-121159	
11/8/2022	Chk# 30773 Sept 2022		0.00	15,604.62	8,164.69	R-121665	