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7 Attorneys for the Chapter 11  
8 Debtor and Debtor in Possession

9  
10 **UNITED STATES BANKRUPTCY COURT**  
11 **SOUTHERN DISTRICT OF CALIFORNIA**

12 In re  
13 **BORREGO COMMUNITY**  
**HEALTH FOUNDATION,**  
14  
15 Debtor and Debtor in  
Possession.

Case No. 22-02384-11  
Chapter 11 Case  
Honorable Laura S. Taylor

**OMNIBUS NOTICE OF HEARING ON**  
**APPLICATIONS FOR FINAL**  
**COMPENSATION OR**  
**REIMBURSEMENT OF EXPENSES OF**  
**PROFESSIONALS**

Date: June 12, 2024  
Time: 10:00 a.m. Pacific Time  
Location: Department 3

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20 **PLEASE TAKE NOTICE** that at the above referenced date, time and  
21 location, the Court will hold a hearing on the applications for final compensation and  
22 reimbursement of expenses filed by Dentons US LLP [Docket No. 1348], Hooper,  
23 Lundy & Bookman, P.C. [Docket No. 1351], Pachulski Stang Ziehl & Jones [Docket  
24 No. 1349], FTI Consulting [Docket No. 1350], and Skadden, Arps, Slate, Meagher,  
25 & Flom LLP [Docket No. 1352] (collectively, the “Final Fee Applications”), in the  
26 above-captioned case of Borrego Community Health Foundation, the former debtor  
27 and debtor in possession.  
28

DENTONS US LLP  
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1 PLEASE TAKE FURTHER NOTICE that attached to this Notice, as  
2 Exhibit A, is the information required by Federal Rule of Bankruptcy Procedure  
3 2002(c)(2) and Local Rule of Bankruptcy Procedure 9013-4(a) for each of the Final  
4 Fee Applications.

5 PLEASE TAKE FURTHER NOTICE that any opposition or other response  
6 to the Final Fee Applications must be served upon the undersigned, counsel to the  
7 Liquidating Trustee,<sup>1</sup> counsel to the Co-Liquidating Trustee, and the United States  
8 Trustee, and the original and one copy of such papers with proof of service must be  
9 filed with the Clerk of the United States Bankruptcy Court at 325 West F Street, San  
10 Diego, California 92101-6691, not later than **May 14, 2024**, which is ninety (90) days  
11 after the Effective Date, pursuant to this *First Amended Joint Combined Disclosure*  
12 *Statement and Chapter 11 Plan of Liquidation of Borrego Community Health*  
13 *Foundation* [Docket No. 1168], which was confirmed by this Court’s order [Docket  
14 No. 1273].

15 PLEASE TAKE FURTHER NOTICE that, pursuant to Local Bankruptcy  
16 Rule 9013-7(b)(2), the failure to file and serve a timely objection to the Final Fee  
17 Applications may be deemed by the Court to be consent to the relief requested herein.

18  
19 Dated: March 29, 2024

DENTONS US LLP  
SAMUEL R. MAIZEL  
TANIA M. MOYRON

By /s/ Tania M. Moyron  
Tania M. Moyron

Attorneys for the Chapter 11 Debtor and  
Debtor in Possession

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<sup>1</sup> Capitalized terms not defined herein shall have the meaning ascribed in the Plan [Docket No. 1168].

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**Exhibit A**

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

APPLICANT Dentons US LLP, REPRESENTING [Name & Title] Tanya M. Moyron Attorneys for the Chapter 11 Debtors

	FEEES REQUESTED	FEEES ALLOWED	FEEES AUTHORIZED FOR PAYMENT	FEEES HELD BACK	FEEES DISALLOWED <sup>1</sup>	COSTS REQUESTED	COSTS AWARDED
1ST INTERIM 09/12/22 to 11/30/22	840,635.30	840,635.30	840,635.30	0.00	0.00	38,635.68	38,635.68
2ND INTERIM 12/01/22 to 07/31/23	1,850,281.70	1,850,281.70	1,850,281.70	0.00	0.00	10,687.55	10,687.55
3RD INTERIM 8/1/23 to 2/14/24	674,896.50					3,454.69	
4TH INTERIM to							
TOTALS:	3,365,813.50	2,690,917.00	2,690,917.00	0.00	0.00	52,777.92	49,323.23

APPLICANT Hooper, Lundy & Bookman, P.C., REPRESENTING [Name & Title] Joseph R. Lamagna Special Counsel to the Debtor

	FEEES REQUESTED	FEEES ALLOWED	FEEES AUTHORIZED FOR PAYMENT	FEEES HELD BACK	FEEES DISALLOWED <sup>2</sup>	COSTS REQUESTED	COSTS AWARDED
1ST INTERIM 9/12/22 to 1/31/22	952,501.20	952,501.20	952,501.20	0.00	0.00	35,413.55	35,413.55
2ND INTERIM 2/1/23 to 7/31/23	699,238.80	699,238.80	699,238.80	0.00	0.00	37,044.50	37,044.50
3RD INTERIM 8/1/23 to 2/14/24	131,213.20					503.71	
4TH INTERIM to							
TOTALS:	1,782,953.20	1,651,740.00	1,651,740.00	0.00	0.00	72,961.76	72,458.05

<sup>1</sup>Please provide an explanation for this disallowance.

<sup>2</sup>Please provide an explanation for this disallowance.

APPLICANT Pachulski Stang Ziehl Jones, REPRESENTING [Name & Title] Jeffrey N. Pomerantz Counsel to the Committee

	FEEES REQUESTED	FEEES ALLOWED	FEEES AUTHORIZED FOR PAYMENT	FEEES HELD BACK	FEEES DISALLOWED <sup>1</sup>	COSTS REQUESTED	COSTS AWARDED
1ST INTERIM 09/30/22 to 01/31/23	276,106.50	276,106.50	276,106.50	0.00	0.00	3,842.50	3,842.50
2ND INTERIM 02/01/23 to 07/31/23	247,991.50	247,991.50	247,991.50	0.00	0.00	4,568.43	4,568.43
3RD INTERIM 8/1/23 to 2/14/24	378,984.00					321.32	
4TH INTERIM to							
TOTALS:	903,082.00	524,098.00	524,098.00	0.00	0.00	8,732.25	8,410.93

APPLICANT FTI Consulting, REPRESENTING [Name & Title] Cynthia Nelson Financial Advisors to the Committee

	FEEES REQUESTED	FEEES ALLOWED	FEEES AUTHORIZED FOR PAYMENT	FEEES HELD BACK	FEEES DISALLOWED <sup>2</sup>	COSTS REQUESTED	COSTS AWARDED
1ST INTERIM 10/7/22 to 1/31/23	528,255.00	528,255.00	528,255.00	0.00	0.00	0.00	0.00
2ND INTERIM 2/1/23 to 7/31/23	355,200.00	355,200.00	355,200.00	0.00	0.00	1,605.41	1,605.41
3RD INTERIM 8/1/23 to 2/14/24	192,675.00					242.93	
4TH INTERIM to							
TOTALS:	1,076,130.00	883,455.00	883,455.00	0.00	0.00	1,848.34	1,605.41

<sup>1</sup>Please provide an explanation for this disallowance.

<sup>2</sup>Please provide an explanation for this disallowance.

APPLICANT Skadden, Arps, Slate, Meagher & Flom LLP, REPRESENTING [Name & Title] Van C. Durrer counsel to Board of Trustees

	FEEES REQUESTED	FEEES ALLOWED	FEEES AUTHORIZED FOR PAYMENT	FEEES HELD BACK	FEEES DISALLOWED <sup>1</sup>	COSTS REQUESTED	COSTS AWARDED
1ST INTERIM 2/13/23 to 8/31/23	130,950.50					44.90	
2ND INTERIM ____ to ____							
3RD INTERIM ____ to ____							
4TH INTERIM ____ to ____							
TOTALS:	130,950.50	0.00	0.00	0.00	0.00	44.90	0.00

APPLICANT \_\_\_\_\_, REPRESENTING [Name & Title] \_\_\_\_\_

	FEEES REQUESTED	FEEES ALLOWED	FEEES AUTHORIZED FOR PAYMENT	FEEES HELD BACK	FEEES DISALLOWED <sup>2</sup>	COSTS REQUESTED	COSTS AWARDED
1ST INTERIM ____ to ____							
2ND INTERIM ____ to ____							
3RD INTERIM ____ to ____							
4TH INTERIM ____ to ____							
TOTALS:	0.00	0.00	0.00	0.00	0.00	0.00	0.00

<sup>1</sup>Please provide an explanation for this disallowance.

<sup>2</sup>Please provide an explanation for this disallowance.