

CITY OF INDUSTRY

CITY COUNCIL SPECIAL MEETING AGENDA

AUGUST 10, 2018
9:00 AM



Mayor Mark Radecki
Mayor Pro Tem Cory Moss
Council Member Abraham Cruz
Council Member Catherine Marcucci
Council Member Newell Ruggles

Location: City Council Chamber, 15651 East Stafford Street, City of Industry, California 91744

Addressing the City Council:

- ▶ **Agenda Items:** Members of the public may address the City Council on any matter listed on the Agenda. In order to conduct a timely meeting, there will be a three-minute time limit per person for any matter listed on the Agenda. Anyone wishing to speak to the City Council is asked to complete a Speaker's Card which can be found at the back of the room and at the podium. The completed card should be submitted to the City Clerk prior to the Agenda item being called and prior to the individual being heard by the City Council.
- ▶ **Public Comments (Agenda Items Only):** During public comments, if you wish to address the City Council during this Special Meeting, under Government Code Section 54954.3(a), you may only address the City Council concerning any item that has been described in the notice for the Special Meeting.

Americans with Disabilities Act:

- ▶ In compliance with the ADA, if you need special assistance to participate in any City meeting (including assisted listening devices), please contact the City Clerk's Office (626) 333-2211. Notification of at least 48 hours prior to the meeting will assist staff in assuring that reasonable arrangements can be made to provide accessibility to the meeting.

Agendas and other writings:

- ▶ In compliance with SB 343, staff reports and other public records permissible for disclosure related to open session agenda items are available at City Hall, 15625 East Stafford Street, Suite 100, City of Industry, California, at the office of the City Clerk during regular business hours, Monday through Thursday 9:00 a.m. to 5:00 p.m., and Fridays 9:00 a.m. to 4:00 p.m. Any person with a question concerning any agenda item may call the City Clerk's Office at (626) 333-2211.

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1. Call to Order
 2. Flag Salute
 3. Roll Call
 4. Public Comments
 5. **CONSENT CALENDAR**

All matters listed under the Consent Calendar are considered to be routine and will be enacted by one vote. There will be no separate discussion of these items unless members of the City Council, the public, or staff request specific items be removed from the Consent Calendar for separate action.

5.1 Consideration of the Register of Demands for August 10, 2018

RECOMMENDED ACTION: Approve the Register of Demands and authorize the appropriate City Officials to pay the bills

6. **ACTION ITEMS**

6.1 Consideration of authorization to solicit public bids for Contract No. CITY-1433, Arenth Avenue Reconstruction from Anaheim-Puente Road to Phillips Drive, for an estimated cost of \$2,350,000.00

RECOMMENDED ACTION: Approve the plans and specifications and authorize the advertising and receipt of electronic bids.

6.2 Consideration of restructuring the existing loan for the Industry Convalescent Hospital, dba El Encanto Healthcare & Habilitation Center, for the next 18 to 24 months

RECOMMENDED ACTION: Approve and provide direction to staff.

6.3 Discussion and appointment of a Delegate and Alternate to the San Gabriel Valley Council of Governments Board and the Capital Projects and Construction Committee

RECOMMENDED ACTION: Discuss and approve the appointments.

7. **CITY COUNCIL COMMITTEE REPORTS**

8. **AB 1234 REPORTS**

9. **CITY COUNCIL COMMUNICATIONS**

10. **CLOSED SESSION**

10.1 CONFERENCE WITH LEGAL COUNSEL – Anticipated Litigation Significant exposure to litigation pursuant to Government Code Section 54956.9(d)(2) (1 Potential Case)

10.2 Conference with real property negotiators pursuant to Government Code Section 54956.8:

Property: Southeast corner of Workman Mill Road and Crossroads Parkway North, City of Industry,

CA, also known as Assessor Parcel Number
8120-027-270

City Negotiators: Troy Helling, Acting City Manager
James M. Casso, City Attorney

Negotiating Parties: San Gabriel Valley Water Company

Under Negotiation: Price and terms of payment

10.3 Conference with real property negotiators pursuant to Government Code
Section 54956.8:

Property: Assessor Parcel Numbers 8208-025-940

Agency Negotiators: Troy Helling, Acting City Manager
James M. Casso, City Attorney

Negotiating Parties: Los Angeles County Sheriff's Department

Under Negotiation: Price and terms of payment

10.4 CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

Pursuant to Government Code Section 54956.9(d)(1)

Case: City of Diamond Bar v. City of Industry, Successor Agency to the
Industry Urban-Development Agency; Oversight Board of the Successor
Agency to the Industry Urban-Development Agency; Successor Agency to
the Industry Urban-Development Agency; et al.

Superior Court of California, County of Sacramento

Case No. 34-2017-80002718-CU-WM-GDS

10.5 CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

Pursuant to Government Code Section 54956.9(d)(1)

Case: City of Chino Hills v. Oversight Board of the Successor Agency to
the Industry Urban-Development Agency; Successor Agency to the
Industry Urban-Development Agency; et al.

Superior Court of California, County of Sacramento

Case No. 34-2017-80002719-CU-WM-GDS

10.6 CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

Pursuant to Government Code Section 54956.9(d)(1)

Case: City of Diamond Bar v. City of Industry; City of Industry City
Council; Successor Agency to the Industry Urban-Development Agency;
Board of Directors of the Successor Agency to the Industry Urban-
Development Agency; Oversight Board of the Successor Agency to the
Industry Urban- Development Agency; et al.

Superior Court of California, County of Los Angeles

Case No. BS171295

10.7 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

Pursuant to Government Code Section 54956.9(d)(1)

Case: City of Chino Hills v. City of Industry, City of Industry City Council;
Successor Agency to the Industry Urban-Development Agency; Board of

Directors of the Successor Agency to the Industry Urban-Development Agency; Oversight Board of the Successor Agency to the Industry Urban-Development Agency; et al.
Superior Court of California, County of Los Angeles
Case No. BS171398

10.8 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

Pursuant to Government Code Section 54956.9(d)(1)
Case: City of Diamond Bar v. City of Industry; Successor Agency to the Industry Urban-Development Agency; Oversight Board of the Successor Agency to the Industry Urban-Development Agency; et al.
Superior Court of California, County of Los Angeles
Case No. BS173224

10.9 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

Pursuant to Government Code Section 54956.9(d)(1)
Case: City of Chino Hills v. City of Industry, et al.
Superior Court of California, County of Los Angeles
Case No. BS172995

10.10 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

Pursuant to Government Code Section 54956.9(d)(1)
Case: San Gabriel Valley Water and Power, LLC v. City of Industry, *et al.*
Superior Court of California, County of Los Angeles
Case No. BS174700

11. Adjournment. The next regular City Council Meeting will be Thursday, August 23, 2018 at 9:00 a.m.

CITY COUNCIL

ITEM NO. 5.1

**CITY OF INDUSTRY
AUTHORIZATION FOR PAYMENT OF BILLS
CITY COUNCIL MEETING OF AUGUST 9, 2018**

FUND RECAP:

<u>FUND</u>	<u>DESCRIPTION</u>	<u>DISBURSEMENTS</u>
100	GENERAL FUND	2,862,717.77
103	PROP A FUND	15,534.29
120	CAPITAL IMPROVEMENT FUND	110,576.33
140	CITY DEBT SERVICE	3,000.00
161	IPUC - ELECTRIC	364,132.63
440	INDUSTRY PUBLIC FACILITY AUTHORITY	6,000.00
TOTAL ALL FUNDS		3,361,961.02

BANK RECAP:

<u>BANK</u>	<u>NAME</u>	<u>DISBURSEMENTS</u>
BOFA	BANK OF AMERICA - CKING ACCOUNTS	1,251,448.81
PROP/A	PROP A - CKING ACCOUNT	3,735.13
REF	REFUSE - CKING ACCOUNT	588,149.54
WFBK	WELLS FARGO - CKING ACCOUNT	1,518,627.54
TOTAL ALL BANKS		3,361,961.02

APPROVED PER ACTING CITY MANAGER

**CITY OF INDUSTRY
BANK OF AMERICA
August 9, 2018**

Check	Date	Payee Name	Check Amount
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CITYELEC.CHK - City Electric

1449	07/25/2018				
	Invoice	Date	Description	Amount	
	07/25/18	07/25/2018	TRANSFER FUNDS-ELECTRIC	\$276,894.20	

CITYGEN.CHK - City General

WT1074	07/23/2018				
	Invoice	Date	Description	Amount	
	AUG-SEP2018	07/23/2018	MEDICAL PREMIUM REIMBURSEMENTS	\$23,179.06	

WT1075	07/23/2018				
	Invoice	Date	Description	Amount	
	07/23/18	07/23/2018	PFA-2010 REFUNDING LEASE	\$899,493.75	

WT1076	07/31/2018				
	Invoice	Date	Description	Amount	
	AUGUST 2018	07/16/2018	CALPERS MEDICAL PREMIUM FOR AUG 2018	\$40,425.60	

PROPA.CHK - Prop A Checking

CITY OF INDUSTRY
BANK OF AMERICA
August 9, 2018

Check	Date		Payee Name	Check Amount
11771	07/25/2018		CITY OF INDUSTRY	\$11,456.20
	Invoice	Date	Description	Amount
	07/25/18	07/25/2018	TRANSFER FUNDS-PROP A A/P	\$11,456.20

Check	Status	Count	Transaction Amount
	Total	5	\$1,251,448.81

CITY OF INDUSTRY

PROP A

August 9, 2018

Checks	Date			Payee Name	Check Amount
PROPA.CHK - Prop A Checking					
90001	08/01/2018			INDUSTRY SECURITY SERVICES	\$3,459.46
	Invoice	Date	Description	Amount	
	14-22811	07/20/2018	SECURITY SVC-METROLINK	\$1,729.73	
	14-22838	07/27/2018	SECURITY SVC-METROLINK	\$1,729.73	
90002	08/01/2018			SO CAL INDUSTRIES	\$94.92
	Invoice	Date	Description	Amount	
	336643	07/17/2018	RR RENTAL-METROLINK	\$94.92	
90003	08/01/2018			SO CALIFORNIA EDISON COMPANY	\$180.75
	Invoice	Date	Description	Amount	
	2019-00000081	07/19/2018	5/22-6/21/18 SVC-600 S BREA CYN B	\$180.75	

Checks	Status	Count	Transaction Amount
	Total	3	\$3,735.13

**CITY OF INDUSTRY
WELLS FARGO REFUSE
August 9, 2018**

Check	Date			Payee Name	Check Amount
REFUSE - Refuse Account					
WT250	07/27/2018			CITY OF INDUSTRY DISPOSAL CO.	\$588,149.54
	Invoice	Date	Description	Amount	
	3306645	07/27/2018	REFUSE SVC 7/1-7/23/18	\$588,149.54	

Check	Status	Count	Transaction Amount
	Total	1	\$588,149.54

CITY OF INDUSTRY
WELLS FARGO VOIDED CHECKS
August 9, 2018

Check	Date		Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo				
68242	03/08/2018		07/26/2018	CALIFORNIA ASSOCIATION OF
	Invoice	Date	Description	Amount
	18-0034	02/08/2018	VOIDED CHECK-NEVER RECEIVED	
			MEMBERSHIP DUES 3/1/18-2/28/19	\$390.00
69214	07/26/2018		07/30/2018	CITY OF INDUSTRY DISPOSAL CO.
	Invoice	Date	Description	Amount
			VOIDED-SPOILED CHECK	
	3250849	06/30/2018	DISP SVC-3226 GILMAN RD	\$84.51
	3250850	06/30/2018	DISP SVC-16000 TEMPLE AVE	\$140.85
	3250851	06/30/2018	DISP SVC-14362 PROCTOR AVE	\$84.51
	3250852	06/30/2018	DISP SVC-15710 NELSON AVE	\$28.17
	3250853	06/30/2018	DISP SVC-15702 NELSON AVE	\$28.17
	3250854	06/30/2018	DISP SVC-507 TURNBULL CYN RD	\$56.34
	3250855	06/30/2018	DISP SVC-15730 NELSON AVE	\$28.17
	3250856	06/30/2018	DISP SVC-15644 NELSON AVE	\$28.17
	3250857	06/30/2018	DISP SVC-15626 NELSON AVE	\$28.17
	3250858	06/30/2018	DISP SVC-629 GIANO AVE	\$56.34
	3250859	06/30/2018	DISP SVC-754 S 5TH AVE	\$56.34
	3250860	06/30/2018	DISP SVC-210 S 9TH AVE	\$56.34
	3250861	06/30/2018	DISP SVC-16020 HILL ST	\$28.17
	3250862	06/30/2018	DISP SVC-15736 NELSON AVE	\$28.17
	3250863	06/30/2018	DISP SVC-15634 NELSON AVE	\$28.17
	3250864	06/30/2018	DISP SVC-257 TURNBULL CYN RD	\$42.26
	3250865	06/30/2018	DISP SVC-643 GIANO AVE	\$56.34
	3250866	06/30/2018	DISP SVC-15151 PROCTOR AVE	\$84.51

CITY OF INDUSTRY
WELLS FARGO VOIDED CHECKS
August 9, 2018

Check	Date	Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo			
3250867	06/30/2018	DISP SVC-15157 WALBROOK DR	\$28.17
3250868	06/30/2018	DISP SVC-16000 HILL ST	\$28.17
3250869	06/30/2018	DISP SVC-16010 HILL ST	\$56.34
3250870	06/30/2018	DISP SVC-16014 HILL ST	\$28.17
3250871	06/30/2018	DISP SVC-16229 HANDORF RD	\$28.17
3250872	06/30/2018	DISP SVC-16242 HANDORF RD	\$56.34
3250873	06/30/2018	DISP SVC-16220 HANDORF RD	\$84.51
3250874	06/30/2018	DISP SVC-16218 HANDORF RD	\$28.17
3250875	06/30/2018	DISP SVC-16217 HANDORF RD	\$56.34
3250876	06/30/2018	DISP SVC-16227 HANDORF RD	\$28.17
3250877	06/30/2018	DISP SVC-16238 HANDORF RD	\$28.17
3250878	06/30/2018	DISP SVC-16224 HANDORF RD	\$28.17
3250879	06/30/2018	DISP SVC-15714 NELSON AVE	\$28.17
3250880	06/30/2018	DISP SVC-15652 NELSON AVE	\$28.17
3250881	06/30/2018	DISP SVC-134 TURNBULL CYN RD	\$28.17
3250882	06/30/2018	DISP SVC-14063 PROCTOR AVE	\$84.51
3250883	06/30/2018	DISP SVC-20137 E WALNUT DR	\$28.17
3250884	06/30/2018	DISP SVC-15722 NELSON AVE	\$28.17
3250885	06/30/2018	DISP SVC-17229 CHESTNUT ST	\$84.51
3250886	06/30/2018	DISP SVC-130 TURNBULL CYN RD	\$28.17
3250887	06/30/2018	DISP SVC-132 TURNBULL CYN RD	\$28.17
3250888	06/30/2018	DISP SVC-138 TURNBULL CYN RD	\$28.17
3250889	06/30/2018	DISP SVC-15236 VALLEY BLVD	\$169.02
3250890	06/30/2018	DISP SVC-16200 TEMPLE AVE	\$84.51
3250891	06/30/2018	DISP SVC-14310 PROCTOR AVE	\$84.51
3250892	06/30/2018	DISP SVC-16212 TEMPLE AVE	\$84.51

CITY OF INDUSTRY
WELLS FARGO VOIDED CHECKS
August 9, 2018

Check	Date		Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo				
69294	07/30/2018		CITY OF INDUSTRY DISPOSAL CO.	(\$2,239.52)
	Invoice	Date	Description	Amount
			VOIDED-PRINTED IN ERROR	
	3250849	06/30/2018	DISP SVC-3226 GILMAN RD	\$84.51
	3250850	06/30/2018	DISP SVC-16000 TEMPLE AVE	\$140.85
	3250851	06/30/2018	DISP SVC-14362 PROCTOR AVE	\$84.51
	3250852	06/30/2018	DISP SVC-15710 NELSON AVE	\$28.17
	3250853	06/30/2018	DISP SVC-15702 NELSON AVE	\$28.17
	3250854	06/30/2018	DISP SVC-507 TURNBULL CYN RD	\$56.34
	3250855	06/30/2018	DISP SVC-15730 NELSON AVE	\$28.17
	3250856	06/30/2018	DISP SVC-15644 NELSON AVE	\$28.17
	3250857	06/30/2018	DISP SVC-15626 NELSON AVE	\$28.17
	3250858	06/30/2018	DISP SVC-629 GIANO AVE	\$56.34
	3250859	06/30/2018	DISP SVC-754 S 5TH AVE	\$56.34
	3250860	06/30/2018	DISP SVC-210 S 9TH AVE	\$56.34
	3250861	06/30/2018	DISP SVC-16020 HILL ST	\$28.17
	3250862	06/30/2018	DISP SVC-15736 NELSON AVE	\$28.17
	3250863	06/30/2018	DISP SVC-15634 NELSON AVE	\$28.17
	3250864	06/30/2018	DISP SVC-257 TURNBULL CYN RD	\$42.26
	3250865	06/30/2018	DISP SVC-643 GIANO AVE	\$56.34
	3250866	06/30/2018	DISP SVC-15151 PROCTOR AVE	\$84.51
	3250867	06/30/2018	DISP SVC-15157 WALBROOK DR	\$28.17
	3250868	06/30/2018	DISP SVC-16000 HILL ST	\$28.17
	3250869	06/30/2018	DISP SVC-16010 HILL ST	\$56.34
	3250870	06/30/2018	DISP SVC-16014 HILL ST	\$28.17

CITY OF INDUSTRY
WELLS FARGO VOIDED CHECKS
August 9, 2018

Check	Date	Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo			
3250871	06/30/2018	DISP SVC-16229 HANDORF RD	\$28.17
3250872	06/30/2018	DISP SVC-16242 HANDORF RD	\$56.34
3250873	06/30/2018	DISP SVC-16220 HANDORF RD	\$84.51
3250874	06/30/2018	DISP SVC-16218 HANDORF RD	\$28.17
3250875	06/30/2018	DISP SVC-16217 HANDORF RD	\$56.34
3250876	06/30/2018	DISP SVC-16227 HANDORF RD	\$28.17
3250877	06/30/2018	DISP SVC-16238 HANDORF RD	\$28.17
3250878	06/30/2018	DISP SVC-16224 HANDORF RD	\$28.17
3250879	06/30/2018	DISP SVC-15714 NELSON AVE	\$28.17
3250880	06/30/2018	DISP SVC-15652 NELSON AVE	\$28.17
3250881	06/30/2018	DISP SVC-134 TURNBULL CYN RD	\$28.17
3250882	06/30/2018	DISP SVC-14063 PROCTOR AVE	\$84.51
3250883	06/30/2018	DISP SVC-20137 E WALNUT DR	\$28.17
3250884	06/30/2018	DISP SVC-15722 NELSON AVE	\$28.17
3250885	06/30/2018	DISP SVC-17229 CHESTNUT ST	\$84.51
3250886	06/30/2018	DISP SVC-130 TURNBULL CYN RD	\$28.17
3250887	06/30/2018	DISP SVC-132 TURNBULL CYN RD	\$28.17
3250888	06/30/2018	DISP SVC-138 TURNBULL CYN RD	\$28.17
3250889	06/30/2018	DISP SVC-15236 VALLEY BLVD	\$169.02
3250890	06/30/2018	DISP SVC-16200 TEMPLE AVE	\$84.51
3250891	06/30/2018	DISP SVC-14310 PROCTOR AVE	\$84.51
3250892	06/30/2018	DISP SVC-16212 TEMPLE AVE	\$84.51

CITY OF INDUSTRY
WELLS FARGO VOIDED CHECKS
August 9, 2018

Check	Date	Payee Name	Check Amount
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CITY.WF.CHK - City General Wells Fargo

Checks	Status	Count	Transaction Amount
	Total	3	(\$4,869.04)

CITY OF INDUSTRY
WELLS FARGO WIRE TRANSFERS
August 9, 2018

Check	Date		Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo				
WT6866	07/12/2018		CAL-PERS	\$962.00
	Invoice	Date	Description	Amount
	100000015331530	07/12/2018	SURVIVOR BENEFIT FY 17/18	\$962.00
WT6866	07/12/2018		CAL-PERS	\$358.80
	Invoice	Date	Description	Amount
	100000015332107	07/12/2018	SURVIVOR BENEFIT FY 17/18	\$358.80
WT6874	07/12/2018		CAL-PERS	\$260.00
	Invoice	Date	Description	Amount
	100000015331176	07/12/2018	SURVIVOR BENEFIT FY 17/18	\$260.00

Checks	Status	Count	Transaction Amount
	Total	3	\$1,580.80

**CITY OF INDUSTRY
WELLS FARGO BANK
August 9, 2018**

Check	Date			Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo					
69280	07/23/2018			AT & T	\$9.03
	Invoice	Date	Description	Amount	
	2019-00000041	07/01/2018	07/01-07/31/18 SVC - CITY WHITE PAGES	\$9.03	
69281	07/23/2018			FRONTIER	\$399.71
	Invoice	Date	Description	Amount	
	2019-00000042	07/04/2018	07/04-08/03/18 SVC - GS-21620 VALLEY BLVD	\$54.41	
	2019-00000043	07/04/2018	07/04-08/03/18 SVC - EM-21858 GARCIA LN-ALARM	\$66.28	
	2019-00000044	07/07/2018	07/07-08/06/18 SVC - GS-408 BREA CYN RD	\$27.81	
	2019-00000045	07/10/2018	07/10-08/09/18 SVC - GS-747 S. ANAHEIM PUENTE RD	\$149.56	
	841 7TH-JUL18	07/10/2018	07/10-08/09/18 SVC - 841 S. SEVENTH	\$101.65	
69282	07/23/2018			SAN GABRIEL VALLEY WATER CO.	\$10,546.15
	Invoice	Date	Description	Amount	
	2018-00001731	06/28/2018	05/25-06/27/18 SVC - CROSSROADS PKY SOUTH	\$1,544.72	
	2018-00001732	06/28/2018	05/25-06/27/18 SVC - STA 103-80 CROSSROADS PKY	\$219.16	
	2018-00001733	06/28/2018	05/25-06/27/18 SVC - CROSSROADS PKY SOUTH	\$1,220.64	
	2018-00001734	06/28/2018	05/25-06/27/18 SVC - CROSSROADS PKY NORTH	\$1,142.55	
	2018-00001735	06/28/2018	05/25-06/27/18 SVC - STA 129-00 CROSSROADS PKY	\$1,402.26	
	2018-00001736	06/28/2018	05/25-06/27/18 SVC - STA 111-50 CROSSROADS PKY	\$504.20	
	2018-00001737	06/28/2018	05/25-06/27/18 SVC - PELLISSIER	\$470.95	
	2018-00001738	06/28/2018	05/25-06/27/18 SVC - PELLISSIER	\$1,097.70	
	2018-00001739	06/28/2018	05/25-06/27/18 SVC - PECK/UNION PACIFIC BRIDGE	\$545.14	
	2018-00001740	06/28/2018	05/25-06/27/18 SVC - S/E COR OF PELLISSIER	\$1,739.95	
	2018-00001741	06/28/2018	05/25-06/27/18 SVC - IRRIG SALT LAKE/SEVENTH	\$244.49	
	2018-00001742	06/28/2018	05/25-06/27/18 SVC - PELLISSIER	\$414.39	
69283	07/23/2018			SO CALIFORNIA EDISON COMPANY	\$21,860.84
	Invoice	Date	Description	Amount	

**CITY OF INDUSTRY
WELLS FARGO BANK
August 9, 2018**

Check	Date	Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo			
	2019-00000030	07/10/2018	06/06-07/06/18 SVC - VARIOUS SITES \$93.67
	2019-00000031	07/10/2018	06/01-07/01/18 SVC - 208 S WADDINGHAM WAY \$20,908.22
	2019-00000032	07/11/2018	06/01-07/01/18 SVC - GALE AVE/L STREET \$35.92
	2019-00000033	07/12/2018	06/11-07/11/18 SVC - 575 BALDWIN PARK BLVD U \$65.58
	2019-00000034	07/12/2018	05/14-07/09/18 SVC - VALLEY BLVD U-VARIOUS SITES \$701.02
	2019-00000035	07/13/2018	06/12-07/12/18 SVC - 490 7TH U \$56.43
69284	07/23/2018	SOCALGAS	\$330.20
	Invoice	Date	Description
	2019-00000036	07/06/2018	06/04-07/03/18 SVC - 15651 STAFFORD ST \$39.79
	2019-00000037	07/06/2018	06/04-07/03/18 SVC - 15633 RAUSCH RD \$93.48
	2019-00000038	07/06/2018	06/04-07/03/18 SVC - 15625 STAFFORD ST APT A \$41.60
	2019-00000039	07/06/2018	06/04-07/03/18 SVC - 15625 STAFFORD ST APT B \$105.33
	2019-00000040	07/10/2018	06/01-07/01/18 SVC - 1 INDUSTRY HILLS PKWY UNIT B \$50.00
69285	07/23/2018	VERIZON BUSINESS	\$181.84
	Invoice	Date	Description
	67530003	07/10/2018	06/01-06/30/18 SVC - VARIOUS SITES \$46.60
	67530004	07/10/2018	06/01-06/30/18 SVC - VARIOUS SITES \$135.24
69286	07/23/2018	VERIZON WIRELESS - LA	\$1,180.44
	Invoice	Date	Description
	9809839628	06/26/2018	05/27-06/26/18 SVC - VARIOUS WIRELESS SVC \$1,180.44
69287	07/23/2018	WALNUT VALLEY WATER DISTRICT	\$9,707.29
	Invoice	Date	Description
	3049569	07/10/2018	06/01-06/30/18 SVC - IRR 820 FAIRWAY DR \$95.33

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Check	Date	Payee Name	Check Amount	
CITY.WF.CHK - City General Wells Fargo				
3049621	07/10/2018	06/01-06/30/18 SVC - LEMON AVE N OF CURRIER RD	\$82.48	
3049655	07/10/2018	06/01-06/30/18 SVC - BREA CYN RD & OLD RANCH RD	\$55.63	
3049671	07/10/2018	06/01-06/30/18 SVC - FERRERO & GRAND EAST RAMP	\$655.60	
3049690	07/10/2018	06/01-06/30/18 SVC - BAKER PKWY METER #1	\$432.11	
3049691	07/10/2018	06/01-06/30/18 SVC - BAKER PKWY METER #2	\$361.38	
3049697	07/10/2018	06/01-06/30/18 SVC - GRAND AVE CROSSING	\$386.39	
3049698	07/10/2018	06/01-06/30/18 SVC - GRAND AVE CROSSING	\$77.73	
3049700	07/10/2018	06/01-06/30/18 SVC - 22002 VALLEY BLVD	\$320.55	
3049717	07/10/2018	06/01-06/30/18 SVC - 21350 VALLEY-MEDIAN	\$358.14	
3049718	07/10/2018	06/01-06/30/18 SVC - GRAND CROSSING EAST	\$53.84	
3049719	07/10/2018	06/01-06/30/18 SVC - GRAND CROSSING WEST	\$64.58	
3049720	07/10/2018	06/01-06/30/18 SVC - BAKER PKWY & GRAND N/W CNR	\$931.26	
3049727	07/10/2018	06/01-06/30/18 SVC - E/S GRAND S/O BAKER PKWY	\$132.92	
3049733	07/10/2018	06/01-06/30/18 SVC - BREA CYN N OF RR TRKS	\$283.13	
3049734	07/10/2018	06/01-06/30/18 SVC - BREA CYN N OF CURRIER	\$43.27	
3049736	07/10/2018	06/01-06/30/18 SVC - 60 FWY INTERCHANGE FAIRWAY	\$20.00	
3049755	07/10/2018	06/01-06/30/18 SVC - END OF BAKER PKWY-TEMP	\$4,740.52	
3049762	07/10/2018	06/01-06/30/18 SVC - 21627 GRAND CROSSING PKWY	\$269.21	
3049763	07/10/2018	06/01-06/30/18 SVC - 21627 GRAND CROSSING PKWY	\$238.49	
3050416	07/11/2018	06/01-06/28/18 SVC - PUMP STN N/W CHERYL	\$25.20	
3050436	07/11/2018	06/01-06/28/18 SVC - PUMP STN BREA CYN	\$20.00	
3050661	07/11/2018	06/01-06/30/18 SVC - NOGALES PUMP STN	\$59.53	
69288	07/23/2018	WALNUT VALLEY WATER DISTRICT	\$342.96	
	Invoice	Date	Description	Amount
	3049540	07/10/2018	06/01-06/30/18 SVC - IRR METROLINK STA-SPANISH	\$322.96
	3050435	07/11/2018	06/01-06/28/18 SVC - PLATFORM METROLINK BREA	\$20.00
69289	07/23/2018	D M V RENEWAL	\$15.00	
	Invoice	Date	Description	Amount
	8G22464-18	07/23/2018	EXEMPT LICENCE PLATE REQUEST FEE	\$15.00

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Check	Date		Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo				
69290	07/26/2018		CALIFORNIA ASSOCIATION OF	\$390.00
	Invoice	Date	Description	Amount
	18-0034	02/08/2018	MEMBERSHIP DUES 3/1/18-2/28/19	\$390.00
69291	07/26/2018		CAL-PERS	\$349.00
	Invoice	Date	Description	Amount
	0726/18	07/26/2018	REGISTRATION FEE FOR JULIE HARDT ON 10/22-	\$349.00
69292	07/26/2018		L A COUNTY REGISTRAR-	\$75.00
	Invoice	Date	Description	Amount
	CUP18-01/DP18-04	07/26/2018	FEE-NOTICE OF DETERMINATION EXEMPTION	\$75.00
69293	07/27/2018		BANK OF AMERICA - VISA	\$2,969.64
	Invoice	Date	Description	Amount
	2019-00000048	07/06/2018	06/07-07/06/18 CREDIT CARD EXPENSE-AGUIRRE	\$2,969.64
69294	07/30/2018			\$0.00
	Invoice	Date	Description	Amount
		07/30/2018	VOIDED CHECK-PRINTED IN ERROR	
69295	07/30/2018		CITY OF INDUSTRY DISPOSAL CO.	\$2,239.52
	Invoice	Date	Description	Amount
	3250849	06/30/2018	DISP SVC-3226 GILMAN RD	\$84.51
	3250850	06/30/2018	DISP SVC-16000 TEMPLE AVE	\$140.85
	3250851	06/30/2018	DISP SVC-14362 PROCTOR AVE	\$84.51
	3250852	06/30/2018	DISP SVC-15710 NELSON AVE	\$28.17
	3250853	06/30/2018	DISP SVC-15702 NELSON AVE	\$28.17

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CITY.WF.CHK - City General Wells Fargo			
3250854	06/30/2018	DISP SVC-507 TURNBULL CYN RD	\$56.34
3250855	06/30/2018	DISP SVC-15730 NELSON AVE	\$28.17
3250856	06/30/2018	DISP SVC-15644 NELSON AVE	\$28.17
3250857	06/30/2018	DISP SVC-15626 NELSON AVE	\$28.17
3250858	06/30/2018	DISP SVC-629 GIANO AVE	\$56.34
3250859	06/30/2018	DISP SVC-754 S 5TH AVE	\$56.34
3250860	06/30/2018	DISP SVC-210 S 9TH AVE	\$56.34
3250861	06/30/2018	DISP SVC-16020 HILL ST	\$28.17
3250862	06/30/2018	DISP SVC-15736 NELSON AVE	\$28.17
3250863	06/30/2018	DISP SVC-15634 NELSON AVE	\$28.17
3250864	06/30/2018	DISP SVC-257 TURNBULL CYN RD	\$42.26
3250865	06/30/2018	DISP SVC-643 GIANO AVE	\$56.34
3250866	06/30/2018	DISP SVC-15151 PROCTOR AVE	\$84.51
3250867	06/30/2018	DISP SVC-15157 WALBROOK DR	\$28.17
3250868	06/30/2018	DISP SVC-16000 HILL ST	\$28.17
3250869	06/30/2018	DISP SVC-16010 HILL ST	\$56.34
3250870	06/30/2018	DISP SVC-16014 HILL ST	\$28.17
3250871	06/30/2018	DISP SVC-16229 HANDORF RD	\$28.17
3250872	06/30/2018	DISP SVC-16242 HANDORF RD	\$56.34
3250873	06/30/2018	DISP SVC-16220 HANDORF RD	\$84.51
3250874	06/30/2018	DISP SVC-16218 HANDORF RD	\$28.17
3250875	06/30/2018	DISP SVC-16217 HANDORF RD	\$56.34
3250876	06/30/2018	DISP SVC-16227 HANDORF RD	\$28.17
3250877	06/30/2018	DISP SVC-16238 HANDORF RD	\$28.17
3250878	06/30/2018	DISP SVC-16224 HANDORF RD	\$28.17
3250879	06/30/2018	DISP SVC-15714 NELSON AVE	\$28.17

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Check	Date		Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo				
	3250880	06/30/2018	DISP SVC-15652 NELSON AVE	\$28.17
	3250881	06/30/2018	DISP SVC-134 TURNBULL CYN RD	\$28.17
	3250882	06/30/2018	DISP SVC-14063 PROCTOR AVE	\$84.51
	3250883	06/30/2018	DISP SVC-20137 E WALNUT DR	\$28.17
	3250884	06/30/2018	DISP SVC-15722 NELSON AVE	\$28.17
	3250885	06/30/2018	DISP SVC-17229 CHESTNUT ST	\$84.51
	3250886	06/30/2018	DISP SVC-130 TURNBULL CYN RD	\$28.17
	3250887	06/30/2018	DISP SVC-132 TURNBULL CYN RD	\$28.17
	3250888	06/30/2018	DISP SVC-138 TURNBULL CYN RD	\$28.17
	3250889	06/30/2018	DISP SVC-15236 VALLEY BLVD	\$169.02
	3250890	06/30/2018	DISP SVC-16200 TEMPLE AVE	\$84.51
	3250891	06/30/2018	DISP SVC-14310 PROCTOR AVE	\$84.51
	3250892	06/30/2018	DISP SVC-16212 TEMPLE AVE	\$84.51
69296	07/30/2018		FIDELITY SECURITY LIFE	\$1,168.25
	Invoice	Date	Description	Amount
	163588824	08/01/2018	VISION PREMIUM FOR AUGUST 2018	\$1,168.25
69297	07/30/2018		HUMANA INSURANCE COMPANY	\$4,527.02
	Invoice	Date	Description	Amount
	389690361	07/13/2018	DENTAL PREMIUM FOR AUGUST 2018	\$4,527.02
69298	07/30/2018		MUTUAL OF OMAHA	\$5,778.85
	Invoice	Date	Description	Amount
	759068943	08/01/2018	LIFE INSURANCE PREMIUM FOR AUGUST 2018	\$5,778.85
69299	07/30/2018		UNUM LIFE INSURANCE COMPANY	\$4,703.60

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CITY.WF.CHK - City General Wells Fargo				
	Invoice	Date	Description	Amount
	8/1-8/31/18	07/18/2018	LONG TERM CARE PREMIUM FOR AUGUST 2018	\$4,703.60
69300	07/31/2018		CITY OF CHINO HILL UTILITY	\$423.26
	Invoice	Date	Description	Amount
	2019-00000058	07/18/2018	06/14-07/16/18 SVC - 1550 RANCHO HILLS DR	\$423.26
69301	07/31/2018		FRONTIER	\$745.67
	Invoice	Date	Description	Amount
	2019-00000059	07/10/2018	07/10-08/09/18 SVC - EM-21808 GARCIA LN-ALARM	\$66.28
	2019-00000060	07/10/2018	07/10-08/09/18 SVC - 600 BREA CYN RD	\$222.26
	2019-00000061	07/10/2018	07/10-08/09/18 SVC - GS-21640 VALLEY BLVD	\$51.72
	2019-00000062	07/10/2018	07/10-08/09/18 SVC - EM-21508 BAKER PKWY BLDG 22	\$51.72
	2019-00000063	07/16/2018	07/16-08/15/18 SVC - BREA CYN PUMP STN	\$68.97
	2019-00000064	07/16/2018	07/16-08/15/18 SVC - PH AUTO PLAZA	\$169.75
	2019-00000065	07/16/2018	07/16-08/15/18 SVC - GS-208 OLD RANCH RD	\$49.08
	2019-00000066	07/19/2018	07/19-08/18/18 SVC - FOLLOW'S CAMP GUARD	\$65.89
69302	07/31/2018		INDUSTRY PUBLIC UTILITY	\$4,235.91
	Invoice	Date	Description	Amount
	2019-00000053	07/18/2018	06/10-07/10/18 SVC - 600 BREA CYN RD	\$4,148.82
	2019-00000054	07/18/2018	06/10-07/10/18 SVC - 370 GRAND AVE SOUTH	\$87.09
69303	07/31/2018		SAN GABRIEL VALLEY WATER CO.	\$1,039.45
	Invoice	Date	Description	Amount
	2019-00000067	07/18/2018	06/15-07/17/18 SVC - 14329 VALLEY	\$797.26
	2019-00000068	07/19/2018	06/18-07/18/18 SVC - 336 EL ENCANTO	\$45.84

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Check	Date	Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo			
	841 7TH-JUL18	07/20/2018 06/19-07/19/18 SVC - 841 S SEVENTH	\$196.35
69304	07/31/2018	SO CALIFORNIA EDISON COMPANY	\$25,918.53
	Invoice	Date Description	Amount
	2019-00000055	07/19/2018 06/01-07/01/18 SVC - VARIOUS SITES	\$4,215.79
	2019-00000069	07/18/2018 06/15-07/17/18 SVC - 1341 FULLERTON RD	\$25.79
	2019-00000070	07/18/2018 06/15-07/17/18 SVC - 17635 GALE	\$1,688.77
	2019-00000071	07/19/2018 05/29-07/17/18 SVC - VARIOUS SITES	\$3,031.22
	2019-00000072	07/19/2018 06/15-07/17/18 SVC - PECK RD S/O PELLISSIER	\$38.54
	841 7TH-JUL18	07/19/2018 06/15-07/17/18 SVC - 841 7TH AVE	\$1,338.85
	2019-00000073	07/19/2018 06/15-07/17/18 SVC - VARIOUS SITES	\$49.55
	2019-00000075	07/19/2018 06/12-07/17/18 SVC - VARIOUS SITES	\$2,115.56
	2019-00000076	07/19/2018 06/15-07/17/18 SVC - VARIOUS SITES	\$9,363.91
	2019-00000077	07/19/2018 06/15-07/17/18 SVC - VARIOUS SITES	\$3,371.62
	2019-00000078	07/19/2018 06/18-07/18/18 SVC - 900 NOGALES U	\$53.22
	2019-00000079	07/21/2018 06/20-07/20/18 SVC - 1015 NOGALES ST	\$526.20
	2019-00000080	07/21/2018 06/20-07/20/18 SVC - 14661 & 14911 CLARK AVE U	\$99.51
69305	07/31/2018	SO CALIFORNIA EDISON COMPANY	\$107.90
	Invoice	Date Description	Amount
	2019-00000074	07/19/2018 06/15-07/17/18 SVC - 19001 TONNER CYN RD	\$107.90
69306	07/31/2018	SOCALGAS	\$30.57
	Invoice	Date Description	Amount
	2019-00000056	07/17/2018 06/13-07/13/18 SVC - 610 S BREA CYN RD	\$14.79
	2019-00000057	07/18/2018 05/18-06/19/18 SVC - 13756 VALEY BLVD	\$15.78

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Check	Date		Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo				
69307	08/09/2018		AASLH	\$285.00
	Invoice	Date	Description	Amount
	MEMBER#321177	07/02/2018	MEMBERSHIP-HOMESTEAD	\$285.00
69308	08/09/2018		ALL AMERICAN CONTRACTING	\$750.00
	Invoice	Date	Description	Amount
	1538	07/25/2018	INSTALL POWER PACK-CITY HALL	\$750.00
69309	08/09/2018		ALTAMIRA PRESS/R&L	\$99.00
	Invoice	Date	Description	Amount
	31762-R2	06/06/2018	SUBSCRIPTION RENEWAL-HOMESTEAD	\$99.00
69310	08/09/2018		ANNEALTA GROUP	\$2,265.00
	Invoice	Date	Description	Amount
	1223	07/02/2018	13530 NELSON AVE	\$100.00
	1224	07/02/2018	1600 AZUSA AVE #174 AND #178	\$180.00
	1225	07/02/2018	17520 CASTLETON ST	\$950.00
	1222	07/02/2018	13031 E. TEMPLE AVE	\$1,035.00
69311	08/09/2018		APPLIED METERING TECHNOLOGIES	\$7,575.55
	Invoice	Date	Description	Amount
	5955	07/09/2018	AZUSA-CHESTNUT PROJECT FUND	\$7,575.55
69312	08/09/2018		ASTRA INDUSTRIAL SERVICES, INC	\$160.06
	Invoice	Date	Description	Amount
	00163190	07/18/2018	BACKFLOW SUPPLIES-INDUSTRY HILLS	\$160.06

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Check	Date		Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo				
69313	08/09/2018		AVANT-GARDE, INC	\$2,485.00
	Invoice	Date	Description	Amount
	4934	07/06/2018	PROJECT MGMT-CITYWIDE BRIDGES	\$2,485.00
69314	08/09/2018		BRYAN PRESS	\$1,040.72
	Invoice	Date	Description	Amount
	0079731	07/09/2018	BUSINESS CARDS-Y PARK	\$44.33
	0079206	07/09/2018	LASER CHECKS-COI	\$512.44
	0079778	07/24/2018	PROP A LASER CHECKS	\$303.84
	0079763	07/23/2018	RECEIPTS FOR VEHICLE CITY FEES	\$180.11
69315	08/09/2018		CALIFORNIA ASSOCIATION OF	\$825.00
	Invoice	Date	Description	Amount
	07/26/18	07/26/2018	MEMBERSHIP-HOMESTEAD	\$825.00
69316	08/09/2018		CASC ENGINEERING AND	\$1,566.13
	Invoice	Date	Description	Amount
	0039423	06/30/2018	INITIAL STUDY-16601 E CHESTNUT AVE	\$587.50
	0039424	06/30/2018	INITIAL STUDY-13031 TEMPLE AVE	\$978.63
69317	08/09/2018		CHEM PRO LABORATORY, INC	\$283.00
	Invoice	Date	Description	Amount
	636186	06/23/2018	WATER TREATMENT-JUN 2018	\$283.00
69318	08/09/2018		CINTAS CORPORATION LOC 693	\$381.56
	Invoice	Date	Description	Amount
	05325288	07/16/2018	DOOR MATS	\$270.36

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Check	Date		Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo				
	693127784	07/16/2018	DOOR MATS	\$55.60
	693129787	07/23/2018	DOOR MATS	\$55.60
69319	08/09/2018		CITY OF INDUSTRY-PAYROLL ACCT	\$250,000.00
	Invoice	Date	Description	Amount
	P/R PE 7/27/18	08/01/2018	REIMBURSE PAYROLL PE 7/27/18	\$250,000.00
69320	08/09/2018		CIVILTEC ENGINEERING, INC	\$3,047.75
	Invoice	Date	Description	Amount
	39165	07/06/2018	SEPARATION PUMP STN UPGRADE	\$3,047.75
69321	08/09/2018		CNC ENGINEERING	\$178,217.50
	Invoice	Date	Description	Amount
	457129	07/26/2018	EL ENCANTO PARKING ELECTRICAL REPAIRS	\$2,147.50
	457130	07/26/2018	FOUR GRADE SEPARATION PUMP STATIONS	\$555.00
	457136	07/26/2018	AUTO MALL CAR DEALERSHIP IMPROVEMENTS	\$4,662.50
	457137	07/26/2018	FULLERTON RD PCC	\$185.00
	457138	07/26/2018	ANNUAL SLURRY SEAL FY 18/19	\$3,575.00
	457140	07/26/2018	GENERAL ENGINEERING SVC-TRAFFIC	\$1,067.50
	457141	07/26/2018	GENERAL ENGINEERING SVC-333 TURBULL CYN	\$2,467.50
	457142	07/26/2018	GENERAL ENGINEERING SVC-COUNTER SVC	\$5,852.50
	457143	07/26/2018	GENERAL ENGINEERING SVC-PERMITS	\$22,973.75
	457144	07/26/2018	WALNUT DR SOUTH WIDENING	\$4,107.50
	457145	07/26/2018	2016/2017 CLEANOUT OF STORMWATER	\$72.50
	457146	07/26/2018	ARENTH AVE RECONSTRUCTION	\$12,437.50
	457147	07/26/2018	CITYWIDE CATCH BASIN RETROFIT	\$4,132.50

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Check	Date	Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo			
457148	07/26/2018	CURB AND PAVEMENT MARKINGS	\$370.00
457149	07/26/2018	AJAX AVE STORM DRAIN IMPROVEMENTS	\$370.00
457150	07/26/2018	205 HUDSON AVE BLDG IMPROVEMENTS	\$1,110.00
457151	07/26/2018	GENERAL ENGINEERING SVC 7/9-7/22/18	\$42,618.75
457152	07/26/2018	NPDES STORM WATER	\$3,040.00
457170	07/26/2018	COINER CT RECONSTRUCTION	\$2,860.00
457171	07/26/2018	BENCHMARKS	\$15,205.00
457172	07/26/2018	PAVEMENT MGMT SYSTEM	\$1,567.50
457173	07/26/2018	NOGALES GRADE SEPARATION	\$185.00
457174	07/26/2018	FULLERTON RD GRADE SEPARATION	\$4,270.00
457175	07/26/2018	ALAMEDA CORRIDOR EAST RELATED PROJECTS	\$2,042.50
457176	07/26/2018	FAIRWAY DR GRADE SEPARATION	\$1,992.50
457177	07/26/2018	TURNBULL CYN RD GRADE SEPARATION	\$2,007.50
457179	07/26/2018	CITY ELECTRICAL FACILITIES	\$35,880.00
457050	07/12/2018	DESIGN BUILD SERVICES FOR ELEC VEHICLE	\$462.50
69322	08/09/2018	CNC ENGINEERING	\$82,976.25
Invoice	Date	Description	Amount
457125	07/26/2018	EMERGENCY STANDBY POWER GENERATOR	\$740.00
457126	07/26/2018	RESURFACING DESIGN-EXPO CENTER PARKING LOT	\$11,146.25
457127	07/26/2018	EXPO CENTER MAIN GATE IMPROVEMENTS	\$565.00
457128	07/26/2018	EXPO BARN FACILITY LIGHTING	\$370.00
457131	07/26/2018	INDUSTRY HILLS TRAIL GRADING	\$942.50
457132	07/26/2018	INDUSTRY HILLS TRAILS LIGHTING	\$1,255.00
457133	07/26/2018	INDUSTRY HILLS GRAND ARENA PAINTING	\$697.50
457134	07/26/2018	CATCH BASIN RETROFITS	\$6,815.00

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CITY.WF.CHK - City General Wells Fargo			
457135	07/26/2018	SEWER DESIGN-EXPO CENTER	\$4,067.50
457153	07/26/2018	TONNER CYN PROPERTY	\$1,270.00
457154	07/26/2018	PUENTE VALLEY OPERABLE UNIT	\$185.00
457155	07/26/2018	TRES HERMANOS GENERAL ENGINEERING	\$1,380.00
457156	07/26/2018	CITY HALL MAINT	\$3,712.50
457157	07/26/2018	HOMESTEAD MUSEUM IMPROVEMENTS	\$3,795.00
457158	07/26/2018	METROLINK OPERATION AND MAINT	\$3,685.00
457159	07/26/2018	TRAFFIC SIGNAL AT NELSON AND SUNSET	\$863.75
457160	07/26/2018	INDUSTRY HILLS FUEL TANKS DISPENSING	\$942.50
457161	07/26/2018	SIXTH AVE RECONSTRUCTION	\$1,242.50
457162	07/26/2018	HIGHWAY BRIDGE PROGRAM	\$1,782.50
457163	07/26/2018	FISCAL YEAR BUDGET	\$9,315.00
457164	07/26/2018	ROWLAND ST RECONSTRUCTION	\$4,785.00
457165	07/26/2018	FOLLOW'S CAMP PROPERTY	\$1,317.50
457166	07/26/2018	VARIOUS ASSIGNMENTS RELATED TO SA	\$8,012.50
457167	07/26/2018	NELSON AVE/PUENTE AVE WIDENING	\$308.75
457168	07/26/2018	CARTEGRAPH IMPLEMENTATION & MGMT	\$11,005.00
457169	07/26/2018	LOUDEN LANE RESURFACING	\$2,775.00
69323	08/09/2018	COUNTY OF LOS ANGELES	\$46,260.26
Invoice	Date	Description	Amount
02286G	06/25/2018	WEED ABATEMENT-VARIOUS SITES	\$46,260.26
69324	08/09/2018	DAPEER, ROSENBLIT, AND LITVAK,	\$6,756.30
Invoice	Date	Description	Amount
14717	06/30/2018	LEGAL SVC-CODE ENFORCEMENT	\$6,756.30

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CITY.WF.CHK - City General Wells Fargo				
69325	08/09/2018		DEPT OF ANIMAL CARE & CONTROL	\$3,991.99
	Invoice	Date	Description	Amount
	07/15/18	07/15/2018	SHELTER COST-JUN 2018	\$3,991.99
69326	08/09/2018		DEPT OF TRANSPORTATION	\$3,939.15
	Invoice	Date	Description	Amount
	SL181085	07/10/2018	MAINT SIGNALS AND LIGHTS-APR THRU JUN 2018	\$3,939.15
69327	08/09/2018		FEDERAL EXPRESS CORP.	\$756.15
	Invoice	Date	Description	Amount
	6-242-69861	07/13/2018	MESSENGER SVC	\$756.15
69328	08/09/2018		GOLDEN GATE CONSTRUCTION	\$12,443.83
	Invoice	Date	Description	Amount
	#4CITY-1441	08/01/2018	PHASE I HUDSON (YAL) BLDG IMPROVEMENTS	\$13,098.77
69329	08/09/2018		GOSS ENGINEERING INC.	\$2,420.00
	Invoice	Date	Description	Amount
	6600	06/30/2018	EXPO BARN FACILITY LIGHTING	\$2,420.00
69330	08/09/2018		HADDICK'S AUTO BODY	\$5,252.56
	Invoice	Date	Description	Amount
	047967	07/10/2018	AUTO MAINT-LIC 1347776	\$864.99
	047968	07/10/2018	AUTO MAINT-2002 ASTRO	\$837.06
	047971	07/10/2018	AUTO MAINT-LIC 1279616	\$767.38

**CITY OF INDUSTRY
WELLS FARGO BANK
August 9, 2018**

Check	Date		Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo				
	047972	07/10/2018	AUTO MAINT-LIC 8G22464	\$273.81
	047973	07/10/2018	AUTO MAINT-LIC 1356177	\$61.58
	047974	07/10/2018	AUTO MAINT-LIC 1320295	\$316.66
	047976	07/10/2018	AUTO MAINT-LIC 1347776	\$1,511.96
	047977	07/10/2018	AUTO MAINT-LIC 1242761	\$213.87
	047978	07/10/2018	AUTO MAINT-LIC 1298317	\$405.25
69331	08/09/2018		HISTORICAL RESOURCES, INC.	\$68,969.56
	Invoice	Date	Description	Amount
	07/26/18	07/26/2018	AGRMT REIMBURSEMENT FOR JUL 2018	\$60,519.73
	07/27/18	06/27/2018	REIMBURSEMENT FOR F & M CREDIT CARD	\$8,107.97
	07/26/18-A	07/26/2018	REIMBURSEMENT FOR OFFICE SUPPLIES	\$341.86
69332	08/09/2018		INDUSTRY MANUFACTURERS	\$100,157.60
	Invoice	Date	Description	Amount
	MAY 2018	07/25/2018	EXPENSE REIMBURSEMENT-MAY 2018	\$39,700.15
	JUNE 2018	07/25/2018	EXPENSE REIMBURSEMENT-JUNE 2018	\$60,457.45
69333	08/09/2018		INDUSTRY PUBLIC UTILITIES	\$43,671.95
	Invoice	Date	Description	Amount
	07/25/2018	07/25/2018	REIMBURSE FOR EDISON MAY 2018 SOLAR POWER	\$43,671.95
69334	08/09/2018		INDUSTRY SECURITY SERVICES	\$37,515.40
	Invoice	Date	Description	Amount
	14-22840	07/27/2018	VEHICLE FUEL-TRES HERMANOS	\$950.02
	14-22829	07/27/2018	SECURITY SVC 7/20-7/26/18	\$16,085.06
	14-22810	07/20/2018	SECURITY SVC-TRES HERMANOS	\$2,187.12

**CITY OF INDUSTRY
WELLS FARGO BANK
August 9, 2018**

Check	Date		Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo				
	14-22802	07/20/2018	SECURITY SVC 7/13-7/19/18	\$16,106.08
	14-22837	07/27/2018	SECURITY SVC-TRES HERMANOS	\$2,187.12
69335	08/09/2018		INDUSTRY TIRE SERVICE	\$1,436.41
	Invoice	Date	Description	Amount
	0283111	07/24/2018	NEW TIRES-LIC 1282752	\$1,004.68
	0283133	07/25/2018	NEW TIRES-LIC 80476G2	\$341.73
	0283149	07/25/2018	TIRE REPAIR-BACKHOE	\$90.00
69336	08/09/2018		JANUS PEST MANAGEMENT	\$460.00
	Invoice	Date	Description	Amount
	199905	06/15/2018	A/C MAINT-CITY HALL	\$145.00
	199907	06/11/2018	A/C MAINT-15660 STAFFORD	\$85.00
	199908	06/11/2018	A/C MAINT-15559 RAUSCH RD	\$85.00
	199906	06/15/2018	A/C MAINT-IMC	\$145.00
69337	08/09/2018		JEFF PARRIOTT PHOTOGRAPHIC	\$325.00
	Invoice	Date	Description	Amount
	00544	07/18/2018	PROF SVC-HOMESTEAD	\$325.00
69338	08/09/2018		L A COUNTY DEPT OF PUBLIC	\$1,320.87
	Invoice	Date	Description	Amount
	IN180001171	07/19/2018	PERMIT FOR CATCH BASIN RETROFITS	\$126.00
	IN180001145	07/17/2018	ACCIDENT-PROCTOR AVE @ VALLEY BLVD	\$277.33
	IN180001147	07/17/2018	ACCIDENT-DON JULIAN @ TURBULL CYN RD	\$629.35
	IN180001070	06/21/2018	ACCIDENT-GALE AVE @ STIMSON	\$288.19

**CITY OF INDUSTRY
WELLS FARGO BANK
August 9, 2018**

Check	Date		Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo				
69339	08/09/2018		L A COUNTY DEPT OF PUBLIC	\$131,523.39
	Invoice	Date	Description	Amount
	IN180001142	07/10/2018	BLDG & SAFETY SVC-ONE STOP SHOP FOR MAY 2018	\$57,091.23
	IN18000163	07/20/2018	BLDG & SAFETY SVC-ONE STOP SHOP FOR JUNE	\$74,432.16
69340	08/09/2018		L A COUNTY SHERIFF'S	\$22,395.84
	Invoice	Date	Description	Amount
	184731VL	07/20/2018	PRISONER MAINT-JUN 2018	\$397.82
	184612CY	07/12/2018	SPECIAL EVENT-DIRECTED PATROL	\$21,998.02
69341	08/09/2018		LA PUENTE VALLEY COUNTY	\$285.58
	Invoice	Date	Description	Amount
	BS;07/18	07/08/2018	WATER MONITORING-BOY SCOUTS RESERVOIR	\$285.58
69342	08/09/2018		LEONIS ADOBE MUSEUM	\$13.65
	Invoice	Date	Description	Amount
	2018-12	06/14/2018	MEMBERSHIP VISITOR PROGRAM-HOMESTEAD	\$13.65
69343	08/09/2018		LOCKS PLUS, INC.	\$278.44
	Invoice	Date	Description	Amount
	24250	07/16/2018	KIDDE KEYSAFE-IMC AND CITY HALL	\$98.55
	24959	07/17/2018	REPAIR LATCH-HOMESTEAD	\$179.89
69344	08/09/2018		MERRITT'S ACE HARDWARE	\$402.88
	Invoice	Date	Description	Amount
	106703	07/25/2018	MISC SUPPLIES-HOMESTEAD	\$186.14
	106571	07/18/2018	MISC SUPPLIES-HOMESTEAD	\$216.74

**CITY OF INDUSTRY
WELLS FARGO BANK
August 9, 2018**

Check	Date		Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo				
69345	08/09/2018		MR PLANT & INTERIOR BOTANICAL	\$720.00
	Invoice	Date	Description	Amount
	AUG 9419	08/01/2018	PLANT MAINT-AUG 2018	\$720.00
69346	08/09/2018		MUNI-ENVIRONMENTAL, LLC	\$27,017.28
	Invoice	Date	Description	Amount
	18-025	07/24/2018	COMMERCIAL WASTE PROGRAM	\$27,017.28
69347	08/09/2018		MX GRAPHICS, INC.	\$10.63
	Invoice	Date	Description	Amount
	15926	07/24/2018	SIGNS FOR FUEL STATION	\$4.11
	15778	07/11/2018	SIGNS FOR FUEL STATION	\$6.52
69348	08/09/2018		OLMOS PROFESSIONAL SERVICES	\$8,782.00
	Invoice	Date	Description	Amount
	323	07/31/2018	JANITORIAL SVC-IMC	\$1,467.00
	321	07/31/2018	JANITORIAL SVC-15660 STAFFORD	\$1,815.00
	322	07/31/2018	JANITORIAL SVC-CITY HALL	\$5,500.00
69349	08/09/2018		PARS	\$600.00
	Invoice	Date	Description	Amount
	40662	07/11/2018	PARS ARS FEES-MAY 2018	\$300.00
	40570	07/11/2018	REP FEES-MAY 2018	\$300.00
69350	08/09/2018		POST ALARM SYSTEMS	\$286.90
	Invoice	Date	Description	Amount

**CITY OF INDUSTRY
WELLS FARGO BANK
August 9, 2018**

Check	Date		Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo				
	1085295	07/06/2018	MONITORING SVC-HOMESTEAD	\$286.90
69351	08/09/2018		PRICE, POSTEL & PARMA, LLP	\$4,810.00
	Invoice	Date	Description	Amount
	151713	06/12/2018	LEGAL SVC-MAY 2018	\$4,810.00
69352	08/09/2018		PUENTE HILLS FORD	\$350.98
	Invoice	Date	Description	Amount
	146680	06/28/2018	AUTO MAINT-LIC 29260E1	\$350.98
69353	08/09/2018		R.H.F., INC.	\$65.00
	Invoice	Date	Description	Amount
	73134	07/26/2018	RECERTIFICATION FOR LASER UNIT	\$65.00
69354	08/09/2018		RASIC, ALEXANDRA	\$38.50
	Invoice	Date	Description	Amount
	07/26/18	07/26/2018	REIMBURSE FOR SUPPLIES	\$38.50
69355	08/09/2018		RESERVE ACCOUNT	\$800.00
	Invoice	Date	Description	Amount
	07/26/18	07/26/2018	POSTAGE FOR ACCOUNT #15775679	\$800.00
69356	08/09/2018		RICOH USA, INC.	\$649.99
	Invoice	Date	Description	Amount
	30395741	07/14/2018	COPIER LEASE-FINANCE	\$289.36
	30393088	07/14/2018	COPIER LEASE-TREASURY	\$252.66

**CITY OF INDUSTRY
WELLS FARGO BANK
August 9, 2018**

Check	Date		Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo				
	5053949791	07/12/2018	METER READING-TREASURY COPIER	\$28.20
	5053965194	07/15/2018	METER READING-HR COPIER	\$79.77
69357	08/09/2018		RICOH USA, INC.	\$574.06
	Invoice	Date	Description	Amount
	59953616	07/18/2018	COPIER LEASE-HR	\$283.94
	59983548	07/21/2018	COPIER LEASE-DEVELOPMENT	\$290.12
69358	08/09/2018		ROBERTSON-BRYAN, INC.	\$231.25
	Invoice	Date	Description	Amount
	12932.1	06/27/2018	ELECTRIC UTILITY OPERATIONS SUPPORT	\$231.25
69359	08/09/2018		SAN GABRIEL VALLEY TRIBUNE	\$539.43
	Invoice	Date	Description	Amount
	900036211	07/19/2018	SUBSCRIPTION-HOMESTEAD	\$539.43
69360	08/09/2018		SATSUMA LANDSCAPE & MAINT.	\$115,726.64
	Invoice	Date	Description	Amount
	0718CH-2	07/30/2018	LANDSCAPE SVC-CIVIC FINANCIAL CENTER	\$24,924.32
	0718CH-1	07/30/2018	LANDSCAPE SVC-VARIOUS AGENCY SITES	\$24,514.80
	0718XROADS	07/30/2018	LANDSCAPE SVC-CROSSROADS PKY NORTH AND	\$29,255.17
	0718TA	07/30/2018	LANDSCAPE SVC-TEMPLE AND AZUSA	\$37,032.35
69361	08/09/2018		SCS FIELD SERVICES	\$13,348.50
	Invoice	Date	Description	Amount
	0329473	06/30/2018	IH MAINT-LANDFILL GAS SYSTEM	\$13,348.50

**CITY OF INDUSTRY
WELLS FARGO BANK
August 9, 2018**

Check	Date		Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo				
69362	08/09/2018		SDI PRESENCE LLC	\$437.50
	Invoice	Date	Description	Amount
	863	06/30/2018	PROF SVC-NEW WORLD	\$437.50
69363	08/09/2018		SECURITY OPERATIONS GROUP	\$395.00
	Invoice	Date	Description	Amount
	1057	07/12/2018	INVESTIGATION-17909 ROWLAND ST	\$395.00
69364	08/09/2018		SO CAL INDUSTRIES	\$185.26
	Invoice	Date	Description	Amount
	336133	07/13/2018	FENCE RENTAL-INDUSTRY HILLS	\$90.34
	336865	07/18/2018	RR RENTAL-TONNER CYN/GRAND	\$94.92
69365	08/09/2018		SO CALIFORNIA EDISON COMPANY	\$11,154.88
	Invoice	Date	Description	Amount
	7500936399	07/18/2018	6/1-6/30/18 SVC-208 S WADDINGHAM WAY	\$8,266.71
	7500936389	07/18/2018	6/1-6/30/18 SVC-745 ANAHEIM-PUENTE RD	\$1,027.46
	7500936398	07/18/2018	6/1-6/30/18 SVC-133 N AZUSA AVE	\$1,860.71
69366	08/09/2018		SOUTH COAST A.Q.M.D.	\$538.58
	Invoice	Date	Description	Amount
	3310004	07/03/2018	FLAT FEE EMISSIONS-EL ENCANTO	\$131.79
	3307239	07/03/2018	ICE EM ELEC GEN-DIESEL-EL ENCANTO	\$406.79
69367	08/09/2018		SQUARE ROOT GOLF & LANDSCAPE,	\$180,753.96
	Invoice	Date	Description	Amount

**CITY OF INDUSTRY
WELLS FARGO BANK
August 9, 2018**

Check	Date		Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo				
	1359ELHM	07/30/2018	LANDSCAPE SVC-EL ENCANTO	\$9,336.00
	1358ELHM	07/30/2018	LANDSCAPE SVC-VARIOUS CITY SITES	\$6,940.00
	1360ELHM	07/30/2018	LANDSCAPE SVC-HOMESTEAD	\$16,373.25
	1362H	07/30/2018	LANDSCAPE SVC-VARIOUS CITY SITES	\$148,104.71
69368	08/09/2018		SST CONSTRUCTION, LLC	\$560.00
	Invoice	Date	Description	Amount
	42209	06/28/2018	PREVENTIVE MAINT-METRO SOLAR	\$560.00
69369	08/09/2018		STAPLES BUSINESS ADVANTAGE	\$1,399.02
	Invoice	Date	Description	Amount
	8050648568	07/14/2018	OFFICE SUPPLIES	\$488.20
	8050567340	07/07/2018	OFFICE SUPPLIES	\$81.13
	8050728503	07/21/2018	OFFICE SUPPLIES	\$829.69
69370	08/09/2018		STATE COMPENSATION INS. FUND	\$3,544.33
	Invoice	Date	Description	Amount
	JULY 2018	07/08/2018	WORKERS COMP PREMIUM FOR JULY 2018	\$3,544.33
69371	08/09/2018		SYNCHRONY BANK/AMAZON	\$2,827.25
	Invoice	Date	Description	Amount
	S2SQC430	07/10/2018	MISC OFFICE AND IT SUPPLIES	\$2,827.25
69372	08/09/2018		TRIMARK ASSOCIATES, INC.	\$1,726.67
	Invoice	Date	Description	Amount
	100000309	07/02/2018	MAINT SVC-METRO SOLAR	\$1,726.67

**CITY OF INDUSTRY
WELLS FARGO BANK
August 9, 2018**

Check	Date		Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo				
69373	08/09/2018		TURBO DATA SYSTEMS, INC	\$754.53
	Invoice	Date	Description	Amount
	28348	06/30/2018	CITATION PROCESSING-MAY/JUN 2018	\$754.53
69374	08/09/2018		U.S. BANK	\$15,000.00
	Invoice	Date	Description	Amount
	5032215	06/25/2018	COI-ADMIN FEES 2009 GO BONDS	\$1,750.00
	5067107	07/25/2018	SA-ADMIN FEES FOR PROJ 3 TARBS 2015A&B	\$2,000.00
	5067106	07/25/2018	SA-ADMIN FEES FOR PROJ 2 TARBS 2015A&B	\$2,000.00
	5067103	07/25/2018	SA-ADMIN FEES FOR PROJ 1 TARBS 2015A	\$2,000.00
	5034439	06/25/2018	COI-ADMIN FEES FOR GORBS 2014 TAXABLE	\$1,250.00
	5067105	07/25/2018	PFA-ADMIN FEES FOR PROJ 2 TARBS 2015A&B	\$2,000.00
	5067108	07/25/2018	PFA-ADMIN FEES FOR PROJ 3 TARBS 2015A&B	\$2,000.00
	5067104	07/25/2018	PFA-ADMIN FEES FOR PROJ 1 TARBS 2015A	\$2,000.00
69375	08/09/2018		U.S. HEALTHWORKS MEDICAL	\$130.00
	Invoice	Date	Description	Amount
	3362546-CA	07/13/2018	MEDICAL REPORTS	\$130.00
69376	08/09/2018		UNIVERSITY OF LA VERNE	\$2,385.00
	Invoice	Date	Description	Amount
	FALL-2018	07/25/2018	TUITION FOR CHRISTINA AGUIRRE, ID #11792417	\$2,385.00
69377	08/09/2018		WEATHERITE SERVICE	\$3,762.68
	Invoice	Date	Description	Amount

**CITY OF INDUSTRY
WELLS FARGO BANK
August 9, 2018**

Check	Date	Payee Name	Check Amount
CITY.WF.CHK - City General Wells Fargo			
L177755	07/09/2018	A/C MAINT-IMC	\$279.00
L177902	07/17/2018	A/C MAINT-HOMESTEAD	\$1,492.82
L177776	07/11/2018	REPLACE BLOWER MOTOR-IMC	\$1,066.00
L177864	07/13/2018	A/C MAINT-CITY HALL	\$924.86

Checks	Status	Count	Transaction Amount
	Total	98	\$1,521,915.78

CITY COUNCIL

ITEM NO. 6.1



CITY OF INDUSTRY

MEMORANDUM

TO: Honorable Mayor Radecki and Members of the City Council

FROM: Troy Helling, Acting City Manager *TH*

STAFF: Joshua Nelson, Contract City Engineer, CNC Engineering *gn*
Upendra Joshi, Project Manager, CNC Engineering *UJ*

DATE: August 9, 2018

SUBJECT: Consideration of authorization to solicit public bids for Contract No. CITY-1433, Arenth Avenue Reconstruction from Anaheim-Puente Road to Phillips Drive, for an estimated cost of \$2,350,000.00

Background:

At the direction of the City Staff, CNC Engineering has prepared plans and specifications for the reconstruction of Arenth Avenue from Anaheim-Puente Road to Phillips Drive. Arenth Avenue is a four lane roadway. The length of the project is about 5,000 linear feet. Currently the condition of the pavement is in very bad condition as this route was used as a detour during the Nogales Grade Separation project. This project will be implemented as Agreement No. CITY-1433, subject to the approval by the City Council.

Discussion:

The work to be done consists primarily of the removal of the existing asphalt pavement and aggregate base, and replacing with new asphalt pavement and PCC pavement on crushed aggregate base over geogrid for added strength of the road. The work also includes the repair of existing PCC curb and gutter at various locations, the adjustment of utility manholes and valves, temporary traffic control, pavement striping and pavement markers.

Fiscal Impact:

The Engineer's Estimate for this project is \$2,350,000.00. An appropriation request from 2015 Bond Proceeds to City Capital Improvements – Street Improvements – Construction Costs (Account No. 120-702-5205) will be made at the time of project award.

Recommendation:

It is hereby recommended that the City Council approve the plans and specifications and authorize the solicitation of public bids.

Exhibits:

- A. Notice Inviting Bids
- B. Engineer's Estimate
- C. Section A – Pages A-1 through A-9
- D. Reduced Set of Project Plans

TH/JN/UJ:jv

EXHIBIT A

Notice Inviting Bids

[Attached]

NOTICE INVITING BIDS FOR:

**CITY OF INDUSTRY
PROJECT NO. 433**

ARENTH AVENUE RECONSTRUCTION FROM ANAHEIM-PUENTE ROAD TO PHILLIPS
DRIVE

CONTRACT NO. CITY-1433

The **CITY OF INDUSTRY**, hereinafter referred to as the **CITY**, will receive bids for the construction of the above project until **10:00 A.M.** on **September 25, 2018**, via the City of Industry's PlanetBids™ vendor portal. Bids are to be submitted through <http://www.cityofindustry.org/?p=proposal-and-bid>.

Postmarks, mailed, emailed, or hard copy bids will not be accepted. Late bids will not be accepted.

It is the responsibility of the bidder to be sure the bid is submitted prior to the date and time indicated above. Digital versions of the plans and specifications are available on the vendor portal. Hard copies will no longer be available for purchase at CNC Engineering.

At the time of submission of the bid and thereafter, each bidder must be licensed as a **Class A - General Engineering Contractor** as defined in Sections 7055-7058 of the Business and Professions Code. Each bidder shall set forth on the Bidder's Information Sheet and the Contractor's License Affidavit the classification and number of the requisite license which that bidder holds.

The **CITY** reserves the right to award the contract to the contractor with another license class if the **CITY** determines that the license class is proper for the proposed work.

A contractor or subcontractor shall not be qualified to bid on, be listed in a bid proposal, subject to the requirements of Section 4104 of the Public Contract Code, or engage in the performance of any contract for public work, as defined in this chapter, unless currently registered and qualified to perform public work pursuant to Section 1725.5. **Please note: It is not a violation of this section for an unregistered contractor to submit a bid that is authorized by Section 7029.1 of the Business and Professions Code or by Section 10164 or 20103.5 of the Public Contract Code, provided the contractor is registered to perform public work pursuant to Section 1725.5 at the time the contract is awarded.** Any bids submitted without proof that bidder and any listed subcontractor(s) are currently registered and qualified to perform public work, pursuant to Labor Code Section 1725.5, may not be accepted by the City.

(Continued)

The Scope of Work is as follows: The work to be done consists primarily of the removal of the existing asphalt pavement and aggregate base, and replacing with new asphalt pavement and PCC pavement on crushed aggregate base over geogrid for added strength of the road. The work also includes the repair of existing PCC curb and gutter at various locations, the adjustment of utility manholes and valves, temporary traffic control, pavement striping and pavement markers.

Plans and Specifications are available for inspection at the City Administrative Office located at 15625 E. Stafford Street, Suite 100, City of Industry, California 91744.

Online Questions and Answers will be due via the City of Industry's PlanetBids™ vendor portal on **Friday, September 14, 2018 at 5:00 P.M.**

(Continued)

**CITY OF INDUSTRY
PROJECT NO. 433**

**ARENTH AVENUE RECONSTRUCTION FROM ANAHEIM-PUENTE ROAD TO PHILLIPS
DRIVE**

CONTRACT NO. CITY-1433

Each bid shall be accompanied by a bid guarantee in the form of a Cashier's Check or Bidder's Bond for not less than ten percent (10%) of the total amount of the bid, made payable to the **CITY OF INDUSTRY**.

The contractor may, at his own expense, substitute securities for monies to be withheld to ensure performance under the contract.

By the order of the **CITY OF INDUSTRY** dated **August 9, 2018**.

Diane M. Schlichting, City Clerk

EXHIBIT B

Engineer's Estimate

[Attached]

ESTIMATE FOR:

CITY OF INDUSTRY

PROJECT NO. 433

**ARENTH AVENUE RECONSTRUCTION FROM ANAHEIM-PUENTE ROAD TO
PHILLIPS DRIVE**

CONTRACT NO. CITY-1433

**ENGINEER'S ESTIMATE
\$2,350,000.00**

EXHIBIT C

Section A – Pages A-1 through A-9

[Attached]

SECTION A

**CITY OF INDUSTRY
PROJECT NO. 433**

ARENTH AVENUE RECONSTRUCTION FROM ANAHEIM-PUENTE ROAD TO
PHILLIPS DRIVE

CONTRACT NO. CITY-1433

The **CITY OF INDUSTRY**, hereinafter referred to as the **CITY**, will receive bids for the construction of the above project until **10:00 A.M. on September 25, 2018**, via the City of Industry's PlanetBids™ vendor portal. Bids are to be submitted through <http://www.cityofindustry.org/?p=proposal-and-bid>.

Postmarks, mailed, emailed, or hard copy bids will not be accepted. Late bids will not be accepted.

It is the responsibility of the bidder to be sure the bid is submitted prior to the date and time indicated above. Digital versions of the plans and specifications are available on the vendor portal. Hard copies will no longer be available for purchase at CNC Engineering.

At the time of submission of the bid and thereafter, each bidder must be licensed as a **Class A - General Engineering Contractor** as defined in Sections 7055-7058 of the Business and Professions Code. Each bidder shall set forth on the Bidder's Information Sheet and the Contractor's License Affidavit the classification and number of the requisite license which that bidder holds.

The **CITY** reserves the right to award the contract to the contractor with another license class if the **CITY** determines that the license class is proper for the proposed work.

A contractor or subcontractor shall not be qualified to bid on, be listed in a bid proposal, subject to the requirements of Section 4104 of the Public Contract Code, or engage in the performance of any contract for public work, as defined in this chapter, unless currently registered and qualified to perform public work pursuant to Section 1725.5.

Please note: *It is not a violation of this section for an unregistered contractor to submit a bid that is authorized by Section 7029.1 of the Business and Professions Code or by Section 10164 or 20103.5 of the Public Contract Code, provided the contractor is registered to perform public work pursuant to Section 1725.5 at the time the contract is awarded. Any bids submitted without proof that bidder and any listed subcontractor(s) are currently registered and qualified to perform public work, pursuant to Labor Code Section 1725.5, may not be accepted by the City.*

The Scope of Work is as follows: The work to be done consists primarily of the removal of the existing asphalt pavement and aggregate base, and replacing with new asphalt pavement and PCC pavement on crushed aggregate base over geogrid for added strength of the road. The work also includes the repair of existing PCC curb and gutter at various locations, the adjustment of utility manholes and valves, temporary traffic control, pavement striping and pavement markers.

Plans and Specifications are available for inspection at the City Administrative Office located at 15625 E. Stafford Street, Suite 100, City of Industry, California 91744.

Online Questions and Answers will be due via the City of Industry's PlanetBids™ vendor portal on **Friday, September 14, 2018 at 5:00 P.M.**

The bid shall be accompanied by a bid guarantee in the form of a Cashier's Check or Bidder's Bond for not less than ten percent (10%) of the total amount of the bid, payable to the **CITY OF INDUSTRY**. The bid guarantee is to insure that the bidder, if awarded the work, will enter into a contract with the CITY. Failure of a contractor to enter into a contract within ten (10) days following award will cause the bid guarantee to be forfeited. If the bid guarantee is a Cashier's Check it must be delivered to City Hall prior to the bid opening date and time. The Cashier's Check shall be sealed in an envelope, endorsed as follows: ARENTH AVENUE RECONSTRUCTION FROM ANAHEIM-PUENTE ROAD TO PHILLIPS DRIVE, City Administrative Offices, 15625 East Stafford Street, City of Industry, California 91744. If a bid bond is chosen, a scanned PDF will be accepted through PlanetBids™, however, the three apparent low bidders will be contacted to submit the original bid bond to the City and will be given a deadline to submit.

The CITY may, upon refusal or failure of a successful responsible bidder to accept the contract, award it to the next lowest bidder. If the CITY awards the contract to the second lowest bidder, the amount of the lowest bidder's bid guarantee shall be applied by the CITY to the difference between the low bid and the second lowest bid; the surplus, if any, shall be returned to the lowest bidder if cash is used, or to the surety company if a bond is used.

The successful bidder will be required to furnish a labor and materials bond in an amount equal to one hundred percent (100%) of the contract price and a faithful performance bond in an amount equal to one hundred percent (100%) of the contract price. A maintenance bond equal to ten percent (10%) of the total bid price amount is to remain in force for one (1) year after the date of completion of work, shall be submitted prior to execution of contract. The above bonds shall be secured by a surety company satisfactory to the CITY, and licensed as a Surety Insurer in the State of California and rated at least B+:V in the latest "Best's Insurance Guide." The attached bond forms shall be used without exception.

CONTRACTOR

INSURANCE

Prior to the beginning of and throughout the duration of the Project, Contractor and its subcontractors shall maintain insurance in conformance with the requirements set forth below. Contractor will use existing coverage to comply with these requirements. If that existing coverage does not meet the requirements set forth herein, Contractor agrees to amend, supplement or endorse the existing coverage to do so.

Contractor acknowledges that the insurance coverage and policy limits set forth in this section constitute the minimum amount of coverage required. Any insurance proceeds available to Contractor or its subcontractors in excess of the limits and coverage identified in this Agreement and which is applicable to a given loss, claim or demand, will be equally available to the City.

Contractor shall provide the following types and amounts of insurance:

Without limiting Contractor's indemnification of City, and prior to commencement of the Project, Contractor shall obtain, provide and maintain at its own expense during the term of this Agreement, policies of insurance of the type and amounts described below and in a form satisfactory to the City.

General Liability Insurance. Contractor shall maintain commercial general liability insurance with coverage at least as broad as Insurance Services Office form CG 00 01, in an amount not less than \$5,000,000 per occurrence, \$10,000,000 general aggregate, for bodily injury, personal injury, and property damage, and a \$5,000,000 completed operations aggregate. The policy must include contractual liability that has not been amended. Any endorsement restricting standard ISO "insured contract" language will not be accepted.

Automobile Liability Insurance. Contractor shall maintain automobile insurance at least as broad as Insurance Services Office form CA 00 01 covering bodily injury and property damage for all activities of the Contractor arising out of or in connection with work to be performed under this Agreement, including coverage for any owned, hired, non-owned or rented vehicles, in an amount not less than \$1,000,000 combined single limit for each accident.

Umbrella or Excess Liability Insurance. Contractor shall obtain and maintain an umbrella or excess liability insurance that will provide bodily injury, personal injury and property damage liability coverage at least as broad as the primary coverages set forth above, including commercial general liability and employer's liability. Such policy or policies shall include the following terms and conditions:

- A drop down feature requiring the policy to respond in the event that any primary insurance that would otherwise have applied proves to be uncollectable in whole or in part for any reason;

- Pay on behalf of wording as opposed to reimbursement;
- Concurrency of effective dates with primary policies;
- Policies shall “follow form” to the underlying primary policies; and
- Insureds under primary policies shall also be insureds under the umbrella or excess policies.

Workers’ Compensation Insurance. Contractor shall maintain Workers’ Compensation Insurance (Statutory Limits) and Employer’s Liability Insurance (with limits of at least \$1,000,000) for Contractor’s employees in accordance with the laws of the State of California, Section 3700 of the Labor Code. In addition, Contractor shall require each subcontractor to similarly maintain Workers’ Compensation Insurance and Employer’s Liability Insurance in accordance with the laws of the State of California, Section 3700 for all of the subcontractor’s employees.

Contractor shall submit to the City, along with the certificate of insurance, a Waiver of Subrogation endorsement in favor of the City, its officers, agents, employees and volunteers.

Pollution Liability Insurance. Environmental Impairment Liability Insurance shall be written on a Contractor’s Pollution Liability form or other form acceptable to the City providing coverage for liability arising out of sudden, accidental and gradual pollution and remediation. The policy limit shall be no less than \$1,000,000 dollars per claim and in the aggregate. All activities contemplated in this agreement shall be specifically scheduled on the policy as “covered operations.” The policy shall provide coverage for the hauling of waste from the project site to the final disposal location, including non-owned disposal sites.

Completed Operations Coverage. Products/completed operations coverage shall extend a minimum of ten years after project completion. Coverage shall be included on behalf of the insured for covered claims arising out of the actions of independent contractors. If the insured is using subcontractors, the Policy must include work performed “by or on behalf” of the insured. Policy shall contain no language that would invalidate or remove the insurer’s duty to defend or indemnify for claims or suits expressly excluded from coverage. Policy shall specifically provide for a duty to defend on the part of the insurer. The City, its officials, officers, agents, and employees, shall be included as insureds under the policy.

Builder’s Risk Insurance. Upon commencement of construction and with approval of City, Contractor shall obtain and maintain builder’s risk insurance for the entire duration of the Project until only the City has an insurable interest. The Builder’s Risk coverage shall include the coverages as specified below.

The named insureds shall be Contractor and City, including its officers, officials, employees, and agents. All Subcontractors (excluding those solely responsible for design work) of any tier and suppliers shall be included as additional insureds as their

interests may appear. Contractor shall not be required to maintain property insurance for any portion of the Project following transfer of control thereof to the City. The policy shall contain a provision that all proceeds from the builder's risk policy shall be made payable to the City. The City will act as a fiduciary for all other interests in the Project.

A Policy shall be provided for replacement value on an "all risk" basis for the completed value of the project. There shall be no coinsurance penalty or provisional limit provision in any such policy. The Policy must include: (1) coverage for any ensuing loss from faulty workmanship, nonconforming work, omission or deficiency in design or specifications; (2) coverage against machinery accidents and operational testing; (3) coverage for removal of debris, and insuring the buildings, structures, machinery, equipment, materials, facilities, fixtures and all other properties constituting a part of the Project; (4) ordinance or law coverage for contingent rebuilding, demolition, and increased costs of construction; (5) transit coverage (unless insured by the supplier or receiving contractor), with sub-limits sufficient to insure the full replacement value of any key equipment item; (6) ocean marine cargo coverage insuring any Project materials or supplies, if applicable; (7) coverage with sub-limits sufficient to insure the full replacement value of any property or equipment stored either on or off the Project site or any staging area. Such insurance shall be on a form acceptable to the City to ensure adequacy of terms and sublimits and shall be submitted to the City prior to commencement of construction.

Other provisions or requirements:

Proof of Insurance. Contractor shall provide certificates of insurance to the City as evidence of the insurance coverage required herein, along with a waiver of subrogation endorsement for workers' compensation. Insurance certificates and endorsements must be approved by the City's risk manager prior to commencement of performance. Current certification of insurance shall be kept on file with the City at all times during the term of this contract. The City reserves the right to require complete, certified copies of all required insurance policies, at any time.

Duration of Coverage. Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property, which may arise from or in connection with the performance of the work hereunder by Contractor, his agents, representatives, employees or subcontractors. Contractor must maintain general liability and umbrella or excess liability insurance for as long as there is a statutory exposure to completed operations claims. The City and its officers, officials, employees, and agents shall continue as additional insureds under such policies.

Primary/Noncontributing. Coverage provided by Contractor shall be primary and any insurance or self-insurance procured or maintained by the City shall not be required to contribute with it. The limits of insurance required herein may be satisfied by a combination of primary and umbrella or excess insurance. Any umbrella or excess insurance shall contain or be endorsed to contain a provision that such coverage shall also apply on a primary and non-contributory basis for the benefit of the City before the

City's own insurance or self-insurance shall be called upon to protect it as a named insured.

City's Rights of Enforcement. In the event any policy of insurance required under this Agreement does not comply with these requirements or is canceled and not replaced, the City has the right but not the duty to obtain the insurance it deems necessary and any premium paid by the City will be promptly reimbursed by Contractor or the City will withhold amounts sufficient to pay premium from Contractor payments. In the alternative, the City may cancel this Agreement.

Acceptable Insurers. All insurance policies shall be issued by an insurance company currently authorized by the Insurance Commissioner to transact business of insurance or is on the List of Approved Surplus Line Insurers in the State of California, with an assigned policyholders' Rating of A- (or higher) and Financial Size Category Class VII (or larger) in accordance with the latest edition of Best's Key Rating Guide, unless otherwise approved by the City's risk manager.

Waiver of Subrogation. All insurance coverage maintained or procured pursuant to this agreement shall be endorsed to waive subrogation against City, its elected or appointed officers, agents, officials, employees and volunteers or shall specifically allow Contractor or others providing insurance evidence in compliance with these specifications to waive their right of recovery prior to a loss. Contractor hereby waives its own right of recovery against City, and shall require similar written express waivers and insurance clauses from each of its subconsultants.

Enforcement of Contract Provisions (non estoppel). Contractor acknowledges and agrees that any actual or alleged failure on the part of the City to inform Contractor of non-compliance with any requirement imposes no additional obligations on the City nor does it waive any rights hereunder.

Requirements Not Limiting. Requirements of specific coverage features or limits contained in this Section are not intended as a limitation on coverage, limits or other requirements, or a waiver of any coverage normally provided by any insurance. Specific reference to a given coverage feature is for purposes of clarification only as it pertains to a given issue and is not intended by any party or insured to be all inclusive, or to the exclusion of other coverage, or a waiver of any type. If the Contractor maintains higher limits than the minimums shown above, the City requires and shall be entitled to coverage for the higher limits maintained by the Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the City.

Notice of Cancellation. Contractor agrees to oblige its insurance agent or broker and insurers to provide to City with a thirty (30) day notice of cancellation (except for nonpayment for which a ten (10) day notice is required) or nonrenewal of coverage for each required coverage.

Additional Insured Status. General liability policies shall provide or be endorsed to provide that City and its officers, officials, employees, agents, and volunteers shall be

additional insureds under such policies. This provision shall also apply to any excess/umbrella liability policies.

Prohibition of Undisclosed Coverage Limitations. None of the coverages required herein will be in compliance with these requirements if they include any limiting endorsement of any kind that has not been first submitted to City and approved of in writing.

Separation of Insureds. A severability of interests provision must apply for all additional insureds ensuring that Contractor's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the insurer's limits of liability. The policy(ies) shall not contain any cross-liability exclusions.

Pass Through Clause. Contractor agrees to ensure that its subconsultants, subcontractors, and any other party involved with the project who is brought onto or involved in the project by Contractor, provide the same minimum insurance coverage and endorsements required of Contractor. Contractor agrees to monitor and review all such coverage and assumes all responsibility for ensuring that such coverage is provided in conformity with the requirements of this section. Contractor agrees that upon request, all agreements with consultants, subcontractors, and others engaged in the project will be submitted to City for review.

City's Right to Revise Requirements. The City reserves the right at any time during the term of the contract to change the amounts and types of insurance required by giving the Contractor a ninety (90)-day advance written notice of such change. If such change results in substantial additional cost to the Contractor, the City and Contractor may renegotiate Contractor's compensation.

Self-insured Retentions. Any self-insured retentions must be declared to and approved by City. City reserves the right to require that self-insured retentions be eliminated, lowered, or replaced by a deductible. Self-insurance will not be considered to comply with these specifications unless approved by the City.

Timely Notice of Claims. Contractor shall give City prompt and timely notice of claims made or suits instituted that arise out of or result from Contractor's performance under this Agreement, and that involve or may involve coverage under any of the required liability policies.

Additional Insurance. Contractor shall also procure and maintain, at its own cost and expense, any additional kinds of insurance, which in its own judgment may be necessary for its proper protection and prosecution of the work.

EXPERIENCE AND SAFETY

The successful bidder may be required to submit a statement attesting to its financial responsibility, technical ability, experience, and safety record.

PREVAILING WAGES

- A. Wage rates for this Project shall be in accordance with the "General Wage Determination Made By the Director of Industrial Relations Pursuant To California Labor Code, Part 7, Chapter 1, Article 2, Sections 1770, 1773 and 1773.1 ", for Los Angeles County. Wage rates shall conform to those on file at City Hall and the Project site.
- B. The following Labor Code sections are hereby referenced and made a part of this Agreement:
- (i) Section 1775, Penalty for Failure to Comply with Prevailing Wage Rates.
 - (ii) Section 1777.4, Apprenticeship Requirements.
 - (iii) Section 1777.5, Apprenticeship Requirements.
 - (iv) Section 1813, Penalty for Failure to Pay Overtime.
 - (v) Section 1810 and 1811, Working Hour Restrictions.
 - (vi) Section 1775, Payroll Records.
 - (vii) Section 1773.8, Travel and Subsistence Pay.

CONTRACTOR REGISTRATION PROGRAM

A contractor or subcontractor shall not be qualified to bid on, be listed in a bid proposal, subject to the requirements of Section 4104 of the Public Contract Code, or engage in the performance of any contract for public work, as defined in this chapter, unless currently registered and qualified to perform public work pursuant to Section 1725.5. ***Please note: It is not a violation of this section for an unregistered contractor to submit a bid that is authorized by Section 7029.1 of the Business and Professions Code or by Section 10164 or 20103.5 of the Public Contract Code, provided the contractor is registered to perform public work pursuant to Section 1725.5 at the time the contract is awarded.*** Any bids submitted without proof that bidder and any listed subcontractor(s) are currently registered and qualified to perform public work, pursuant to Labor Code Section 1725.5, may not be accepted by the City.

LABOR COMPLIANCE MONITORING AND ENFORCEMENT

The project is subject to compliance monitoring and enforcement by the Department of Industrial Relations (California Labor Code Section 1771.4).

AGREEMENT

When the award of a contract is made to a corporation, the Agreement must be signed by the Secretary/Treasurer of the corporation in addition to the signature of the President/Vice President, or the public agency needs to receive a copy of a resolution adopted by the Board of Directors of the corporation indicating that the party executing the contract has the authority to bind the corporation.

SURETY BONDS

All surety bonds issued in connection with projects for public works must be accompanied by a power of attorney from the surety company authorizing the person executing the bond to sign on behalf of the company. The power of attorney and the bonds must be executed by the same person, and such signatures shall be notarized.

By the order of the **CITY OF INDUSTRY** dated **August 9, 2018**.

Diane M. Schlichting, City Clerk

EXHIBIT D

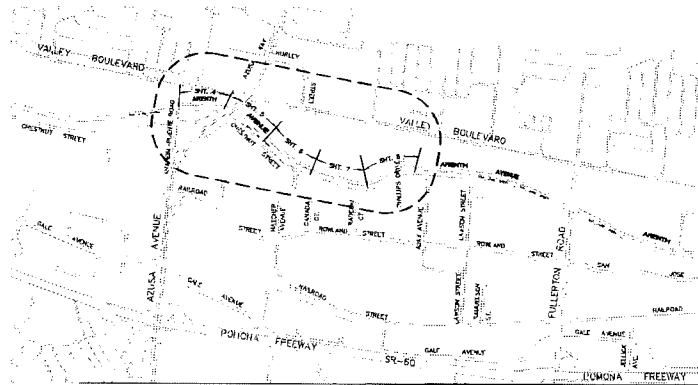
Reduced Set of Project Plans

[Attached]

GENERAL NOTES

- UNLESS OTHERWISE NOTED, ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE STANDARD SPECIFICATIONS FOR PUBLIC WORKS CONSTRUCTION, CURRENT EDITION WITH ALL CORRENT SUPPLEMENTS, PUBLISHED BY BUNTING NEWS INC., 17041 W. 104TH AVE., LOS ANGELES AND APPROPRIATE STANDARD ORDINANCES.
- BEFORE BEGINNING OF ANY WORK, OBTAIN A PERMIT FROM THE CITY OF INDUSTRY, 15625 E. STAFFORD STREET, CITY OF INDUSTRY, CA 91744, (626) 333-2211.
- ALL WORK COVERED BY THIS PLAN SHALL BE INSPECTED BY THE CITY ENGINEER. REQUEST FOR INSPECTION SERVICE SHALL BE MADE 24-HOURS IN ADVANCE AT (618) 233-3336.
- STREET IMPROVEMENT CONSTRUCTION SHALL BE DONE ACCORDING TO THE STANDARD PLANS OF THE CITY OF INDUSTRY AVAILABLE AT THE OFFICE OF THE CITY ENGINEER AT 15625 E. STAFFORD STREET, CITY OF INDUSTRY, CA 91744.
- WORK IN EXISTING STREETS SHALL BE COMPLETED AS SOON AS POSSIBLE TO MINIMIZE INCONVENIENCE TO ADJACENT PROPERTY OWNERS AND TRAVELING PUBLIC. FAILURE TO COMPLY WITH THIS REQUIREMENT IS A VIOLATION OF CITY ORDINANCE.
- THE CONTRACTOR SHALL NOTIFY THE LOS ANGELES COUNTY FIRE DEPARTMENT (618) 233-7417 AND THE LOS ANGELES SANITARY DISTRICT (618) 233-1322 AT THE CITY OF INDUSTRY SUBSTATION AT LEAST 48-HOURS PRIOR TO START OF WORK.
- 48-HOURS NOTICE TO ANY STREET WORK, THE CONTRACTOR SHALL CALL THE UNDERGROUND SERVICE ALERT AT 1 (800) 472-4133 AND OBTAIN AN INDUSTRY IDENTIFICATION NUMBER.
- ALL UTILITY TRENCHES IN PUBLIC STREETS OR PUBLIC PUBLIC STREETS SHALL BE BACKFILLED WITH A CLEAN GRANULAR MATERIAL, PROVIDING A MINIMUM SAND EQUIVALENT OF 30. BACKFILL SHALL BE COMPACTED TO A MINIMUM RELATIVE DENSITY OF 90 PERCENT.
- THE OPENING OF USING SLAG OR CRUSHED WISE BASE (CWB) IN LIEU OF CRUSHED AGGREGATE BASE FOR ANY STREET IMPROVEMENT IS NOT ALLOWED.
- EXISTING CONCRETE IMPROVEMENTS AND ASPHALT CONCRETE PAVEMENT SHALL BE SAW CUT, FULL DEPTH, TO A TRUE LINE WHERE NEW CONCRETE OR ASPHALT IS TO JOIN.
- ALL MANHOLES SHALL BE ADJUSTED TO FINISHED GRADE IN ACCORDANCE WITH SECTION 301-1.6 OF THE STANDARD SPECIFICATIONS. CONTRACTOR SHALL NOTIFY COUNTY SANITATION DISTRICT OF LOS ANGELES COUNTY (626) 233-1322 OF MAINTENANCE AT (713) 774-7272 A MINIMUM OF 48 HOURS PRIOR TO THE COMMENCEMENT OF ANY WORK IN THE AREA OF THEIR MANHOLES. CONTRACTOR SHALL ASSIST IN THE ADJUSTMENT OF MANHOLES IN ACCORDANCE WITH THEIR PROCEDURES 5-1292, REV. 9, 88.
- THE CONTRACTOR SHALL PROTECT AND RESTORE EXISTING UTILITIES AND IMPROVEMENTS AS PER SECTION 5-1, 5-2, AND 1-3 OF THE STANDARD SPECIFICATIONS FOR PUBLIC WORKS CONSTRUCTION.
- IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO LOCATE ALL UTILITIES OF EVERY NATURE WHETHER SHOWN HEREON OR NOT TO PROTECT THEM FROM DAMAGE. THE CONTRACTOR SHALL BEAR THE TOTAL EXPENSE OF REPAIR OR REPLACEMENT OF SAID UTILITIES DAMAGED BY OPERATIONS IN CONNECTION WITH THE PROSECUTION OF THE WORK.
- THE FOLLOWING IS A LIST OF THE UTILITY COMPANIES AND THE PERSONS TO CONTACT REGARDING THE RESPECTIVE UTILITIES WITHIN THE LIMITS OF THIS PROJECT:
 - MR. AMY ARPHOLDO (609) 649-6389
MONTER CALIFORNIA, INC.
 - MR. FRIC DIXON (626) 255-9261
SO. CALIFORNIA GAS COMPANY
 - MR. MICHAEL WYPP (DISTRIBUTION) (909) 392-3725
SO. CALIFORNIA EDISON COMPANY
 - MR. DAVID SHUBIN (626) 690-7145
ROWLAND WATER DISTRICT
 - MR. ARDUL EDJUNI (626) 382-8605 EXT 6204
SANTARION DISTRICT OF L.A. COUNTY
 - MR. MICHAEL LAFPAUX (310) 630-1207
KINDER MORGAN
- ALL SURVEY WORK SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR. TWO COPIES OF THE DRAWING SHEET MUST BE PROVIDED FOR REVIEW TO THE CITY ENGINEER'S OFFICE, AT LEAST TWENTY FOUR (24) HOURS PRIOR TO THE START OF CONSTRUCTION. ALL DRAWING SHEETS MUST BE SIGNED BY A REGISTERED CIVIL ENGINEER.
- ANY CONTRACTOR OR SUBCONTRACTOR PERFORMING WORK ON THIS PROJECT SHALL FAMILIARIZE HIMSELF WITH THE SITE AND SHALL BE SOLELY RESPONSIBLE FOR ANY CHANGE TO EXISTING FACILITIES RESULTING DIRECTLY OR INDIRECTLY FROM HIS OPERATIONS, WHETHER OR NOT SUCH FACILITIES ARE SHOWN ON THESE PLANS.

CITY OF INDUSTRY IMPROVEMENT PROJECT NO. 433 ARENTH AVENUE STREET IMPROVEMENT ANAHEIM-PUENTE ROAD TO PHILLIPS DRIVE



VICINITY MAP
NOT TO SCALE

INDEX OF DRAWINGS

CONTRACT DWG. NO.	SHEET NO.	DESCRIPTION
1 OF 10	1 OF 2	TITLE SHEET, VICINITY MAP, GENERAL NOTES, CONSTRUCTION NOTES, AND PERMITS, SUBJECT TO PRELIMINARY AND FEDERAL
DETAILS		
2 OF 10	1 OF 2	JOINTED SEWER AND CONSTRUCTION NOTES
3 OF 10	4 OF 2	JOINTED PLANE CONCRETE PAVEMENT JUNCTION PLAN
PLAN AND PROFILE		
4 OF 10	1 OF 5	PLAN AND PROFILE - STA. 00+00.00 TO STA. 05+00.00
5 OF 10	2 OF 5	PLAN AND PROFILE - STA. 05+00.00 TO STA. 07+00.00
6 OF 10	3 OF 5	PLAN AND PROFILE - STA. 07+00.00 TO STA. 08+00.00
7 OF 10	4 OF 5	PLAN AND PROFILE - STA. 08+00.00 TO STA. 09+00.00
8 OF 10	5 OF 5	PLAN AND PROFILE - STA. 09+00.00 TO STA. 10+00.00
SIGNING AND STRIPING PLANS (FOR REFERENCE ONLY)		
9 OF 10	1 OF 2	TRAFFIC SIGNAL - STA. 07+00.00 TO STA. 08+00.00
10 OF 10	2 OF 2	TRAFFIC SIGNAL - STA. 08+00.00 TO STA. 09+00.00

CONSTRUCTION NOTES:

- SAW CUT AND REMOVE EXISTING AC PAVEMENT INCLUDING BASE.
- SAW CUT AND REMOVE EXISTING CURB AND GUTTER INCLUDING BASE.
- SAW CUT, REMOVE EXISTING AC AND BASE AND RECONSTRUCT WITH 4" AC AND 8" BASE.
- REMOVE AC PAVEMENT TOP OF GUTTER AND PROTECT GUTTER SURFACE.
- COLLELL 2" AND OVERLAY 2" AC (C2-PC 64-10).
- CONSTRUCT TYPE AS CURB AND CUTTER INCLUDING BASE PER CITY OF INDUSTRY STD. PLAN NO. 12.
- CONSTRUCT 4.5" AC (2" C2-PC 64-10 ON 4.5" B2-PC 64-10) OVER 18" AGGREGATE BASE PER CALTRANS SPECIFICATIONS FOR CLASS II AGGREGATE BASE.
- CONSTRUCT 10.5" JOINTED PLANE CONCRETE PAVEMENT OVER 8" AGGREGATE BASE PER CALTRANS SPECIFICATIONS FOR CLASS 2 AGGREGATE BASE.
- INSTALL REGRID REINFORCING FABRIC (TENSAR TX-5 OR EQUAL).
- INSTALL CONCRETE PAVEMENT TRANSITION PANEL PER CALTRANS STD. PLAN NO.
- RECONSTRUCT CSO SEWER MANHOLE FRAME AND COVER TO FINISH GRADE PER LA COUNTY SANITATION DISTRICT PROCEDURE.
- ADJUST EXISTING MANHOLE VALVE COVER TO GRADE.
- REMOVE AND REPLACE CATCH BASIN FACE PLATE ASSEMBLY PER STD. PLAN 310-3 (PPE-1).
- FINISH AND INSTALL CONNECTOR PIPE SCREEN (CPS) PER PROJECT SPECIFICATIONS.
- FINISH AND INSTALL AUTOMATIC RETRACTABLE SCREEN (ARS) PER PROJECT SPECIFICATIONS.

ABBREVIATION:

- A.C. ASPHALT CONCRETE
- BRK BREAK CURVE RETURN
- BW BACK OF WALK
- C&G CURB AND GUTTER
- CB CATCH BASIN
- CF CURB FACE
- CRW CROWLING
- CONSTR. CONSTRUCTION
- CSO COUNTY STORM DRAIN
- DWY DRIVEWAY
- EGR END CURVE RETURN
- E.C. EXISTING GRADE, EDGE OF CUTTER
- ELEC. EDGE OF PAVEMENT
- EP EXISTING
- FL FLOW LINE
- FS FINISHED SURFACE
- GB GRADE BREAK
- HP HIGH POINT
- JRCP JOINTED PLANE CONCRETE PAVEMENT
- L LEFT
- LE LENGTH
- LACDPM LOS ANGELES COUNTY OF PUBLIC WORKS
- MAX MAXIMUM
- MN MANHOLE
- N.G. NATURAL GROUND
- PROP. PROPOSED
- PAVMT. PAVEMENT
- P POINT
- RCP REINFORCED CONCRETE PIPE
- P/W POINT OF WAY
- SCS SOUTHERN CALIFORNIA Edison
- SD STORM DRAIN
- SPWMS STANDARD PLANS FOR PUBLIC WORKS CONSTRUCTION
- STW STORMWATER
- S/A SEE SHEET
- TC TOP OF CURB
- TY TOP OF CURB AT BOTTOM OF RAMP
- TRP TYPICAL

LEGEND:

- 4 EPST. POWER POLE
- EPST. TOL. POLE
- EPST. SIGN
- EPST. ELECTRICAL PULL BOX
- EPST. TELEPHONE PULL BOX
- EPST. CATCH BASIN
- EPST. FIRE HYDRANT
- EPST. MANHOLE
- EPST. SEWER MANHOLE
- EPST. TELEPHONE MANHOLE
- EPST. DRAIN MANHOLE
- NEW DRIVEWAY
- NEW C&G
- NEW C.L. FENCE
- EXIST. TRAFFIC SIGNAL WITH LUMINAIRE
- EXIST. TRAFFIC SIGNAL
- EXIST. STREET LIGHT
- NEW JOINT PLANE CONCRETE PAVEMENT
- COLLELL AND OVERLAY
- TO BE ADJUSTED BY SCE
- PROTECT IN PLACE
- TO BE ADJUSTED BY FRONTIER CALIFORNIA, INC.

NOTICE TO CONTRACTOR

APPROVAL OF THIS PLAN BY THE ENGINEER AND CITY ENGINEER DOES NOT CONSTITUTE A REPRESENTATION AS TO THE ACCURACY OF THE LOCATION OR DEPTH OF EXISTING OR NON-EXISTENCE OF ANY UNDERGROUND UTILITY PIPE OR STRUCTURE WITHIN THE LIMITS OF THIS PROJECT. THE EXISTENCE AND LOCATION OF ANY UNDERGROUND UTILITY PIPES OR STRUCTURES SHOWN ON THESE PLANS WERE OBTAINED BY A SEARCH

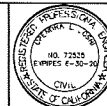
NO.	DATE	REVISIONS	BY

CITY OF INDUSTRY

INCORPORATED JUNE 10, 1957



P.O. Box 3366, City of Industry, California 91744
Administrative Offices: 15625 E. Stafford Street
(626) 633-2211



205 N. Main, Suite 201, St. 222
City of Industry, CA 91744
Phone: (626) 255-9261
Fax: (626) 255-9261

PREPARED BY: J. JOHNSON, R.C.E. 7/20/20 DATE: _____

CITY OF INDUSTRY

APPROVED BY: _____ DATE: _____
JOSHUA NELSON, PE CITY ENGINEER

**ARENTH AVENUE STREET IMPROVEMENT
ANAHEIM-PUENTE ROAD TO PHILLIPS DRIVE**

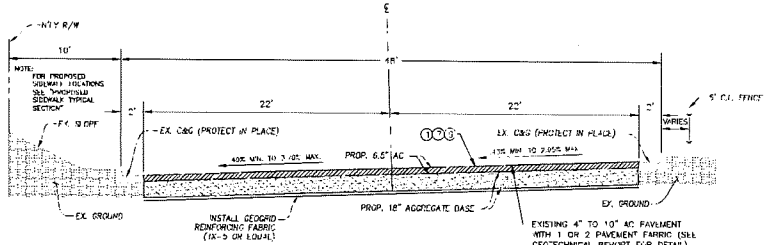
**TITLE SHEET, VICINITY MAP, GENERAL NOTES, CONSTRUCTION NOTES,
INDEX OF DRAWINGS, NOTICE TO CONTRACTOR AND LEGEND**

DESIGNED BY: J.L. CHECKED BY: J.L. JOB NO.: MP 14-12
DRAWN BY: R.L.L. DATE: JULY 2016 CONTRACT NO.: CITY-1433 SHT. 1 OF 1

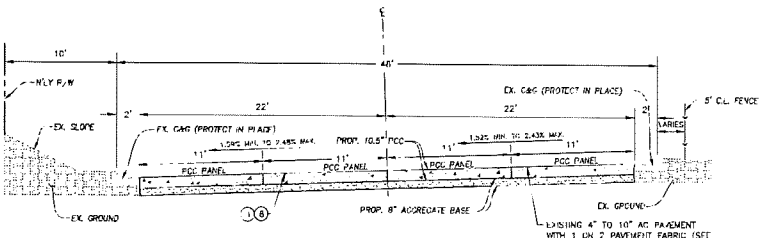
CONTRACT DRAWING 1 OF 10

CITY OF INDUSTRY - 15625 E. STAFFORD STREET - CITY OF INDUSTRY, CA 91744 - (626) 633-2211

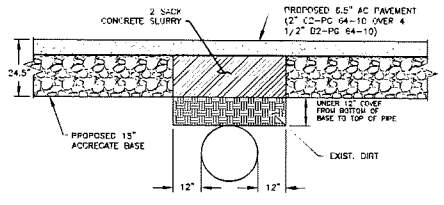
CONTRACT NO.: CITY-1433



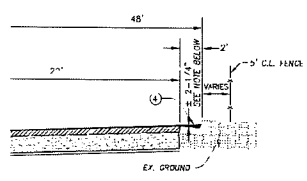
ARENTH AVENUE TYPICAL SECTION
SCALE: 1"=5'
STA. 1100 TO STA. 3100.00
STA. 9125.00 TO STA. 30100.00
STA. 35185.00 TO STA. 30100.00



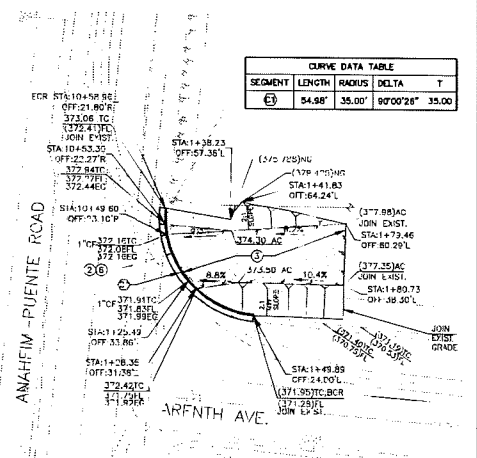
ARENTH AVENUE TYPICAL SECTION
SCALE: 1"=5'
STA. 3190.00 TO STA. 9105.00
STA. 30100.00 TO STA. 35185.00



DETAIL 'F' - TYPICAL CONCRETE SLURRY DETAIL
NOT TO SCALE
SHALLOW UTILITY PROTECTION DETAIL



ARENTH AVENUE TYPICAL SECTION FOR EXISTING AC GUTTER OVERLAY
SCALE: 1"=5'
STA. 34100 TO STA. 30100



CURVE DATA TABLE				
SEGMENT	LENGTH	RADIUS	DELTA	T
⑤	54.88'	35.00'	90°00'28"	35.00'

CURB RETURN DETAIL 1
SCALE: 1"=20'

CONSTRUCTION NOTES:

- 1 SAW CUT AND REMOVE EXISTING AC PAVEMENT INCLUDING BASE.
- 2 SAW CUT AND REMOVE EXISTING CURB AND GUTTER INCLUDING DISE.
- 3 SAW CUT, REMOVE EXISTING AC AND BASE AND RECONSTRUCT WITH 4" AC AND 8" BASE.
- 4 REMOVE AC PAVEMENT TOP OF GUTTER AND PROTECT GUTTER SURFACE.
- 5 CONSTRUCT TYPE A2 CURB AND GUTTER INCLUDING BASE PER CITY OF INDUSTRY STD. PLAN NO. 112.
- 6 CONSTRUCT 6.5" AC (2" AC-PC 64-10 ON 4.5" B2-PG 64-10) OVER 18" AGGREGATE BASE PER CALTRANS SPECIFICATIONS FOR CLASS 2 AGGREGATE BASE.
- 7 CONSTRUCT 10.5" "UNITED PLANE CONCRETE PAVEMENT" OVER 8" AGGREGATE BASE PER CALTRANS SPECIFICATIONS FOR CLASS 2 AGGREGATE BASE.
- 8 INSTALL GEGRID REINFORCING FABRIC (TENSAR TX-5 OR EQUAL).

CITY OF INDUSTRY

APPROVED BY: JOSHUA NELSON, PE CITY ENGINEER DATE

ARENTH AVENUE STREET IMPROVEMENTS
ANAHEIM-PUENTE ROAD TO PHILLIPS DRIVE

TYPICAL SECTIONS AND CONSTRUCTION DETAIL

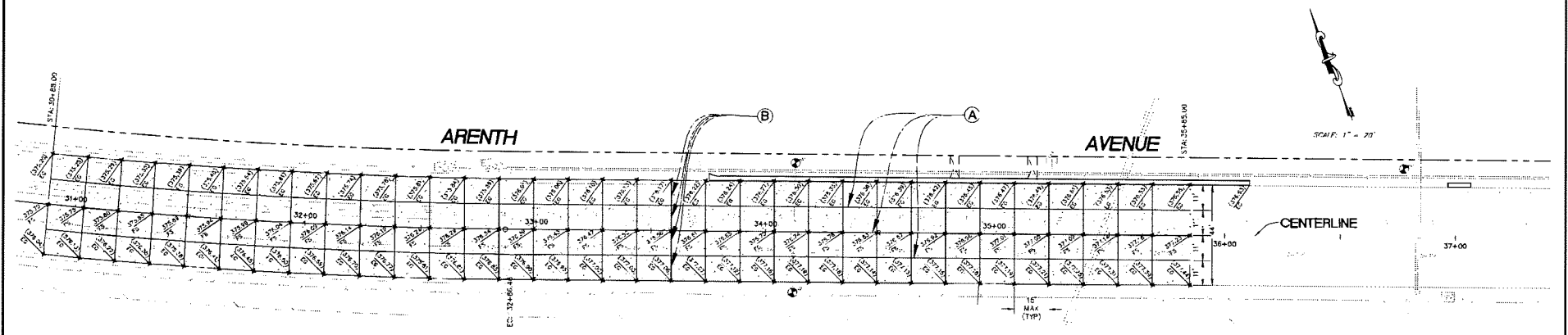
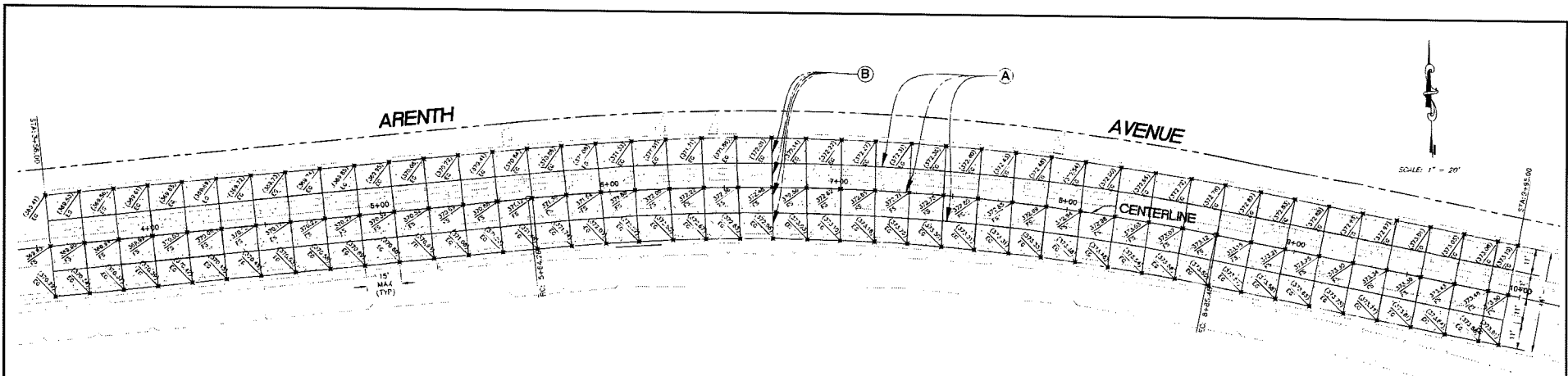
DESIGN BY: JLL CHECKED BY: JLL JOB NO.: MP 14-12
DRAWN BY: RLL DATE: 2/1/2018 CONTRACT NO.: CITY-1433 SHT. 1 OF 2

NO.	REV.	DESCRIPTION	DATE



Prepared by: **CNC**
ENGINEERING
220 N. Main Street, Ste. 222
City of Industry, CA 91744
Phone (626) 331-5334
Fax (626) 235-7296
Consulting Civil Engineers - Surveyors

UPENDRA L. JOSHI, R.C.E. 72535 DATE



- LEGEND:**
- (A) LONGITUDINAL CONSTRUCTION JOINT PER CALTRANS STD. PLAN NO. P1
 - (B) TRANSVERSE CONSTRUCTION JOINT AT 15 FOOT MAXIMUM SPACING PER CALTRANS STD. PLAN. NO. P1.

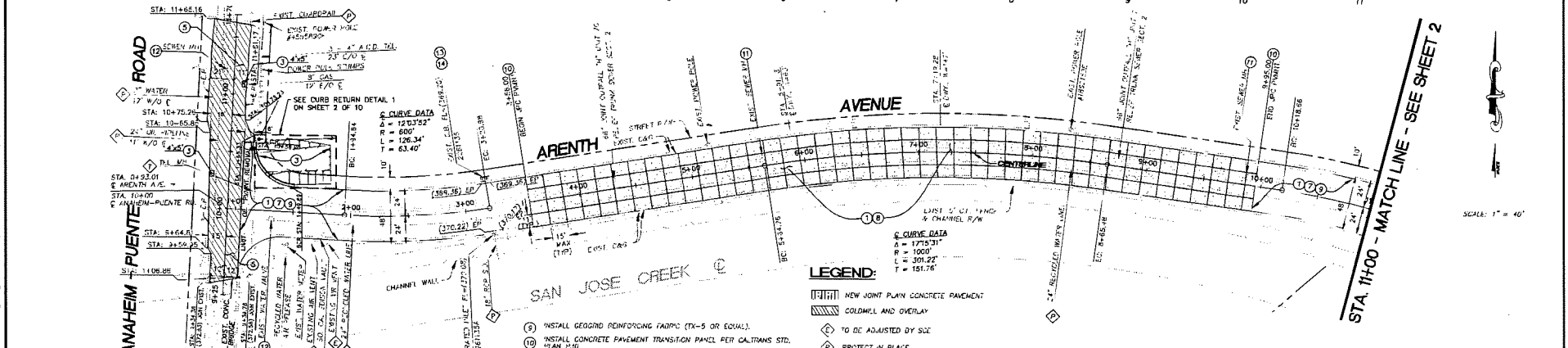
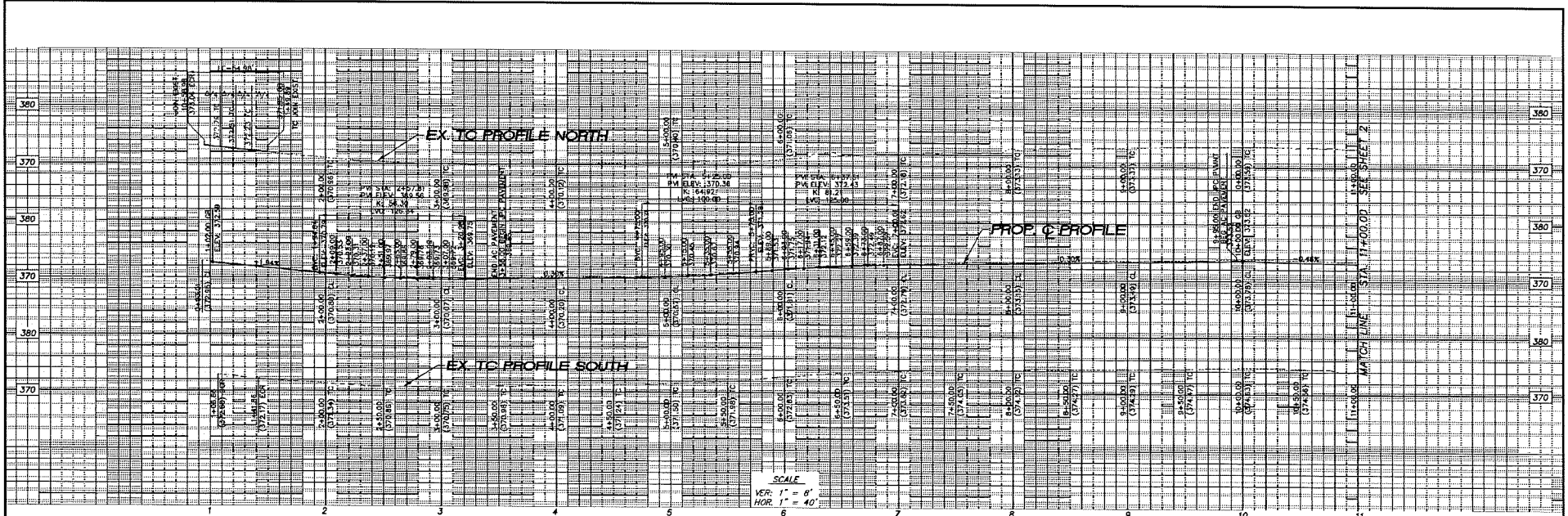
B.M. AR-1 ELEV. 370.568 FT.
 B.C. MON. IN N. C.S. OF ARENTH RD.
 1 FT. W. OF PP#182316; E. OF
 ANAHEIM-PUENTE RD. @ STA. 314.3173
 INDUSTRY, CA.

NO.	DATE	REVISIONS	BY



Prepared by
CNC
 ENGINEERING
 225 N. MacArthur Blvd., Ste. 222
 City of Industry, CA 91744
 Phone (626) 333-0336
 Fax (626) 336-7076

CITY OF INDUSTRY			
APPROVED BY:	JOSHUA NELSON, PE CITY ENGINEER		DATE
ARENTH AVENUE STREET IMPROVEMENTS ANAHEIM-PUENTE ROAD TO PHILLIPS DRIVE			
JOINT PLANE CONCRETE PAVEMENT DETAIL PLAN			
STA. 30+56.00 TO STA. 34+95.00 STA. 30+88.00 TO STA. 35+83.73			
DESIGN BY: J.L.J.	CHECKED BY: J.L.K.	JOB NO.: MP 14-12	SHT. 2 OF 2
DRAWN BY: R.L.L.	DATE: JULY 2018	CONTRACT NO.: CITY-1433	



- CONSTRUCTION NOTES:**
1. SAW CUT AND REMOVE EXISTING AC PAVEMENT INCLUDING BASE.
 2. SAW CUT, REMOVE EXISTING AC AND BASE AND RECONSTRUCT WITH 4" AC AND 8" BASE.
 3. COLDMILL 2" AND OVERLAY 2" AC (C2-PC 54-10).
 4. QUINSTRICH 6.5" AC (2" C2-PC 64-10 ON 4.5" C2-PC 64-10) UNLV 18" ADEQUATE BASE PER CALTRANS SPECIFICATIONS FOR CLASS 2 ADEQUATE BASE.
 5. CONSTRUCT 10.5" JOINTED PLANE CONCRETE PAVEMENT OVER 8" ADEQUATE BASE PER CALTRANS SPECIFICATIONS FOR CLASS 2 ADEQUATE BASE.
 6. INSTALL GEGRID REINFORCING FABRIC (TW-5 OR EQUAL).
 7. INSTALL CONCRETE PAVEMENT TRANSITION PANEL PER CALTRANS STD. PLAN 11-10.
 8. RESTRICTED CSD REFER MANHOLE FRAME AND COVER TO FINISH GRADE PER LA COUNTY SANITATION DISTRICT PROCEDURE.
 9. ADJUST EXISTING WATER VALVE COVER TO GRADE.
 10. HEAVY AND WEARLAGE CATCH BASIN FACE PLATE ASSEMBLY PER SPWAC STD. PLAN 310-3 (TYPE-A).
 11. UNKNOWN AND INSTALL CONNECTIVITY PIPE SCREEN (CPS) PER PRODUCT SPECIFICATIONS.

LEGEND:

- NEW JOINT PLAIN CONCRETE PAVEMENT
- COLDMILL AND OVERLAY
- TO BE ADJUSTED BY SSC
- PROTECT IN PLACE
- TO BE ADJUSTED BY FRONTIER CALIFORNIA, INC.

NO.	DATE	REVISIONS	BY	DT

CITY OF INDUSTRY

ARENTH AVENUE STREET IMPROVEMENTS
ANAHAIM-PUENTE ROAD TO PHILLIPS DRIVE

PLAN AND PROFILE
 STA. 00+93.01 TO STA. 11+00.00

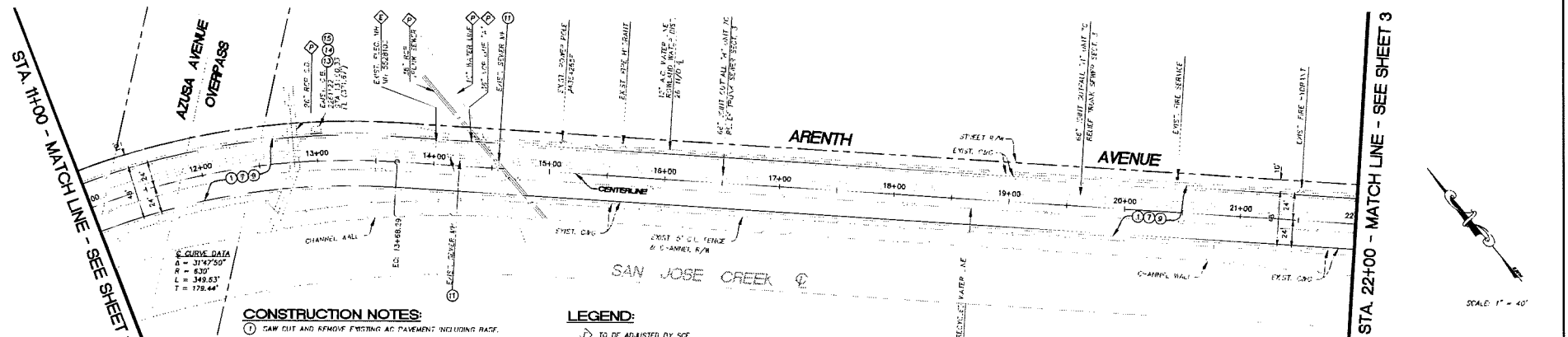
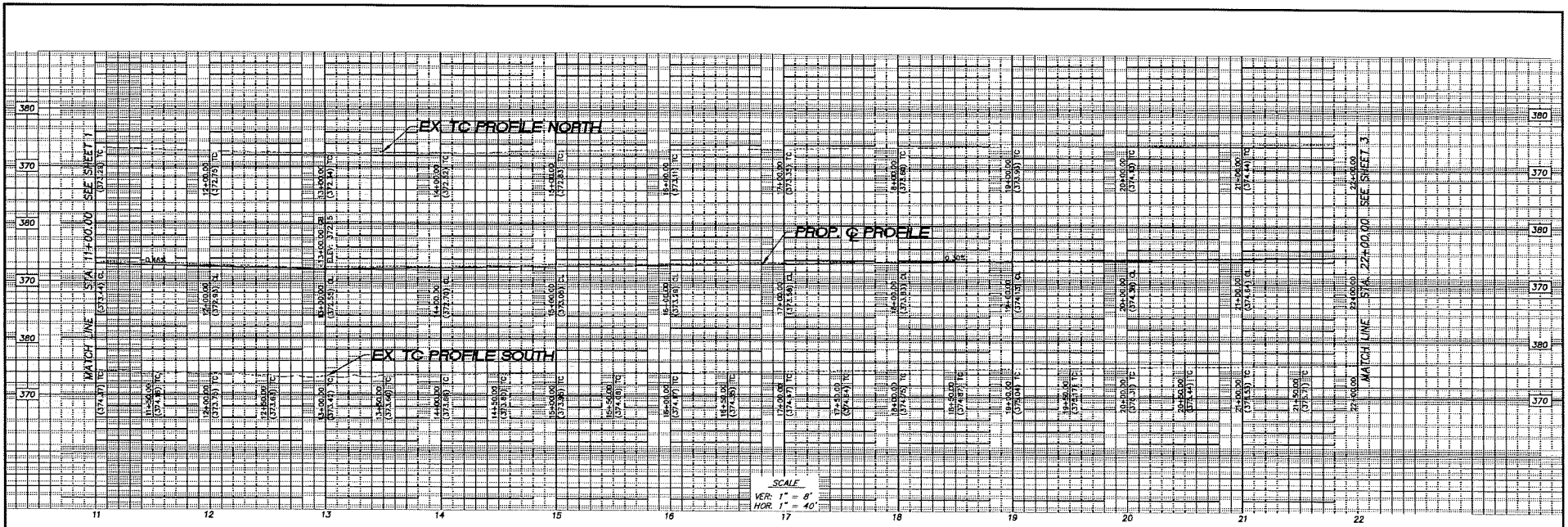
Prepared by: **CNC ENGINEERING**
 255 N. Main Street, Suite 202
 City of Industry, CA 91744
 Phone (626) 334-0336
 Fax (626) 334-7076

EMPLOYER: L. JOSHI, H.C.E., 7/25/20
 DATE: 7/25/20
 DRAWN BY: K.L.L. DATE: 7/25/20
 CHECKED BY: J.L.M. DATE: 7/25/20

JOB NO.: MP 14-12
 CONTRACT NO.: CITY-1433

SHT. 1 OF 5
 CONTRACT DRAWING 4 OF 10

B.M. AN-1 ELEV. 130.404 FT.
 B.C. MON. IN N. C.S. OF ARENTH RD.
 1 FT. W. OF P24' BENCH MARK, E. OF
 ANAHAIM MILWAUKEE MIL. Q STA. 2+17.8
 INDUSTRY, CA



- CONSTRUCTION NOTES:**
1. C&G CUT AND REMOVE EXISTING AC PAVEMENT INCLUDING BASE.
 2. CONSTRUCT 6.5" AC (2" CO-PR 64-10 ON 4.5" R2-PG 64-10) OVER 18" AGGREGATE BASE PER CALTRANS SPECIFICATIONS FOR CLASS 2 AGGREGATE BASE.
 3. INSTALL GEOTEXT REINFORCING FABRIC (TENSAR TX-5 OR EQUAL).
 4. RECONSTRUCT C&G SEWER MANHOLE FRAMES AND COVER TO FINISH GRADE PER LA COUNTY SANITATION UTILITIES REGULATIONS.
 5. REMOVE AND REPLACE CATCH BASIN FACE PLATE ASSEMBLY PER SPECIFIC PLAN 310-3 (TYPE-A).
 6. FURNISH AND INSTALL CONNECTOR PIPE SCREEN (CPS) PER PROJECT SPECIFICATIONS.
 7. FURNISH AND INSTALL AUTOMATIC RETRACTABLE SCREEN (ARS) PER PROJECT SPECIFICATIONS.

- LEGEND:**
- ◊ TO BE ADJUSTED BY SLO
 - ◊ PROTECT IN PLACE

CURVE DATA
 P = 3174.750'
 R = 830'
 Δ = 149.53°
 T = 179.44'

B.M. AR-1 ELEV. 322.586 FT.
 B.C. MON. IN N. C.B. OF ARENTH RD.
 1.1 FT. W. OF INTERSECTION E. OF
 ANAHEIM PUENTE RD. @ STA. 5+18
 INDUSTRY, CA.

NO.	DATE	REVISIONS	BY	CHK

Prepared by: **CNC**
 225 N. Holladay Blvd., Ste. 222
 City of Industry, CA 91744
 Phone (626) 333-0336
 Fax (626) 338-7076

IMPERIAL L. JORNI, M.C.E., 7/29/2018 UATL

CITY OF INDUSTRY

APPROVED BY: JOSHUA NELSON, PE CITY ENGINEER DATE: _____

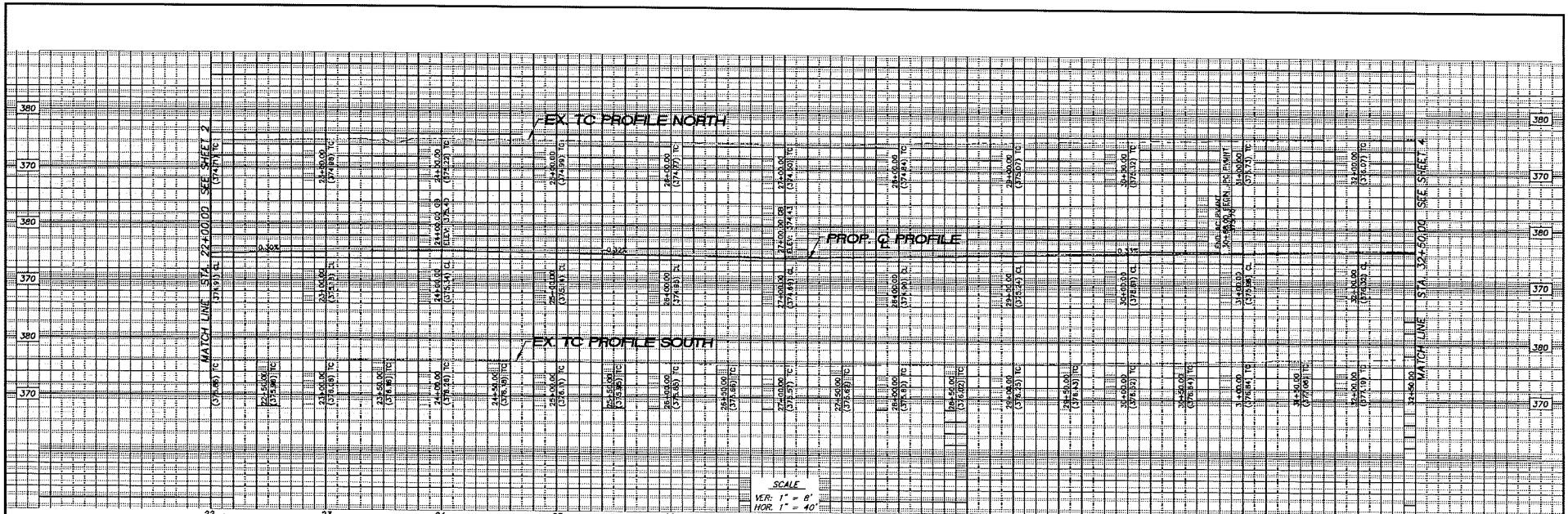
ARENTH AVENUE STREET IMPROVEMENTS
ANAHEIM-PUENTE ROAD TO PHILLIPS DRIVE

PLAN AND PROFILE
 STA. 11+00.00 TO STA. 22+00.00

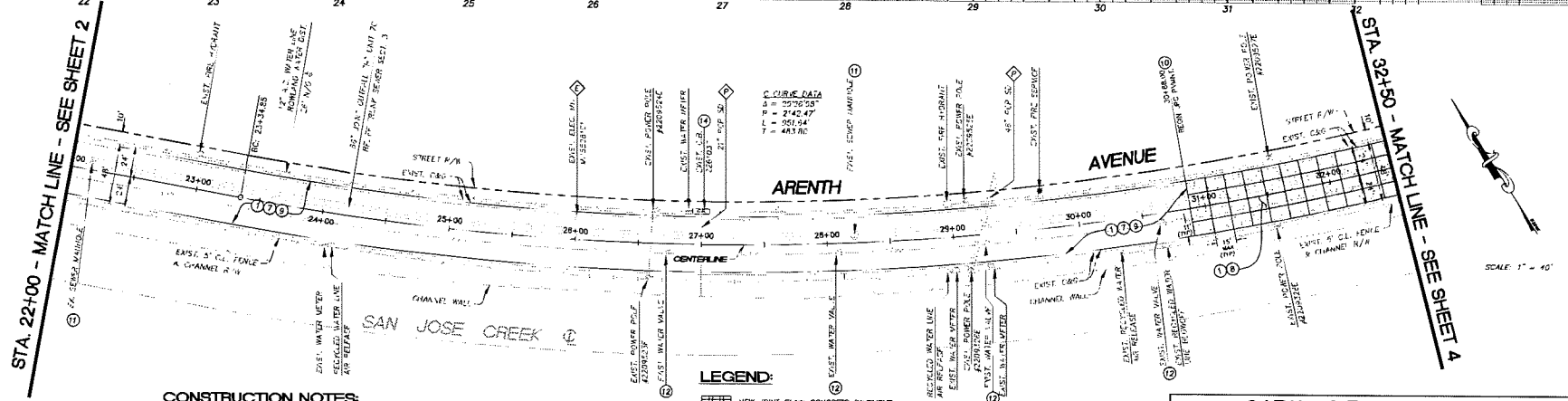
DESIGN NO.: J14
 CHECKED BY: JLN
 DRAWN BY: KLL
 DATE: JULY 2018

JOB NO.: MP 14-12
 CONTRACT NO.: CITY-1433

SHT. 2 OF 5
 CONTRACT DRAWING 5 OF 10



SCALE
 VER: 1" = 6'
 HOR: 1" = 40'



CONSTRUCTION NOTES:

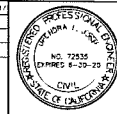
- 1 SAW CUT AND REMOVE EXISTING ASPHALT PAVEMENT INCLUDING BUMP
- 2 CONSTRUCT 6" AC (1" CR-NG 64-10 ON 4.5" B2-FC 64-10) OVER 18" AGGREGATE BASE PER CALTRANS SPECIFICATIONS FOR CLASS 2 AGGREGATE BASE.
- 3 CONSTRUCT 13.5" JOINTED PLANE CONCRETE PAVEMENT OVER 6" AGGREGATE BASE PER CALTRANS SPECIFICATIONS FOR CLASS 2 AGGREGATE BASE.
- 4 INSTALL GEOTEXTILE REINFORCING FABRIC (TENSAR TX-5 OR EQUAL).
- 5 INSTALL CONCRETE PAVEMENT TRANSITION PANEL PER CALTRANS STD. PLAN P30.
- 6 RECONSTRUCT CSD SEWER MANHOLE FRAME AND COVER TO FINISH GRADE PER LA COUNTY SANITATION DISTRICT PROCEDURE.
- 7 ADJUST EXISTING WATER VALVE COVER TO GRADE.
- 8 FURNISH AND INSTALL CONNECTOR PIPE BETWEEN CSDS PER MANUFACTURER SPECIFICATIONS.

LEGEND:

- NEW JOINT PLAN CONCRETE PAVEMENT
- TO BE ADJUSTED BY SEE
- PROTECT IN PLACE

NO.	DATE	REVISIONS	BY	DT

B.M. AN-1 ELEV. 370.500 FT.
 D.C. MON. IN N. C.D. OF ARENTH RD.
 1 FT. W. OF PD#182151E, E. OF
 ANAHEIM HULENIA MO. W. STA. 2118
 INDUSTRY, CA



Prepared by:
CNC
 ENGINEERING
 255 N. Harbor Blvd., Ste. 222
 Cit. of Industry, Ca. 91744
 Phone (626) 233-2336
 Fax (626) 334-7076

CITY OF INDUSTRY

APPROVED BY: JOSHUA NELSON, PE CITY ENGINEER DATE: _____

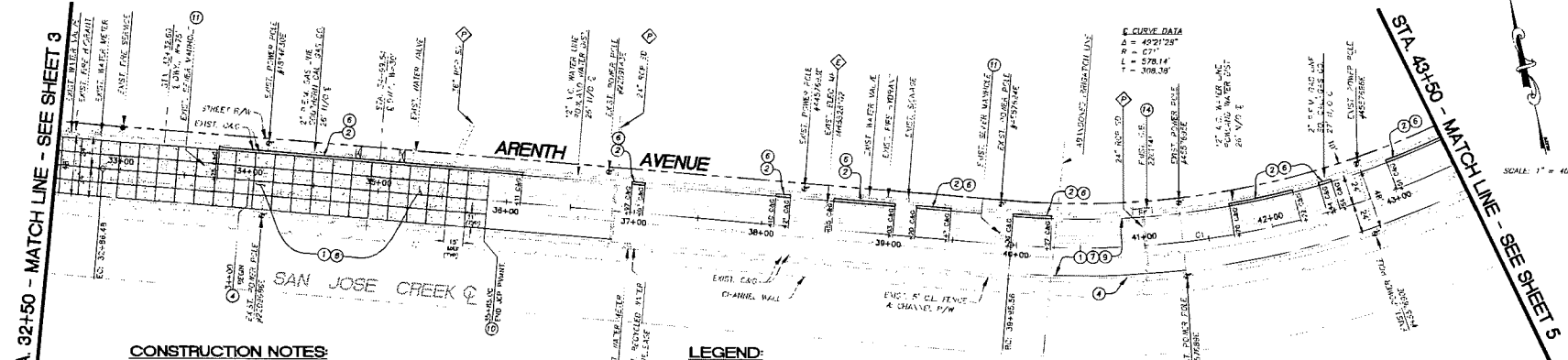
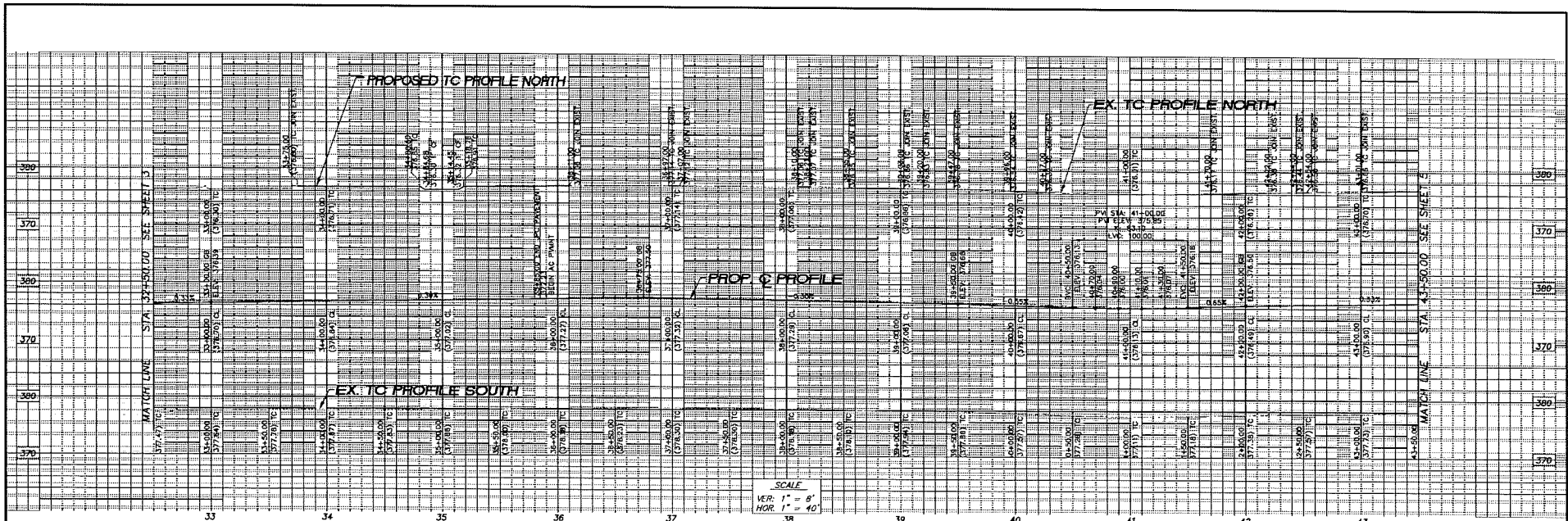
ARENTH AVENUE STREET IMPROVEMENTS
 ANAHEIM-PUENTE ROAD TO PHILLIPS DRIVE

PLAN AND PROFILE
 STA. 22+00.00 TO STA. 32+50.00

DESIGN BY: JLN CHECKED BY: JLN JOB NO.: MP 14-12
 DRAWN BY: RLL DATE: JULY 2018 CONTRACT NO.: CITY-1433

DATE: EUPHEMIA L. JOSHI, P.E. 7/25/18

INDUSTRY, CA



CONSTRUCTION NOTES:

- 1 SAW CUT AND REMOVE EXISTING AC PAVEMENT INCLUDING BASE.
- 2 SAW CUT AND REMOVE EXISTING CURB AND GUTTER INCLUDING RACE.
- 3 REMOVE AC PAVEMENT TOP OF GUTTER AND PROTECT OUTER SUMP WALL.
- 4 CONSTRUCT TYPE A2 CURB AND GUTTER PER CITY OF INDUSTRY STD. PLAN NO. 112.
- 5 CONSTRUCT 9.5" AC (3" C2-PC 6#-10 ON 4.5" B2-PC 6#-10) OVER 18" AGGREGATE BASE PER CALTRANS SPECIFICATIONS FOR CLASS 2 AGGREGATE BASE.
- 6 CONSTRUCT 10.5" JOINTED PLANE CONCRETE PAVEMENT OVER 8" AGGREGATE BASE PER CALTRANS SPECIFICATIONS FOR CLASS 2 AGGREGATE BASE.

- 6 INSTALL GEOTEXT REINFORCING FABRIC (15MSP 17-2 CM LOCAL)
- 10 INSTAL CONCRETE PAVEMENT TRANSITION PANEL PER CALTRANS STD. PLAN 320.
- 11 RECONSTRUCT CSO SEWER MANHOLE FRAME AND COVER TO FINISH GRADE PER COUNTY SANITATION DISTRICT PROCEDURAL COUNTY SANITATION DISTRICT PROCEDURE
- 14 FURNISH AND INSTALL CONNECTOR PIPE SCHEDULE 40SP PER PROJECT SPECIFICATIONS.

LEGEND:

- [Symbol] NEW JOINT PLAIN CONCRETE PAVEMENT
- [Symbol] TO BE ADJUSTED BY SIZE
- [Symbol] PROTECT IN PLACE.

NO	DATE	REVISIONS	BY

B.M. AR-1 ELEV 370.566 FT.
 B.C. MON. IN N. C.B. OF ARENTH RD.
 1 FT. W. OF PP412515E; E. OF ANAHEIM MOUNTAIN RD. S14. 5113
 INDUSTRY, CA.



Prepared by: **CNC ENGINEERING**
 255 N. Hacienda Blvd., Ste. 222
 City of Industry, CA 91744
 Phone (626) 333-0334
 Fax (626) 336-7076

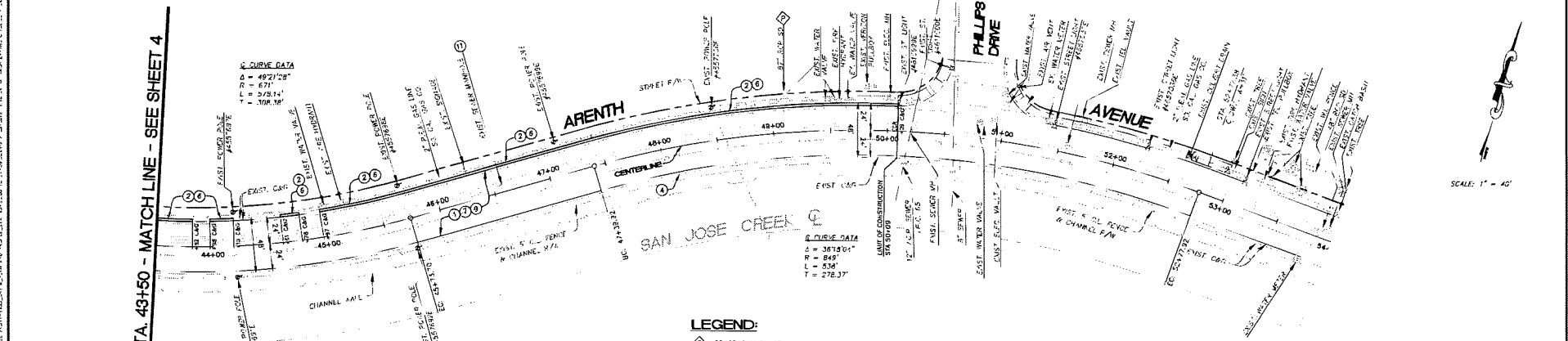
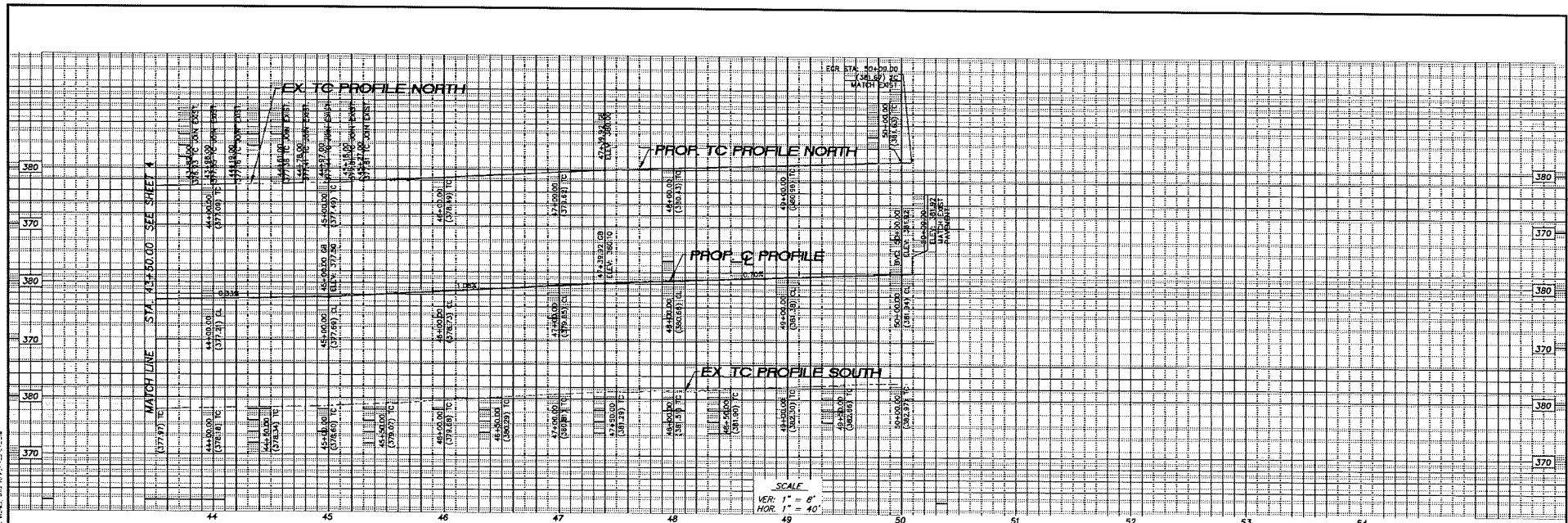
CITY OF INDUSTRY

APPROVED BY: JOSHUA NELSON, PE CITY ENGINEER DATE: _____

**ARENTH AVENUE STREET IMPROVEMENTS
 ANAHEIM-PUENTE ROAD TO PHILLIPS DRIVE
 PLAN AND PROFILE
 STA. 32+50.00 TO STA. 43+50.00**

DESIGN BY: JLL CHECKED BY: JLL JOB NO.: MP 14-12
 DRAWN BY: RLL DATE: JULY 2018 CONTRACT NO.: CITY-1433 SHT. 4 OF 5

CONTRACT DRAWING 7 OF 10



STA. 43+50 - MATCH LINE - SEE SHEET 4

C CURVE DATA
 R = 4921'28"
 L = 671'
 P = 3/8" x 1"
 T = 109.16'

B CURVE DATA
 R = 3618'04"
 L = 849'
 P = 1/2" x 1"
 T = 278.37'

CONSTRUCTION NOTES:

- 1 SAW CUT AND REMOVE EXISTING AC PAVEMENT INCLUDING BASE.
- 2 SAW CUT AND REMOVE EXISTING CURB AND GUTTER INCLUDING SURFALTA.
- 3 REMOVE AC PAVEMENT TOP OF GUTTER AND PROTECT GUTTER SURFALTA.
- 4 CONSTRUCT 6.5" AC (2" CO-PC 64-10 ON 4.5" B2-PS 64-10) OVER 18" AGGREGATE BASE PER CALTRANS SPECIFICATIONS FOR CLASS 2 AGGREGATE BASE.
- 5 CONSTRUCT 6.5" AC (2" CO-PC 64-10 ON 4.5" B2-PS 64-10) OVER 18" AGGREGATE BASE PER CALTRANS SPECIFICATIONS FOR CLASS 2 AGGREGATE BASE.

- 1 CONSTRUCT 6.5" AC (2" CO-PC 64-10 ON 4.5" B2-PS 64-10) OVER 18" AGGREGATE BASE PER CALTRANS SPECIFICATIONS FOR CLASS 2 AGGREGATE BASE.
- 2 INSTALL GEOTEXT REINFORCING FABRIC (TENSAR TX-5 OR EQUAL).
- 3 RECONSTRUCT CSO DRAIN MANHOLE FRAME AND COVER TO FINISH GRADE PER LA COUNTY SANITATION DISTRICT PROCEDURE.

LEGEND:
 (Symbol) PROTECT IN PLACE

NO	DATE	REVISIONS	BY	CHK

B.M. ELEV. FT.
 D.C. MON. IN N. C.B. OF ARENTH RD.
 1 FT. W. OF PROPOSED E. OF
 ANAHEIM MANHOLE NO. M STA. 4175
 INVENTORY: CA



Prepared by
CNC
 ENGINEERING
 CONSULTING ENGINEERS

255 N. MacArthur Blvd., Ste. 222
 City of Industry, CA 91744
 Phone (909) 333-3336
 Fax (909) 336-7878

CITY OF INDUSTRY

APPROVED BY: _____ DATE: _____
 JOSHUA NELSON, PE CITY ENGINEER

ARENTH AVENUE STREET IMPROVEMENTS
 ANAHEIM-PUENTE ROAD TO PHILLIPS DRIVE

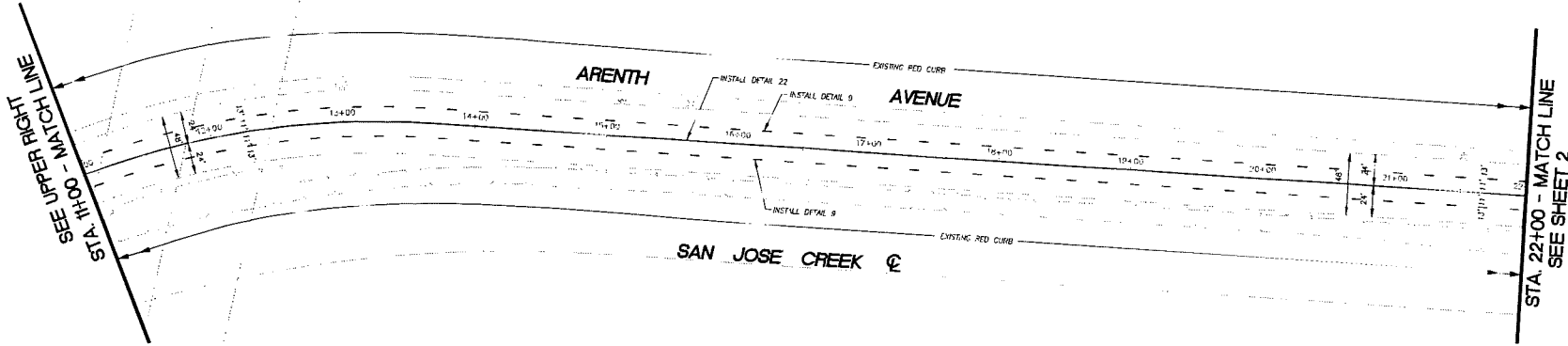
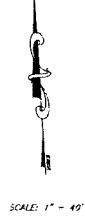
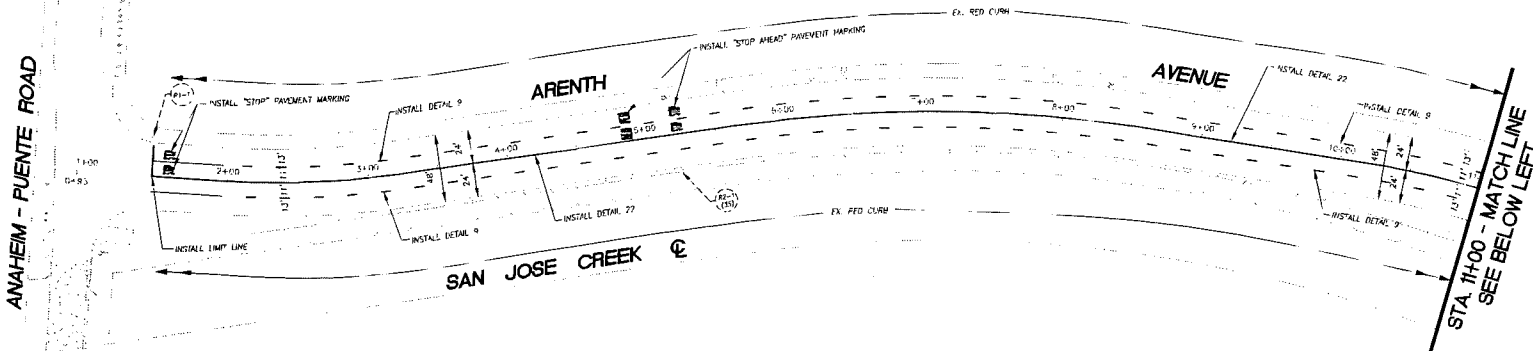
PLAN AND PROFILE
 STA. 43+50.00 TO STA. 50+09.00

DESIGNED BY: JLN CHECKED BY: JLN
 DRAWN BY: KLL DATE: JULY 2008

HOB NO.: MP 14-12
 CONTRACT NO.: CITY-1433 SHT. 5 OF 5

CONTRACT DRAWING 8 OF 10

ANAHEIM - PUENTE ROAD



GENERAL NOTES:

1. ALL PAVEMENT LINES AND PAVEMENT MARKINGS SHOWN SHALL BE INSTALLED WITH TWO-COAT PAINT BY COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS, UNLESS OTHERWISE NOTED.
2. ALL TRAFFIC LINES AND PAVEMENT MARKINGS SHALL CONFORM TO CALTRANS STANDARD PLANS AND SPECIFICATIONS (LATEST EDITION).
3. ALL CONFLICTING LINES AND MARKINGS SHALL BE REMOVED BY NET SANDBLASTING OR GRINDING (THEN PAINTED BLACK) AND INCLUDES REMOVAL OF WEAR SURFACE MARKINGS.
4. ALL TURN ARROW MARKINGS SHALL BE TYPE 'V' (L OR R) UNLESS OTHERWISE NOTED.
5. ALL LANE STRIPING AT INTERSECTION APPROACHES WITHOUT CROSSLANE OR CURB LINES SHALL END TO 15 FT FROM THE EXTENSION OF THE INTERSECTING CURB LINE.
6. ALL LANE LINES 4" IN PROPORTION APPROACHES AND DELTA PAVEMENTS SHALL BEGIN AND END WITH 50 FEET OF 4-INCH SOLID WHITE LINE.
7. LANE WIDTHS SHALL BE MEASURED BETWEEN THE CENTERLINES OF EACH ADJACENT SINGLE OR DOUBLE STRIP OR TOP OF CURB AS APPROPRIATE.
8. PROPOSED LIMIT LINE SHALL BE PLACED AT A MINIMUM OF 4 FEET BEHIND THE CURB EXTENSION OR EDGE OF TRAVEL WAY (NO EXISTING CURB RAMP) IN THE CASE OF INTERSECTION WITH CURB RAMP, THE LIMIT LINE SHALL BE PLACED BEHIND THE RAMP'S LANDING AREA, BUT IN NO CASE GREATER THAN 30 FEET BACK.
9. ALL NEW SIGNING SHALL CONFORM TO THE CALIFORNIA MANUAL OF UNIFORM TRAFFIC CONTROL DEVICES, LATEST EDITION.
10. ALL SIGNING SHOWN HEREON SHALL BE INSTALLED, RELOCATED OR REMOVED BY COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS UNLESS OTHERWISE NOTED. CALL 626-459-1708 5 DAYS PRIOR FOR COORDINATION.
11. PROPOSED STRIPING BY COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS. CALL 626-459-1708 5 DAYS PRIOR FOR COORDINATION.

LEGEND:

	EXISTING SIGNAGE
	SINGLE POST WITH SIGNAGE
	EXISTING STREET NAME SIGNAGE

FOR REFERENCE ONLY

NO.	DATE	REVISIONS	BY	CHKD

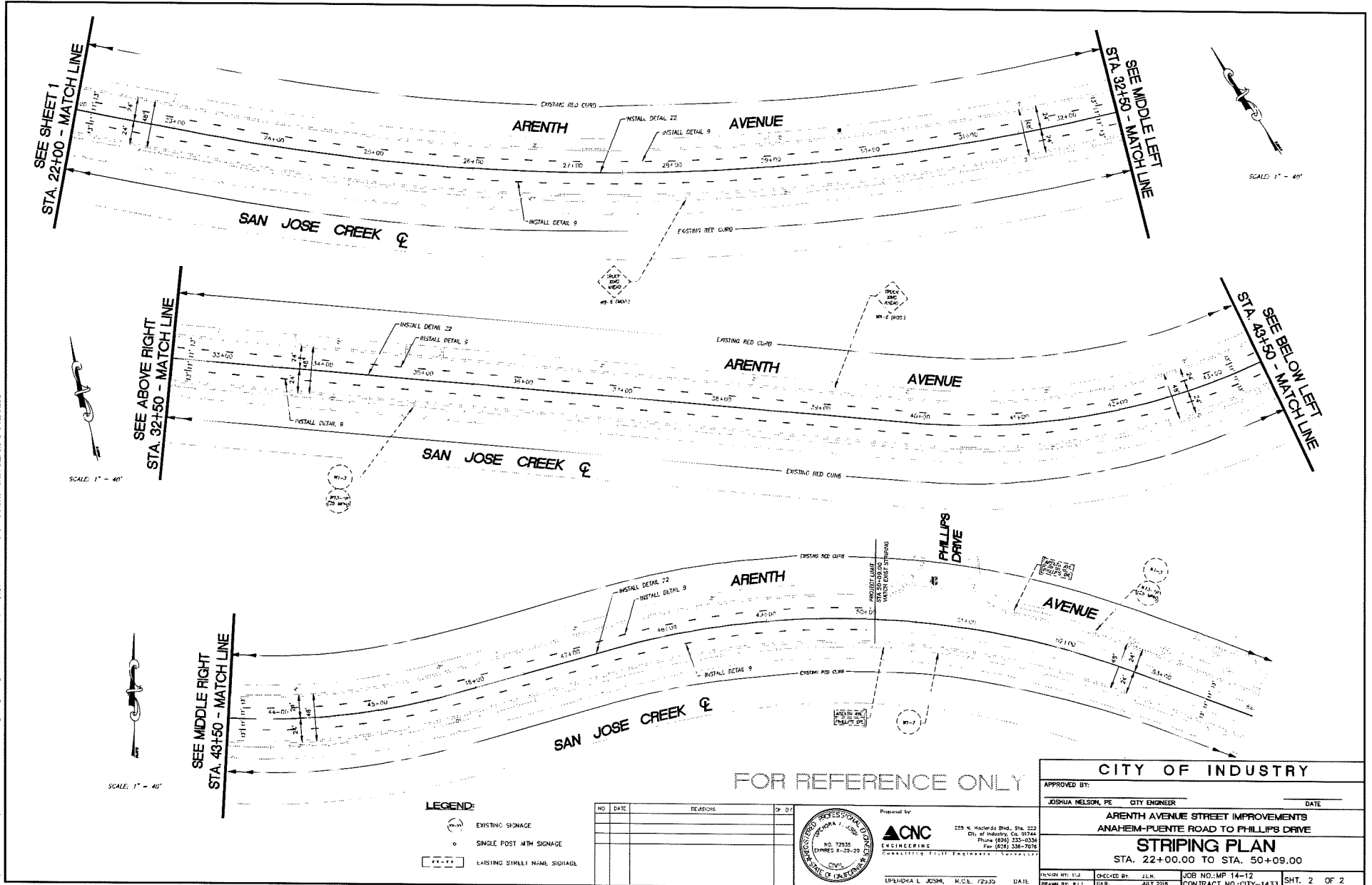


Prepared by
CNC
 ENGINEERING
 225 N. Hacienda Blvd., Ste. 222
 City of Industry, CA 91744
 Phone (626) 338-3336
 Fax (626) 338-7876
 CONSULTING CIVIL ENGINEERS

CITY OF INDUSTRY			
APPROVED BY: _____ DATE: _____			
ARENTH AVENUE STREET IMPROVEMENTS ANAHEIM-PUENTE ROAD TO PHILLIPS DRIVE STRIPING PLAN STA. 00+00.00 TO STA. 22+00.00			
DESIGN BY: U.L.J.	CHECKED BY: U.L.J.	JOB NO.: MP 14-12	SHT. 1 OF 2
DRAWN BY: P.L.L.	DATE: MAY 2018	CONTRACT NO.: QTY-1433	
CONTRACT DRAWING 9 OF 10			

A:\CITY OF INDUSTRY\PROJECTS\2018\14-12\14-12-001\14-12-001-001\14-12-001-001-001.dwg, 2018-05-18 10:10:10 AM, 14-12-001-001-001.dwg, 14-12-001-001-001.dwg, 14-12-001-001-001.dwg

1. DATE PLOTTED: 04/17/2018 2. PLOTTER: HP DesignJet T1100PS 3. PLOT SCALE: 1" = 40' 4. PLOT SIZE: 36" x 48" 5. PLOT ORIENTATION: Landscape 6. PLOT POSITION: Center 7. PLOT METHOD: Plot by Sheet 8. PLOT STATUS: Success



- LEGEND:**
- EXISTING SIGNAGE
 - SINGLE POST WITH SIGNAGE
 - EXISTING STREET NAME SIGNAGE

NO.	DATE	REVISIONS	BY	DT



Prepared by:
CNC
 ENGINEERING
 CONSULTING ENGINEERS
 255 N. Hacienda Blvd., Ste. 222
 City of Industry, CA 91744
 Phone (626) 335-6234
 Fax (626) 335-7076

CITY OF INDUSTRY

APPROVED BY: _____ DATE: _____

JOSHUA NELSON, PE CITY ENGINEER

**ARENTH AVENUE STREET IMPROVEMENTS
ANAHEIM-PUENTE ROAD TO PHILLIPS DRIVE**

STRIPING PLAN
STA. 22+00.00 TO STA. 50+09.00

DESIGNED BY: JLN	CHECKED BY: JLN	JOB NO.: MP 14-12	SHT. 2 OF 2
DRAWN BY: RLL	DATE: JULY 2018	CONTRACT NO.: CITY-1433	

CONTRACT DRAWING 10 OF 10

FOR REFERENCE ONLY

CITY COUNCIL

ITEM NO. 6.2



CITY OF INDUSTRY

P.O. Box 3366 • 15625 E. Stafford St. • City of Industry, CA 91744-0366 • (626) 333-2211 • FAX (626) 961-6795

MEMORANDUM

To: Honorable Mayor Radecki and Members of the City Council

From: Troy Helling, Acting City Manager *TH*

Date: August 9, 2018

SUBJECT: Consideration of restructuring the existing loan for the Industry Convalescent Hospital dba El Encanto Healthcare & Habilitation Center for the next 18 to 24 months

Background:

In 1940, the Industry Convalescent Hospital dba El Encanto Healthcare and Habilitation Center (El Encanto) a non-profit skilled nursing facility opened and has provided comprehensive rehabilitation and skilled nursing care, as well as long term residential care to residents of the San Gabriel Valley. El Encanto provides services to the disabled, elderly and poor at 555 El Encanto Drive, City of Industry, CA 91745 under Federal and State Licensure. The facility has a total bed capacity of 244 with 89 beds classified as Intermediate Care for the Developmentally Disabled and 155 Skilled Nursing.

The City of Industry (City) purchased the El Encanto property which was later acquired by the Industry Urban Development Agency (Agency) on December 23, 1975. The Agency continues to hold title to the property. Over the years, the Agency and City have provided for rehabilitation of the property consistent with providing a quality environment for the provision of health care facility services and maintenance property.

On December 6, 1990, the City and El Encanto entered into a loan agreement (Exhibit D). Under the agreement, El Encanto obtained periodic advances to provide financial assistance in meeting its necessary levels of service. Repayment of the loan is based on whether El Encanto has a surplus.

In January 2006, El Encanto requested and received its last advance prior to earlier this year.

In 2007, El Encanto made a \$400,000 payment to the City of Industry per the terms of the loan agreement.

In May 2010, Congress passed the Patient Protection and Affordable Care Act (Affordable Care Act) to provide quality, affordable health care for all Americans. The passage of the legislation provided for immediate expansion in health care coverage for all Americans which increased some costs to providers. In order to stay compliant with the Affordable Care Act mandates, operating costs have increased to operate El Encanto.

On January 1, 2017, the State of California minimum wage increased to \$10.50 per hour. Again on January 1, 2018 California's minimum wage increased to \$11.00 per hour. El Encanto's personnel costs have also increased due to the minimum wage increases.

On June 19, 2018, the Oversight Board of the Successor Agency to the Industry Urban Development Agency approved a purchase agreement for the City to purchase and retain ownership of the El Encanto property.

DISCUSSION

El Encanto has submitted to the City their 2015 Office of Statewide Health Planning and Development (OSHPD) audited report attached hereto as Exhibit A. On an annual basis, El Encanto submits its operating expenses to the City for review. Attached hereto are the operating expenses submitted to the City for 2016 as Exhibit B. These documents will allow the City to start working towards a resolution on the outstanding loan balance and provide background for further discussion of the City's Commitment to El Encanto.

On May 11, 2018, El Encanto submitted a formal request to the City attached hereto as Exhibit C requesting that the current loan be restructured and asking for an advance between El Encanto and the City. In addition, the facility is in the process of evaluating facility upgrades, expanding its continuum of care with sub-acute services and dialysis services in the near future. The improvements will provide for a greater population to be served within the community. Over 95% of El Encanto residents receive government assistance through the federal Medicaid program (Medi-Cal in California). In order for El Encanto revenues to increase, the facility needs to be upgraded to provide for more comprehensive services to San Gabriel Valley residents.

On May 24, 2018, Council gave direction for staff to advance El Encanto \$200,000.00 per the terms of the existing loan agreement and report back to the Council when additional funds would be needed.

As the City works towards a resolution of the outstanding loan amount, it is imperative that quality healthcare services continue to be provided, serving the greater public good.

Fiscal Impact:

Approve advances as part of the existing loan not to exceed \$350,000.00 from General Fund – Civic Financial Center Expenses – Maintenance (Account No. 100-625-5068).

Recommendation:

- 1.) Staff recommends that the City Council approve advances as part of the existing loan to the Industry Convalescent Hospital dba El Encanto Healthcare & Habilitation Center; and bring back a revised loan agreement for Council's consideration.
- 2.) Approve an appropriation not to exceed \$350,000.00 from General Fund – Civic Financial Center Expenses – Maintenance (Account No. 100-625-5068).
- 3.) Authorize the City Manager to meet with the management of El Encanto Healthcare to formulate a plan with the continued commitment of the City of Industry allowing for future advances, and the expansion of services and necessary facility upgrades creating a sustainable model permitting repayment of the loan to the City.

Exhibits:

- A. Letter from El Encanto Healthcare & Habilitation Center dated May 11, 2018
 - B. El Encanto Healthcare & Habilitation Center Business Plan 2015 Office of Statewide Health Planning and Development (OSHDP) Audited Report
 - C. Loan Agreement Dated December 19, 1963
 - D. Loan Agreement dated December 6, 1990.
-

EXHIBIT A

[Attached]



El Encanto

Healthcare & Habilitation Center

Over 50 years of Community Service

5/11/18

Troy Helling
Acting City Manager
City of Industry
15625 East Stafford St.
City of Industry, CA 91744

Dear Mr. Helling,

As a Non-Profit organization, El Encanto Healthcare is truly a community service. With great honor and care we have been serving the developmentally disabled, the elderly, the poor, and infirmed of the San Gabriel Valley for over 78 years. El Encanto Healthcare is the only facility in the state of California that is licensed dually as a Skilled Nursing Facility and an Intermediate Care Facility for the Developmentally Disabled. Hacienda-La Puente School District and Rio Hondo College are among the 6 different schools that currently train and teach nurses of the future at El Encanto.

Over 95% of the patients at El Encanto are on Medi-Cal government assistance to receive care. In serving this population and providing them with the utmost in care, it is a financial challenge. In years past, El Encanto has relied upon the City of Industry to provide financial assistance. Fortunately, El Encanto Healthcare has not needed to request assistance in over 12 years. In fact, El Encanto made a \$400,000 payment to the City of Industry in 2007. With the pressures of the Affordable Care Act, as well as the increase in labor costs in California, the time has come for us to reach out to the City for assistance.

We are in the process of adding different levels of care to our operations so that we remain sustainable in the future, improving our continuum of care with Sub- Acute Services and Dialysis. This will not only allow us to take better care of our population, but enhance our ability to care for many more types of patients. Furthermore, this will bring an increase to the more than 200 jobs we supply for the surrounding communities. When complete, these new service levels create the ability to again make payments to the city for the investment it has put forth into the care of its residents and families of our surrounding communities. In that endeavor, we ask to restructure our loan that is currently at 6% to a more realistic and applicable inter-governmental interest rate. By re- amortizing the principal and giving El Encanto a line of credit to access for the next 24 months, it would allow us to work with the City administration and the Board to collaborate on a new vision and business plan that would allow El Encanto to repay the city and continue to serve the community and residents of the San Gabriel Valley for years to come.

Thank You for Your Time and Attention,

Ken Calvo, Administrator

EXHIBIT B

[Attached]

DATE PREPARED: 01/18/2016
Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

GENERAL INFORMATION AND CERTIFICATION

REPORT 1 OSHPD FACILITY NO: 206190266
Report Period: 07/01/2014 To 06/30/2015

1. Legal Name of Facility	INDUSTRY CONVALESCENT HOSPITAL				
2. State License Number	206190266				
3. Medi-Cal Provider No.	ZZT18648G				
4. D.B.A.(Do Business As)	EL ENCANTO HEALTHCARE & HABILITATION CENTER				
5. Facility Business Phone	(626)330-2789				
6. Facility Street Address	555 SOUTH EL ENCANTO ROAD				
7. City	CITY OF INDUSTRY				
8. Zip Code	917450000				
9. Mailing Address					
10. City					
11. Zip Code	0000				
12. Administrator	KEN CALVO				
13. Report Contact Person	RUTH D. MENDOZA				
14. Contact Phone	(562)882-3179 EXT				
15. Mailing Address	11137 GONSALVES PLACE				
16. City	CERRITOS				
17. State	CA				
18. Zip Code	90703				
19. Prev. Name of Facility				20. Date of Change	/ /
21. Prev. State License No.				22. Date of Change	/ /
23. Prev. Medi-Cal No.				24. Date of Change	/ /
25. Reporting Period Began	07/01/2014	26. Reporting Period End	06/30/2015	97. Software Vendor	HFS

CERTIFICATION

The certification and mailing instructions are NOT printed to avoid confusion.

NO COMPUTER PRINTED REPORTS MAY BE SUBMITTED TO OSHPD.

ONLY COMPUTER PREPARED DISKETTES MAY BE SUBMITTED TO OSHPD.

	(1)		(2)	(3)
License Category (Check Only One)	(X)	Third Party Payor Programs (Complete All That Apply)	Date Certified	(X)
01 Skilled Nursing Facility	X	Medicare	11/01/89	X
02 Intermediate Care Facility		Medi-Cal/SNF	04/25/86	X
03 SNF/Residential		Medi-Cal/ICF	/ /	
04 ICF/Residential		Medi-Cal/MD	/ /	
05 Congregate Living Hlth Fac		Medi-Cal/DD	09/01/76	X
06		Short-Doyle	/ /	
07		VA		
08		Champus		
09				

	(1)		(2)	(3)
Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)
10 Church Related		Corporation		X
11 Not-for-Profit	X	Division of a Corporation		
12 Investor Owned		Partnership		
13 Governmental:		Proprietorship		
14 State				
15 County				
16 City/County				
17 City				
18 District				

Describe any items which management believes may have a significant effect on the data in this report:

- 25
- 26
- 27
- 28
- 29
- 30

Health Services	Code
01 Pharmacy	(1) 3
02 Patient supplies	1
03 Laboratory	3
04 Radiology	3
05 Physical therapy	2
06 Inhalation therapy	6
07 Speech therapy	2
08 Occupational therapy	2
09 Audiology	5
10 Prosthetic devices	5
11 Social services	1
12 Physician care	4
13 Dental care	4
14 Podiatric care	4
15 Chiropractic care	5
16 Optometric care	4
17 Psychiatric care	4
18 Recreation/Activity	1
19 Alcoholism/Substance Abuse Treatment and Recovery	5
20 Home Health	5
21 Hospice	5
22 Long-term Rehabilitation	5
23 Patient Education	5
24 Adult Day Health Care	5
25	0
26	0
27	0

CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1. Service maintained in facility and staffed by facility personnel. Related expenses reported on page 10.1, columns 1, 2 and 3.
2. Service maintained in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on page 10.1, column 3.
3. Service not maintained in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on page 10.1, column 3.
4. Service not maintained in facility but available from an outside provider under contract arrangement whereby patient or third party payors are billed directly by the outside provider.
5. Service not maintained in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.
6. Service maintained, but not used during reporting cycle.

The purpose of this schedule is to identify the facility's transactions during the current reporting period with related persons or organization related by common ownership or control as defined in Title 42 of Federal Regulations (CFR), Section 413.17. For an explanation of related party control, see the instructions for this form.

A. Are there any costs or revenues included in the Statement of Income for the current period which are a result of transactions with related persons or organizations as defined in the instructions?(Exclude compensation of owners and their relatives reported in G).

005 Yes (If "Yes", complete Item A1) No

A1. List below those transactions referred to in A.

RELATED PARTY TRANSACTIONS - STATEMENT OF INCOME			
(1) Account Title	(2) Related Party	(3) Service or Supply	(4) Transaction Amount
010			
011			
012			
013			
014			

B. Are there any assets or liabilities which are included in the Balance Sheet for the current period which are a result of transactions with related persons or organizations as defined in the instructions for this form.

035 Yes (If "Yes", complete Item B1) No

B1. List below those transactions referred to in B.

RELATED PARTY TRANSACTIONS - BALANCE SHEET		
(1) Account Title	(2) Related Party	(3) Transaction Amount
040		
041		
042		
043		
044		

C. Is the facility part of an organization with two or more health facilities under common ownership or control, as defined in the instructions for this form?

060 Yes (If "Yes", complete Items D and F) No (If "no" proceed to Item H)

D. Is this facility a:

065 Parent Subsidiary Division Other (If subsidiary or division, complete item E)

E. Name and address of parent organization:

070 Name:

075 Address:

076 City:

077 State:

078 zip:

F. NAME, ADDRESS, AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

(1) Name	(2) Address	(3) % of Ownership
080		000
081		000
082		000
083		000
084		000
085		000
086		000
087		000
088		000
089		000

G. STATEMENT OF COMPENSATION FOR OWNERS AND THEIR RELATIVES*

(1) Name	(2) Title and Function	(3) % of Ownership Interest	(4) Average Hours per Week Devoted to Business	(5) Compensation** Included in Costs for This Period
100				
101				
102				
103				

* Owner means any individual having a 5% or more equity interest, direct or indirect, in the entity licensed as a health facility as defined in 42 CRF 455.101 and 455.102. An owner's relatives are defined as: spouse, son, daughter, grandchild, great-grandchild, stepchild, brother, sister, half-brother, half-sister, stepbrother, stepsister, parent, grandparent, great-grandparent, stepmother, stepfather, niece, nephew, aunt, uncle, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law.

**Compensation as used in this schedule has the same definition as in 42 CFR 413.102 and refers to cash, personal benefits, cost of assets or services used, deferred compensation, or other consideration, including non-monetary, given in exchange for services provided to the organization.

H. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

140	145
141	146
142	147
143	148
144	149

I. GOVERNING BOARD OFFICERS AND MEMBERS

(1) Name	(2) Occupation	(3) Compensation*
160 DON SACHS	VICE PRESIDENT	
161 PHILLIS TUCKER	SECRETARY/TREASURER	
162 DAVID PEREZ	BOARD MEMBER	
163		
164		
165		

*Amount received from all sources for services rendered as a board member.

J. STATEMENT OF COMPENSATION PAID TO ADMINISTRATORS AND/OR ASSISTANT ADMINISTRATORS(OTHER THAN OWNERS)

(1) Name	(2) Title and Duties Performed	(3) Average Hours per week Devoted to Business	(4) Compensation This Period	(5) Compensation Prior Period
180 KEN CALVO	ADMINISTRATOR	40	161215	157406
181				
182				

K. Does the facility use a Management Company?
 185 Yes (If "Yes", provide the following information) No (If "No", proceed to M)

195 Name:
 200 Address:
 205 City: 215 State: CA 220 Zip: 0
 221 Telephone No: () -

NAMES OF MANAGEMENT COMPANY OWNERS HAVING MORE THAN 5% EQUITY INTEREST

222	226
223	227
224	228
225	229

M. Are Financial Statements available for the reporting period?
 325 Yes (If "Yes", please enclose a copy) No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?
 335 Yes No
 (IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

(1)	(2)	(3)	(4)
Account Description	Account Number	Amount	Explanation of Allocations
Interim Period Home Office Cost Allocations			
340			
341			
342			
343	SUBTOTAL-INTERIM PERIOD (sum of lines 340 through 342)		
	Year End Home Office Cost Allocations		
344			
345			
346			
347	SUBTOTAL-YEAR END (sum of lines 344 through 346)		
348	TOTAL HOME OFFICE COST ALLOCATIONS(line 343 plus line 347)		
	Home Office Equity Allocations		
ASSET			
349			
350			
LIABILITY			
351			
352			
353	TOTAL EQUITY ALLOCATIONS (sum of lines 349 through 352)		

P. Were any assets disposed of during the reporting period?
 355 Yes No
 If "Yes", attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360 Yes No
 If "Yes" and through a savings and loan association, include the name and address on lines 365 through 369 below
 If "Yes", and through a standard trust system, complete lines 370 and 375)

365 Name: WELLS FARGO / EAST WEST BANK
 366 Address: PO BOX 63020 /130 N LOS ROBLES
 367 City: SAN FRANCISCO/ PASAD 368 State: CA 369 zip: 94163

PATIENT TRUST ACTIVITY ACCOUNT		
370	Balance of Trust Account at beginning of the reporting period	55,312
371	Total deposits to the Trust Account during the reporting period,	209,630
372	Interest Added/Earned	65
373	Total Deposits and Interest (Sum of lines 371 and 372)	209,695
374	Total Trust Account expenditures	226,462
375	Balance of Trust Account at end of the reporting period (Line (370 + 373) - 374)	38,545

DATE PREPARED: 01/18/2016

FACILITY CENSUS AND REVENUE INFORMATION

REPORT 4.1 OSHPD FACILITY NO: 206190266

Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

Report Period: 07/01/2014 To 06/30/2015

PATIENT DAYS	Account Number	(1) Medicare	(2) Medi-Cal	(3) Self-Pay	(4) Managed Care	(5) Other Payers	(6) Total (Cols. 1-5)
Routine Services:							
005 Skilled Nursing Care	3100	2,256	35,447	1,411	2,995	2,303	44,412
010 Intermediate Care	3200						
015 Mentally Disordered Care	3300						
020 Developmentally Disabled Care	3400		14,421	365		27	14,813
025 Sub-Acute Care	3500						
030 Sub-Acute Care - Pediatric	3600						
035 Transitional Inpatient Care	3700						
040 Hospice Inpatient Care	3800						
045 Other Routine Services	3900						
070 Subtotal (lines 5 through 45)		2,256	49,868	1,776	2,995	2,330	59,225

DATE PREPARED: 01/18/2016

FACILITY CENSUS AND REVENUE INFORMATION

REPORT 4.2 OSHPD FACILITY NO: 206190266

Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

Report Period: 07/01/2014 To 06/30/2015

GROSS REVENUE TITLE	Account Number	(1) Medicare		(3) Medi-Cal		(5) Self-Pay		
		Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	
Routine Services:								
005 Skilled Nursing Care	3100	496,900		7,798,340		310,420		
010 Intermediate Care	3200							
015 Mentally Disordered Care	3300							
020 Developmentally Disabled Care	3400			3,172,620		80,300		
025 Sub-Acute Care	3500							
030 Sub-Acute Care - Pediatric	3600							
035 Transitional Inpatient Care	3700							
040 Hospice Inpatient Care	3800							
045 Other Routine Services	3900							
070 Subtotal (lines 5 through 45)		496,900		10,970,960		390,720		
Ancillary Services:								
105 Patient Supplies	4100	38,658		485,398		35,300		
110 Specialized Support Surfaces	4150							
115 Physical Therapy	4200	354,826		16,878		7,350		
120 Respiratory Therapy	4220							
125 Occupational Therapy	4250	145,066		12,016		1,064		
130 Speech Therapy	4280	36,251		4,524				
135 Pharmacy	4300	301,204		47,421				
140 Laboratory	4400	37,500		9,304		355		
145 Home Health Services	4800							
155 Other Ancillary Services	4900	33,653		26,599		6,407		
170 Subtotal (lines 105 through 155)		947,158		602,140		50,476		
175 Total (lines 70 and 170)		1,444,058		11,573,100		441,196		

ACCOUNT TITLE	Account Number	(1) Deductions From Revenue
205 Charity Adjustments	5100	
210 Administrative Adjustments	5200	
215 Contractual Adjustments - Medicare	5310	191,909
220 Contractual Adjustments - Medi-Cal	5320	2,104,977
222 Contractual Adjustments - Managed Care	5320	538,544
225 Contractual Adjustments - Other	5340	53,870
230 Other Deductions from Revenue	5400	
240 Total (lines 205 through 230)		2,889,300

DATE PREPARED: 01/18/2016

FACILITY CENSUS AND REVENUE INFORMATION

REPORT 4.2 OSHPD FACILITY NO: 206190266

Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

Report Period: 07/01/2014 To 06/30/2015

ACCOUNT TITLE	Account Number	Managed Care		Other Inpatient	Other Outpatient		Total	
		(7) Inpatient	(8) Outpatient		(9) Inpatient	(10) Outpatient	(11) Inpatient	(12) Outpatient
Routine Services:		.01	.41	.09	.49	(cs.1,3,4,7,9)	(cs.2,4,6,8,10)	
005 Skilled Nursing Care	3100	684,785		506,660			9,797,105	
010 Intermediate Care	3200							
015 Mentally Disordered Care	3300							
020 Developmentally Disabled Care	3400			5,940			3,258,860	
025 Sub-Acute Care	3500							
030 Sub-Acute Care - Pediatric	3600							
035 Transitional Inpatient Care	3700							
040 Hospice Inpatient Care	3800							
045 Other Routine Services	3900							
070 Subtotal (lines 5 through 45)		684,785		512,600			13,055,965	
Ancillary Services:								
105 Patient Supplies	4100	147,742		16,244			723,342	
110 Specialized Support Surfaces	4150							
115 Physical Therapy	4200	475,816		80			854,950	
120 Respiratory Therapy	4220							
125 Occupational Therapy	4250	19,870					178,016	
130 Speech Therapy	4280	80,814		343			121,932	
135 Pharmacy	4300	444,693		2,653			795,971	
140 Laboratory	4400	5,713		1,220			54,092	
145 Home Health Services	4800							
155 Other Ancillary Services	4900	97,686		1,427			165,772	
170 Subtotal (lines 105 through 155)		1,272,334		21,967			2,894,075	
175 Total (lines 70 and 170)		1,957,119		534,567			15,950,040	

OTHER CENSUS INFORMATION	Number (1)
Licensed Beds:	
005 End of Period	244
010 Average (Monthly average)	244
Available Beds:	
020 End of Period	244
025 Average (Monthly average)	244
040 Admissions (Excluding transfers)	387
045 Discharges (Excluding transfers)	378
060 Occupancy Rate(Page 4.1, line 70, column 1 / (Line 010 x days in reporting	66.50%

PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS	Total (1)	Medi-Cal (2)
100 Sub-Acute Care (Ventilator-Dependent)		
115 Other Sub-Acute Care		
120 Total Sub-Acute Care Patient Days (Sum of Ls. 100 & 115)		
130 Sub-Acute Care - Pediatric (Ventilator-Dependent)		
145 Other Sub-Acute Care - Pediatric		
150 Total Sub-Acute Care Pediatric Patient Days (Sum of Ls 130 and 145)		
165 Transitional Inpatient Care - Medical		
170 Transitional Inpatient Care - Rehabilitation		
175 Total Transitional Inpatient Care Patient Days (Sum of lines 165 and 170)		

FOR MEDI-CAL PROVIDERS, ONLY

RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY	Amount (1)
200 Total Billed Charges-Medi-Cal (Net of contractual adjustments)	9,468,123
205 Less: Patient Liability	
210 Third Party and Other Liability	
215 Noncovered Charges	
240 Other	
250 Net Medi-Cal Received/Receivable from Fiscal Intermediary (combine lines 200 through 240)	9,468,123

Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

Report Period: 07/01/2014 To 06/30/2015

	Account No.	(1) Current Reporting Period	(2) Prior Reporting Period	Medi-Cal Proprietary Facilities, Only		
				(3)* Adjustments And Reclassification	(4)** Adjusted Current Balance	(5) Adjusted Balance Prior Period
ASSETS						
CURRENT ASSETS						
005	Cash	1000	1,843,626		1,843,626	3,133,549
010	Marketable securities, at cost	1010				
015	Assets whose use is limited - required for current liabilities (must agree with line 85)					
020	Accounts and notes receivable	1020	3,420,129	2,054,083	3,420,129	2,054,083
025	Less estimated allowances for uncollectables and contractual adjustments	1040	-379,880	-148,710	-379,880	-148,710
030	Receivables from third party payors for contract settlement	1050				
035	Pledges and other receivables	1060	94,582		94,582	
040	Due from restricted funds	1070				
045	Inventories at lower of cost or market	1080	57,086	53,415	57,086	53,415
050	Receivables from related parties, current	1090				
055	Prepaid expenses and other current assets	1100	222,543	274,446	222,543	274,446
060	TOTAL CURRENT ASSETS (Sum of Lines 005 thru 055)		5,258,086	5,366,783	5,258,086	5,366,783
ASSETS WHOSE USE IS LIMITED						
065	Cash	1160				
070	Marketable securities	1170				
075	Other Assets	1180				
080	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 065 thru 075)					
085	Less assets whose use is limited and that are required for current liabilities					
090	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 080 less line 085)					
PROPERTY, PLANT, AND EQUIPMENT						
095	Land	1200				
100	Land improvements	1210				
105	Buildings and improvements	1220				
110	Less accumulated depreciation - buildings and improvements, land improvements	1270				
115	Leasehold improvements	1230	1,540,485	1,508,736	1,540,485	1,508,736
120	Less accumulated depreciation - leasehold improvements	1280	-1,205,528	-1,133,784	-1,205,528	-1,133,784
125	Equipment	1240	1,812,931	1,783,587	1,812,931	1,783,587
130	Less accumulated depreciation-equipment	1290	-1,628,033	-1,569,970	-1,628,033	-1,569,970
135	NET PROPERTY, PLANT AND EQUIPMENT (Sum Ls. 095-130)		519,855	588,569	519,855	588,569
140	Construction in progress	1250	54,343		54,343	
INVESTMENTS AND OTHER ASSETS						
145	Investments in property, plant and equipment	1310				
150	Less accumulated depreciation - Investments in property, plant and equipment	1320				
155	Other investments, at cost	1330				
160	Receivables from related parties, noncurrent	1340				
165	Deposits and other assets	1350				
170	TOTAL INVESTMENT AND OTHER ASSETS (Sum Ls. 145-165)					
INTANGIBLE ASSETS						
175	Goodwill	1360				
180	Unamortized loan costs	1370				
185	Organizational costs	1380				
190	Other intangible assets	1390				
195	TOTAL INTANGIBLE ASSETS (Sum of Lines 175-190)					
200	TOTAL ASSETS (Sum of lines 060, 090, 135, 140, 170 and 195) (Must agree with Page 5.2, Line 185)		5,832,284	5,955,352	5,832,284	5,955,352
OTHER INFORMATION						
205	Current market value-current asset marketable securities (Line 10)					
210	Current market value-other investments (Line 155)					
215	Cost to complete construction in progress (Line 140)				46,000	

* From Page 5.4

** Combine Columns 1 and 3

Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

Report Period: 07/01/2014 To 06/30/2015

LIABILITIES AND EQUITY	Account No.	(1) Current Reporting Period	(2) Prior Reporting Period	Medi-Cal Proprietary Facilities, only		
				(3)* Adjustments And Reclassification	(4)** Adjusted Balance Current Period	(5) Adjusted Balance Prior Period
CURRENT LIABILITIES						
005	Notes and loans payable	2000				
010	Accounts payable	2010	601,256	323,424	601,256	323,424
015	Accrued compensation and related liabilities	2020	841,358	898,093	841,358	898,093
020	Other accrued liabilities	2030	508,255	581,813	508,255	581,813
025	Advance from third party payors	2040				
030	Payable to third party payors for contract settlement	2050	46,791		46,791	
035	Due to restricted funds	2060				
040	Income taxes payable	2070				
045	Payables to related parties, current	2080				
050	Current maturities of long term debt(Must agree with line 125)					
055	Other current liabilities	2090				
060	TOTAL CURRENT LIABILITIES(Sum Ls. 005 thru 055)		1,997,660	1,803,330	1,997,660	1,803,330
DEFERRED CREDITS						
065	Deferred income taxes	2110				
070	Deferred third party income	2120				
075	Other deferred credits	2130	128,913	121,073	128,913	121,073
080	TOTAL DEFERRED CREDITS(Sum Ls. 065 thru 075)		128,913	121,073	128,913	121,073
LONG TERM DEBT						
085	Mortgages payable	2210				
090	Construction loans	2220				
095	Notes under revolving credit	2230				
100	Capitalized lease obligations	2240				
105	Bonds payable	2250				
110	Payables to related parties, noncurrent	2260				
115	Other noncurrent liabilities	2270	42,233,834	41,038,481	42,233,834	41,038,481
120	TOTAL LONG-TERM DEBT (Sum of lines 85-115) (Must include current maturities)		42,233,834	41,038,481	42,233,834	41,038,481
125	Less amount shown as current maturities(Must = L.50)					
130	NET LONG TERM DEBT (Line 120 minus 125)		42,233,834	41,038,481	42,233,834	41,038,481
135	TOTAL LIABILITIES (Sum Ls. 060,080 & 130)		44,360,407	42,962,884	44,360,407	42,962,884
FUND EQUITY (not-for-profit)						
140	General fund balance	2410-2430	-38,528,123	-37,007,532	-38,528,123	-37,007,532
145	Divisional fund balance	2460				
EQUITY (investor-owned)						
150	Preferred stock	2410				
155	Common stock	2420				
160	Additional paid-in capital	2430				
165	Retained earnings/capital account for partnership or sole proprietorship)	2440/2410				
170	Less treasury stock	2450				
175	Divisional equity	2460				
180	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col 5, line 32)		-38,528,123	-37,007,532	-38,528,123	-37,007,532
185	TOTAL LIABILITIES AND EQUITY(Sum Ls. 135 and 180) (Must agree with Page 5.1, line 200)		5,832,284	5,955,352	5,832,284	5,955,352

* From Page 5.4

** Combine Columns 1 and 3

Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

Report Period: 07/01/2014 To 06/30/2015

(1) Detail for Page 5.2 C1 Line No.	(2) Date Obligation Incurred (Year Only)	(3) Principal Amount at Date of Obligation	(4) Due Date(*) (Year Only)	(5) Interest Rate (%)	(6) Unpaid Principal (**)	
01						
02						
03						
04	115	2003	42,233,834	2016	6.00	42,233,834
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

(*)If more than one due date or interest rate, list each with unpaid principal amount. Report rates to two decimal places.
 (**)Sum of all lines must agree with Page 5.2, Column 1, Line 120.

DATE PREPARED: 01/18/2016

ADJUSTMENTS AND RECLASSIFICATIONS
BALANCE SHEET FOR COMPUTATION OF RETURN ON
EQUITY CAPITAL
(Medi-Cal Providers Only)

REPORT 5.4 OSHPD FACILITY NO: 206190266

Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER
(1)

Report Period: 07/01/2014 To 06/30/2015

	(2) Page 5.1 & Page 5.2 Line Nos.	(3) AMOUNT Increase (Decrease)	(4) EXPLANATION OF ADJUSTMENT
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
50	TOTAL (Combine Ls. 1 thru 30)		

DATE PREPARED: 01/18/2016
 Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

STATEMENT OF CHANGES IN EQUITY
 GENERAL FUND

REPORT 7 OSHPD FACILITY NO: 206190266
 Report Period: 07/01/2014 To 06/30/2015

	(1)	EXTERNALLY RESTRICTED FUNDS		
	Total	(2)	(3)	(4)
	Equity	Plant	Specific	Endowment
		Replacement	Purpose (A)	
		And		
		Expansion		
BALANCE AT BEGINNING OF YEAR,				
01 -AS PREVIOUSLY REPORTED	-37,007,532			
02 Prior period audit adjustments				
03				
04				
05				
06				
07 RESTATED BEGINNING BALANCE (Combine Ls. 1-6)*	-37,007,532			
Additions(deductions):				
08 Net income(loss)	-1,202,657			
09 Capital contributions				
10 Proceeds from sale of stock				
11 Owners draw				
12 Restricted contributions and grants				
13 Restricted investment income				
14 Expenditures for specific purposes				
15 Dividends paid				
16 Donated property,plant & equipment				
17 Acquisitions of Pooled companies				
18 Stock options exercised				
19 Related party transfers				
20 Unrealized losses on marketable securities				
21 ROUNDING DIFFERENCE				
22 ADJUSTMENT TO RETAINED EARNING	-317,934			
23 TOTAL ADDITIONS (DEDUCTIONS) (Combine Ls. 8-22)	-1,520,591			
Transfers:				
25 Property and equipment additions				
26 Principal payments on long-term debt				
27				
28				
29				
30				
31 TOTAL TRANSFERS (Combine Ls. 25-30)				
32 BALANCE AT END OF YEAR (Ls. 7, 23 & 31)**	-38,528,123			

*Column 1, Line 7 must agree with Page 5.2, Column 2, Line 180.
 Column 2, Line 7 must be equal to Page 6, Column 4, Line 45.
 Column 3, Line 7 must agree with Page 6, Column 4, Line 145.
 Column 4, Line 7 must agree with Page 6, Column 4, Line 245.
 **Column 1, Line 32 must agree with Page 5.2, Column 1, Line 180.
 Column 2, Line 32 must agree with Page 6, Column 3, Line 45.
 Column 3, Line 32 must agree with Page 6, Column 3, Line 145.
 Column 4, Line 32 must agree with Page 6, Column 3, Line 245.

(A) District Facilities - Include Bone Interest and Redemption.

Description	Account No.	(1) Current Period	(2) Prior Period	
HEALTH CARE REVENUES:				
005	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	13,055,965	12,043,505
007	Gross Ancillary Services Net Revenue	P.4.2 C.10+12 L.170	2,894,075	3,457,527
010	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	2,889,300	2,603,548
015	NET PATIENT SERVICE REVENUE	Lines 5 + 7 - 10	13,060,740	12,897,484
020	Other Operating Rev from Health Care Operations	From 10.2,line 100	6,657	3,224
025	NET OPERATING REVENUE FROM HLTH CARE OPER	Lines 15 + 20	13,067,397	12,900,708
HEALTH CARE EXPENSES:				
Routine Services:				
030	Skilled Nursing Care	6110	4,486,622	4,231,522
035	Intermediate Care	6120		
040	Mentally Disordered Care	6130		
045	Developmentally Disabled Care	6140	1,456,021	1,472,148
050	Sub-Acute Care	6150		
051	Sub-Acute Care - Pediatric	6160		
053	Transitional Inpatient Care	6170		
055	Hospice Inpatient Care	6180		
060	Other Routine Services	6190		
065	Total Routine Services	Lines 030 thru 060	5,942,643	5,703,670
Ancillary Services:				
070	Patient Supplies	8100	95,500	181,402
072	Specialized Support Services	8150		
075	Physical Therapy	8200	294,415	347,179
076	Respiratory Therapy	8220		
077	Occupational Therapy	8250	192,625	245,821
078	Speech Therapy	8280	58,087	55,160
080	Pharmacy	8300	240,342	280,802
085	Laboratory	8400	17,849	9,790
090	Home Health Services	8800		
095	Other Ancillary Services	8900	100,389	94,795
100	Total Ancillary Services	Lines 070 thru 095	999,207	1,214,949
Support Services:				
105	Plant Operations and Maintenance	6200	609,736	564,822
110	Housekeeping	6300	532,966	525,054
115	Laundry and Linen	6400	324,449	322,421
120	Dietary	6500	1,381,888	1,305,886
125	Social Services	6600	146,618	146,145
130	Activities	6700	136,623	165,030
135	Inservice Education - Nursing	6800	158,672	162,314
140	Administration	6900	2,553,350	2,515,557
145	Total Support Services	Lines 105 thru 140	5,844,302	5,707,229
Property expenses:				
155	Depreciation and Amortization	7110 thru 7160	130,562	125,288
160	Leases and Rentals	7200	11,127	11,997
165	Property Taxes	7300	17,497	16,992
170	Property Insurance	7400	53,917	46,851
175	Interest - Property, Plant and Equipment	7500		
180	Total Property Expenses	Lines 155 thru 175	213,103	201,128
Other expenses:				
185	Interest - Other	7600	1,210,799	1,210,749
190	Provision for Bad Debts	7700	60,000	42,000
195	Total Other Expenses	Lines 185 and 190	1,270,799	1,252,749
200	TOTAL HEALTH CARE EXPENSES	Sum of Lines 065,	14,270,054	14,079,725
205	INCOME(LOSS) FROM HEALTH CARE OPERATIONS	Line 025 less 200	-1,202,657	-1,179,017
210	NONHEALTH CARE REVENUE AND EXPENSE,NET *	9100		232
215	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-1,202,657	-1,178,785
PROVISION FOR INCOME TAXES:				
220	Current	9200		
225	Deferred	9200		
230	Total Income Taxes	Lines 220 + 225		
235	INCOME(LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 less 230	-1,202,657	-1,178,785
EXTRAORDINARY ITEMS: (Describe)				
240		9300		
245		9300		
250	Total Extraordinary Items	Lines 240 + 245		
255	NET INCOME(LOSS)	Lines 235 less 250	-1,202,657	-1,178,785

CHARITY CARE FOOTNOTE

260 Forgone Charges at Established Rates

265 Total Number of Charity Days

*Check this block if line 210 contains Residential Revenues and Expenses. []

CASH FLOWS FROM OPERATING ACTIVITIES AND NONOPERATING REVENUE:			
005	Net Income(loss) (Must agree with Page 8, Line 255)	-1,202,657	-1,178,785
	Adjustments to reconcile net income to net each provided by (used for) operating activities and nonoperating revenue:		
010	Depreciation and amortization	129,807	124,812
015	Change in marketable securities		
020	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	-1,134,876	220,798
025	Change in receivables from third-party payors		
030	Change in other receivables	-94,582	
035	Change in due from restricted funds		
040	Change in inventory, prepaid expenses and other current assets	48,232	39,777
045	Change in accounts payable	277,832	53,829
050	Change in accrued compensation and related liabilities	-56,735	-50,727
055	Change in other accrued liabilities	-73,558	-3,873
060	Change in advances from third-party payors		
065	Change in payables to third-party payors	46,791	
070	Change in due to restricted funds		
075	Change in income taxes payable and other current liabilities		
080	Change in deferred credits	7,840	1,784
085	Change in related party receivables/payables (related to operating activities)		
090			
095	Total Adjustments (Sum of lines 10 thru 90)	-849,249	386,400
100	Net Cash provided by (used for) operating activities(Sum of lines 5 and 95)	-2,051,906	-792,385
	CASH FLOWS FROM INVESTING ACTIVITIES:		
105	Change in assets whose use is limited		
110	Purchase of property, plant and equip and increase in const in progress	-115,437	-169,821
115			
120			
125			
130			
135			
140	Net cash provided by (used for) investing activities (Sum of lines 105 and 135)	-115,437	-169,821
	CASH FLOWS FROM FINANCING ACTIVITIES:		
145	Proceeds from issuance of long-term debt	1,195,353	1,195,809
150	Principal payments on long-term debt		
155	Proceeds from issuance of notes and loans		
160	Principal payments on notes and loans		
165	Dividends paid		
170	Proceeds from issuance of common stock		
175	CPA ADJUSTMENT TO RETAINED EAR	-317,934	-95,658
180	ROUNDING DIFF	1	
185			
190			
195			
200	Net cash provided by (used for) financing activities (sum of lines 145 through 195)	877,420	1,100,151
205	Net Increase (decrease) in cash (lines 100 + 140 + 200)	-1,289,923	137,945
210	Cash at beginning of period (column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	3,133,549	2,995,604
215	Cash at end of period (Lines 205 + 210)(Column 1 must agree with Page 5.1, column 1, line 5)	1,843,626	3,133,549

DATE PREPARED: 01/18/2016
 Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

EXPENSE TRIAL BALANCE WORKSHEET

REPORT 10.1(1) OSHPD FACILITY NO: 206190266
 Report Period: 07/01/2014 To 06/30/2015

ACCOUNT TITLE	Account Number	(1) Salaries and Wages*	(2) Employee Benefits	(3) Other Expenses	(4) Total Expenses (sum Cs.1,2,3)
005 Plant Operations and Maintenance	6200	109,353	49,445	450,938	609,736
010 Housekeeping	6300	343,833	142,248	46,885	532,966
015 Depreciation:Bldgs and Improvements	7110-20				
020 Depreciation:Leasehold Improvements	7130			71,744	71,744
025 Depreciation:Equipment	7140			57,579	57,579
030 Other Depreciation and Amortization	7150-60			1,239	1,239
035 Lease and Rentals	7200			11,127	11,127
040 Property Taxes	7300			17,497	17,497
045 Property Insurance	7400			53,917	53,917
050 Interest-Prop, Plant, Equip and Mortg	7500				
055 Interest-Other	7600			1,210,799	1,210,799
060 Laundry and Linen	6400	210,265	72,255	41,929	324,449
065 Dietary	6500	628,431	224,383	529,074	1,381,888
070 Provision for Bad Debts	7700			60,000	60,000
Ancillary Services:					
075 Patient Supplies	8100			95,500	95,500
077 Specialized Support Surfaces	8150				
080 Physical Therapy	8200			294,415	294,415
081 Respiratory Therapy	8220				
082 Occupational Therapy	8250			192,625	192,625
083 Speech Therapy	8280			58,087	58,087
085 Pharmacy	8300			240,342	240,342
090 Laboratory	8400			17,849	17,849
095 Home Health Services	8800				
100 Other Ancillary Services	8900			100,389	100,389
Routine services:					
105 Skilled Nursing Care	6110	3,217,005	1,147,692	121,925	4,486,622
110 Intermediate Care	6120				
115 Mentally Disordered Care	6130				
120 Developmentally Disabled Care	6140	1,013,917	329,568	112,536	1,456,021
125 Sub-Acute Care	6150				
126 Sub-Acute Care - Pediatric	6160				
128 Transitional Inpatient Care	6170				
130 Hospice Inpatient Care	6180				
135 Other Routine Services	6190				
140 Beauty and Barber**					
145 Other Non-reimbursable***					
150 Subtotal(Combine Lines 5 thru 145)					11,274,791
155 Social Services	6600	109,875	35,134	1,609	146,618
160 Activities	6700	86,639	34,210	15,774	136,623
165 Administration	6900	698,944	193,627	1,660,779	2,553,350
170 Inservice Education - Nursing	6800	109,652	46,331	2,689	158,672
175 Total(See instructions)		6,527,914	2,274,893	5,467,247	14,270,054

*Column 1, lines 5 thru 175 includes only Productive salaries and wages. Compensation for time off must be included in column 2 lines 5 through 175

**Beauty and Barber must be included in Other Ancillary Services(Line 100)thru Col 10 and then reclassified to Line 140 Col 13.

***All other non-reimbursable expenses must be included in appropriate cost centers thru column 10 and then reclassified to Line 145 in column 13.

SUPPLEMENTAL EXPENSE INFORMATION

	(2)	(3)
180 Raw Food Costs (included in col 3, line 65)		401,576
185 Worker's Compensation Insurance (included in col 2, line 175)	396,188	
190 State Unemployment Insurance (included in col 2, line 175)	14,924	

DATE PREPARED: 01/18/2016
 Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

EXPENSE TRIAL BALANCE WORKSHEET

REPORT 10.1(2) OSHPD FACILITY NO: 206190266
 Report Period: 07/01/2014 To 06/30/2015

ACCOUNT TITLE	Account Number	(5) Amounts Directly Assignable		(7) Balance To Be Apportioned [C.4-(5&6)]	(8) Apport. Factor For Residential Care Portion* Based on Square Feet:	(9) Amount Apportioned To Residential Care (C.7xC.8)
		Resid. Care	Health Care			
005 Plant Operations and Maintenance	6200					
010 Housekeeping	6300					
015 Depreciation:Bldgs and Improvements	7110-20					
020 Depreciation:Leasehold Improvements	7130					
025 Depreciation:Equipment	7140					
030 Other Depreciation and Amortization	7150-60					
035 Lease and Rentals	7200					
040 Property Taxes	7300					
045 Property Insurance	7400					
050 Interest-Prop, Plant, Equip and Mortg	7500					
055 Interest-Other	7600					
060 Laundry and Linen	6400				Based on Pounds of Clean, Dry Linen:	
065 Dietary	6500				Based on Number of Meals Served:	
070 Provision for Bad Debts	7700				Based on Gross Revenues:	
Ancillary Services:						
075 Patient Supplies	8100					
077 Specialized Support Surfaces	8150					
080 Physical Therapy	8200					
081 Respiratory Therapy	8220					
082 Occupational Therapy	8250					
083 Speech Therapy	8280					
085 Pharmacy	8300					
090 Laboratory	8400					
095 Home Health Services	8800					
100 Other Ancillary Services	8900					
Routine services:						
105 Skilled Nursing Care	6110					
110 Intermediate Care	6120					
115 Mentally Disordered Care	6130					
120 Developmentally Disabled Care	6140					
125 Sub-Acute Care	6150					
126 Sub-Acute Care - Pediatric	6160					
128 Transitional Inpatient Care	6170					
130 Hospice Inpatient Care	6180					
135 Other Routine Services	6190					
140 Beauty and Barber**						
145 Other Non-reimbursable***						
150 Subtotal(Combine Lines 5 thru 145)					Based on Accumulated Costs:	
155 Social Services	6600					
160 Activities	6700					
165 Administration	6900					
170 Inservice Education - Nursing	6800					
175 Total(See instructions)						

*Apportionment factors are specified in section 4020.2 of the Second Edition, Accounting and Reporting Manual for California Long-term Care Facilities." Apportionment factors must be reported to six decimal places

**Beauty and Barber must be included in Other Ancillary Services(Line 100)thru Col 10 and then reclassified to Line 140 Col 13.

***All other non-reimbursable expenses must be included in appropriate cost centers thru Column 10 and then reclassified to Line 145 in Column 13.

ACCOUNT TITLE	Account Number	-----ALL FACILITIES----- -----MEDI-CAL PROVIDERS ONLY-----				
		(10) Total Health Care Portion (C.4-(5+9))	(11) Adjust for Oth Operating Rev Medi-Cal(P10.2)	(12) Adjust Direct Expenses (cs 10-11)	(13) Adjust to Exp for Medi-Cal (P10.3)	(14) Adjust Trial Bal for Medi-Cal (cs 10+13)
005 Plant Operations and Maintenance	6200	609,736		609,736		603,540
010 Housekeeping	6300	532,966		532,966		532,966
015 Depreciation:Bldgs and Improvements	7110-20					
020 Depreciation:Leasehold Improvements	7130	71,744		71,744		71,744
025 Depreciation:Equipment	7140	57,579		57,579		57,579
030 Other Depreciation and Amortization	7150-60	1,239		1,239		1,239
035 Lease and Rentals	7200	11,127		11,127		11,127
040 Property Taxes	7300	17,497		17,497		17,497
045 Property Insurance	7400	53,917		53,917		53,917
050 Interest-Prop, Plant, Equip and Mortg	7500					
055 Interest-Other	7600	1,210,799	3,541	1,207,258	-1,207,141	3,658
060 Laundry and Linen	6400	324,449		324,449		324,449
065 Dietary	6500	1,381,888	2,303	1,379,585	-2,303	1,379,585
070 Provision for Bad Debts	7700	60,000		60,000	-60,000	
Ancillary Services:						
075 Patient Supplies	8100	95,500		95,500		95,500
077 Specialized Support Surfaces	8150					
080 Physical Therapy	8200	294,415		294,415		294,415
081 Respiratory Therapy	8220					
082 Occupational Therapy	8250	192,625		192,625		192,625
083 Speech Therapy	8280	58,087		58,087		58,087
085 Pharmacy	8300	240,342		240,342		240,342
090 Laboratory	8400	17,849		17,849		17,849
095 Home Health Services	8800					
100 Other Ancillary Services	8900	100,389		100,389	-14,704	85,685
Routine services:						
105 Skilled Nursing Care	6110	4,486,622		4,486,622	-18,720	4,467,902
110 Intermediate Care	6120					
115 Mentally Disordered Care	6130					
120 Developmentally Disabled Care	6140	1,456,021		1,456,021		1,456,021
125 Sub-Acute Care	6150					
126 Sub-Acute Care - Pediatric	6160					
128 Transitional Inpatient Care	6170					
130 Hospice Inpatient Care	6180					
135 Other Routine Services	6190					
140 Beauty and Barber**					14,704	14,704
145 Other Non-reimbursable***						
150 Subtotal(Combine Lines 5 thru 145)						
155 Social Services	6600	146,618		146,618		146,618
160 Activities	6700	136,623		136,623		136,623
165 Administration	6900	2,553,350	813	2,552,537	-53,854	2,499,496
170 Inservice Education - Nursing	6800	158,672		158,672		158,672
175 Total(See instructions)		14,270,054	6,657	14,263,397	-1,348,214	12,921,840

**Beauty and Barber must be included in Other Ancillary Services(Line 100)thru Col 10 and then reclassified to Line 140 Col 13.

***All other non-reimbursable expenses must be included in appropriate cost centers thru column 10 and then reclassified to Line 145 in column 13.

DATE PREPARED: 01/18/2016

ADJUSTMENTS FO TRIAL BALANCE EXPENSES
FOR OTHER OPERATING REVENUE OFFSET

REPORT 10.2 OSHPD FACILITY NO: 206190266

Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

Report Period: 07/01/2014 to 06/30/2015

Line No	Description	Account No.	(1)	(2)
			Amount*	Page 10.1 Trial Balance Line No.
005	Vending Maching Commissions	5710		5
010	Laundry and Linen Revenue	5720		60
015	Social Services Fees	5730		155
020	Donated Supplies	5740		Various
025	Telephone Revenue	5750		165
030	Transfers from Restricted Funds for	5760		Various
	Operating Expenses			
035	Nonpatient Food Sales	5770	2,303	65
040	Television/Radio Charges	5780		5
045	Parking Revenue	5790		5
050	Rebates and Refunds on Expenses	5800		Various
055	Nonpatient Room rentals	5810		15,20,35
060	Nonpatient Drug Sales	5820		85
065	Nonpatient Supplies Sales	5830		75
070	Medical Records and Abstract Sales	5840		165
075	Cash Discounts on Purchases	5850		Various
080	Sale of Scrap and waste	5860		Various
085	FLU VACCINE INCOME	5990		Various
090	INTEREST INCOME		3,541	Various
095	OTHER REVENUE		813	Various
100	Total (Sum of lines 5 through 95)		6,657	

*Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2.

DATE PREPARED: 01/18/2016

ADJUSTMENTS OF TRIAL BALANCE EXPENSES
(Medi-Cal Providers Only)

REPORT 10.3 OSHPD FACILITY NO: 206190266

Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

Report Period: 07/01/2014 To 06/30/2015

(1) DESCRIPTION	(2) Page 10.1 Trial Balance Line No.	(3) BAS I S*	(4) Amount Increase (Decrease)	(5) Health Care Portion	(6) Explanation of Adjustment
005 Depreciation (Excess of Straight Line)					
010 Education (Nursing, etc.)					
015 Employee and Guest Meals	65	B	-2,303	-2,303	OFFSET NONPATIENT FOOD SALES
020 Gift, Flower and Coffee Shops					
025 Grants, Gifts and Donations					
030 Inpatient Utilization Review					
035 Interest Earned on Unrestricted Funds	55	B	-3,541	-3,541	OFFSET INTEREST EARNED
040 Laundry and Linen Service (Non-patient)					
045 Nonallowable Costs related to Certain Capital Expenditures					
050 Parking Lot					
055 Payments Received from Specialists					
060 Radio and Television Service	5	A	-6,196	-6,196	DISALLOW CABLE FEES
065 Rebates and Refunds of Expenses	165	B			
070 Recovery of Insured Loss					
075 Bad Debts	70	A	-60,000	-60,000	ELIMINATE BAD DEBTS
080 Rental of Space					
085 Rental of Quarters to Employees and					
090 Sale of Drugs to Other than Patients					
095 Sale of Medical Records and Abstracts					
100 Sale of Medical and Surgical Supplies Other than Patients		A			
105 Sale of Scrap, Waste, etc.					
110 Telephone Service					
115 Trade, Quantity, Time and Other Discounts on Purchases					
120 Vending Machine Commissions	5	B			
125 Owner Compensation Adjustment					
130 Travel and Entertainment (non-allowable)					
135 Revaluation Depreciation and Interest**					
140 MEDICAL RECORDS COPIES	165	B	-813	-813	SALE OF MED RECORD & REFUND
145 From page 10.4, line 37			-1,275,361	-1,275,361	
Related Organization Costs-					
150 Interest	55	A			
155 Depreciation	15	A			
160 Rent/Lease					
165 Related Taxes					
170 Related Insurance					
175 Other (specify)	5	A			
180	25	A			
185 From page 10.4, line 47					
NON-REIMBURSABLE COST CENTERS					
190 Fund Raising					
195 Research					
200 Beauty and Barber					
205 From page 10.4, line 57					
210 TOTAL (Combine Lines 5 thru 205)			-1,348,214	-1,348,214	

*BASIS: A-Cost B-Amount Received

**Depreciation and interest expense related to the revaluation of assets due to change of ownership on or after 7/18/84.

DATE PREPARED: 01/18/2016

SUPPLEMENTAL ADJUSTMENTS OF TRIAL BALANCE EXPENSES
(Medi-Cal Providers Only)

REPORT 10.4 OSHPD FACILITY NO: 206190266

Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

Report Period: 07/01/2014 to 06/30/2015

(1) DESCRIPTION	(2) Page 10.1 Trial Balance Line No.	(3) BAS I S*	(4) Amount Increase (Decrease)	(5) Health Care Portion	(6) Explanation of Adjustment
001 ADMIN-OTHER NONLABOR	165	A	-8,909	-8,909	ELIMINATE FINES & PENALTY
002 ADMIN-OTHER NONLABOR	165	A			ELIMINATE MARKETING FORMS
003 ADMIN-OTHER NONLABOR	165	A	-30,879	-30,879	ELIMINATE COMMUNITY INVOLVEME
004 ADMIN-OTHER NONLABOR	165	A	-7,128	-7,128	ELIMINATE ADVERTISING EXPENSE
005 ADMIN-OTHER NONLABOR	165	A	-5,029	-5,029	ELIMINATE MARKETING EXP
006 BEAUTY & BARBER	140	A	14,704	14,704	RECLASS B&B FR OTHER ANC SVCS
007 OTHER ANCILLARY SVCS -OTHER NO	100	A	-14,704	-14,704	RECLASS OF B&B
008 ADMIN-OTHER NONLABOR	165	A	-3,644	-3,644	ELIMINATE NONALLOWABLE DUES
009 ADMIN-OTHER NONLABOR	165	A			ELIMINATE CONTR & DONATIONS
010 ADMIN-OTHER NONLABOR	165	A	990	990	ELIMINATE CASH OVER/SHORT
011	165	A			
012	165	A			
013	165	A			
014 ADMIN-SALARIES & WAGES	165	A	-17,162	-17,162	ELIM PART OF ADMISSION COORD
015 ADMIN-OTHER NONLABOR	165	A	-100,016	-100,016	DHS LICENSE
016 DHS LICENSING FEE	165	A	100,016	100,016	DHS LICENSE
017 ADMIN-OTHER NONLABOR	165	A	-274,629	-274,629	LIABILITY INSURANCE
018 LIABILITY INSURANCE	165	A	274,629	274,629	LIABILITY INSURANCE
019 SNF-BENEFITS	105	A	-18,720	-18,720	MANAGED CARE COORD RECLASS
020 ADMIN-BENEFITS	165	A	18,720	18,720	MANAGED CARE COORD RECLASS
021 ELIMINATE INTEREST ON LOANS -	55	A	-1,203,600	-1,203,600	NON-ALLOWABLE COI LOAN INTERE
022		A			
023		A			
024		A			
025		A			
026		A			
027		A			
028		A			
029		A			
030		A			
031		A			
032		A			
033		A			
034		A			
035		A			
036		A			
037		A			
038		A			
039		A			
040		A			
041		A			
042		A			
043		A			
044		A			
045		A			
046		A			
047		A			
048		A			
049		A			
050		A			
051		A			
052		A			
053		A			
054		A			
055		A			
056		A			
057		A			
			-1,275,361	-1,275,361	

*BASIS: A-Cost B-Amount Received

**Depreciation and interest expense related to the revaluation of assets due to change of ownership on or after 7/18/84.

| Based on Adjusted Trial Balance for Medi-Cal (Page 10.1 Col 14) |

ACCOUNT TITLE	Account Number	(1) Salaries and Wages	(2) Employee Benefits	(3) Staffing Agency Cost	(4) Other Non-Labor Expenses	(5) Total Expenses (Sum Cs 1-4)
005 Plant Operations and Maintenance	6200	109,353	49,445		444,742	603,540
010 Housekeeping	6300	343,833	142,248		46,885	532,966
015 Depreciation:Bldgs and Improvements	7110-7120					
020 Depreciation:Leasehold Improvements	7130				71,744	71,744
025 Depreciation:Equipment	7140				57,579	57,579
030 Other Depreciation and Amortization	7150-7160				1,239	1,239
035 Lease and Rentals	7200				11,127	11,127
040 Property Taxes	7300				17,497	17,497
045 Property Insurance	7400				53,917	53,917
050 Interest-Property, Plant and Equipment	7500					
055 Interest-Other	7600				3,658	3,658
060 Laundry and Linen	6400	210,265	72,255		41,929	324,449
065 Dietary	6500	628,431	224,383		526,771	1,379,585
070 Provision for Bad Debts	7700					
075 Patient Supplies	8100				95,500	95,500
077 Specialized Support Surfaces	8150					
080 Physical Therapy	8200			294,339	76	294,415
081 Respiratory Therapy	8220					
082 Occupational Therapy	8250			192,625		192,625
083 Speech Therapy	8280			58,087		58,087
085 Pharmacy	8300				240,342	240,342
090 Laboratory	8400				17,849	17,849
095 Home Health Services	8800					
100 Other Ancillary Services	8900				85,685	85,685
101 Sub-Acute Ancillary Services*	8100-8900					
102 Sub-Acute Pediatric Ancillary Serv*	8100-8900					
105 Skilled Nursing Care	6110	3,217,005	1,128,972		121,925	4,467,902
110 Intermediate Care	6120					
115 Mentally Disordered Care	6130					
120 Developmentally Disabled Care	6140	1,013,917	329,568		112,536	1,456,021
125 Sub-Acute Care	6150					
126 Sub-Acute Care - Pediatric	6160					
128 Transitional Inpatient Care	6170					
130 Hospice Inpatient Care	6180					
135 Other Routine Services	6190					
139 Residential Care **	9100					
140 Beauty and Barber					14,704	14,704
145 Other Non-reimbursable						
155 Social Services	6600	109,875	35,134		1,609	146,618
160 Activities	6700	86,639	34,210		15,774	136,623
165 Administration(exc reclassified amts)	6900	550,695	167,663		508,802	1,227,160
166 Medical Records-Salaries & Wages***	6900	131,087	44,683		12,221	187,991
167 DPH Licensing Fees ***	6900				100,016	100,016
168 Liability Insurance ***	6900				274,629	274,629
169 Quality Assurance Fees ***	6900				709,700	709,700
170 Inservice Education - Nursing	6800	109,652	46,331		2,689	158,672
174 Caregiver Training ***	1900					
175 TOTAL ****		6,510,752	2,274,892	545,051	3,591,145	12,921,840

*Amounts reclassified from ancillary service type accounts (lines 75 through 100)

**Complete with Direct residential Care Costs

***Amounts reclassified from Administration (line 165)

****Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

Report Period: 07/01/2014 To 06/30/2015

Line No.		(1)	(2)
005	Total Licensed Beds Prior to Modification(s):	244	
010	Total Licensed Beds End of Period:	244	CAPITAL THRESHOLD 122,000
015	Total Unlicensed Beds End of Period (e.g. residential care):		(Licensed beds end of period * \$500)

Section 1. Capital Additions and Improvements (Excluding Replacements)

Part A. SNF Bed Additions During the Report Period

	Enter Data for each Bed Addition Project Completed During the Report Period		
Line No.	(1) Project 1	(2) Project 2	(3) Project 3
025	Num of New Licensed Beds		
030	Date Placed into Service	/ /	/ /
035	Total Costs		

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

Line No.	(1)
050	Project 1 Description:
055	Date Placed in Service: / /
	Itemized Detail for Project 1:

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Reltd Party Transaction (Yes OR No)?	(4) Invoice Date	(5) Useful Life (in Months)(2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
056				/ /				
057				/ /				
058				/ /				
059				/ /				
060				/ /				
061				/ /				
062				/ /				
063				/ /				
064				/ /				
065				/ /				
066				/ /				
067				/ /				
068				/ /				
069				/ /				
070				/ /				
071				/ /				
072				/ /				
073				/ /				
074				/ /				
075				/ /				

076 Total Project 1 Costs:

Line No.	(1)
090	Project 2 Description:
095	Date Placed in Service: / /
	Itemized Detail for Project 2:

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Reltd Party Transaction (Yes OR No)?	(4) Invoice Date	(5) Useful Life (in Months)(2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
096				/ /				
097				/ /				
098				/ /				
099				/ /				
100				/ /				
101				/ /				
102				/ /				
103				/ /				
104				/ /				
105				/ /				
106				/ /				
107				/ /				

108 Total Project 2 Costs:

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, building equipment major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity over the original productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that

Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

Report Period: 07/01/2014 To 06/30/2015

would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer usable or adequate.

- (2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.
- (3) Refer to CMS Publication 15-1, Section 132 for additional information.
- (4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposal.

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

Report Period: 07/01/2014 To 06/30/2015

Line No. (1)
120 Project 3 Description:
125 Date Placed in Service: / /

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Reltd Party Transaction (Yes OR No)?	(4) Invoice Date	(5) Useful Life (in Months)(2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
	Itemized Detail for Project 3:							
126				/ /				
127				/ /				
128				/ /				
129				/ /				
130				/ /				
131				/ /				
132				/ /				
133				/ /				
134				/ /				
135				/ /				
136				/ /				
137				/ /				

138 Total Project 3 Costs:

Line No. (1)
150 Project 4 Description:
155 Date Placed in Service: / /

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Reltd Party Transaction (Yes OR No)?	(4) Invoice Date	(5) Useful Life (in Months)(2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
	Itemized Detail for Project 4:							
156				/ /				
157				/ /				
158				/ /				
159				/ /				
160				/ /				
161				/ /				
162				/ /				
163				/ /				
164				/ /				
165				/ /				
166				/ /				
167				/ /				

168 Total Project 4 Costs:

Line No. (1)
180 Project 5 Description:
185 Date Placed in Service: / /

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Reltd Party Transaction (Yes OR No)?	(4) Invoice Date	(5) Useful Life (in Months)(2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
	Itemized Detail for Project 5:							
186				/ /				
187				/ /				
188				/ /				
189				/ /				
190				/ /				
191				/ /				
192				/ /				
193				/ /				
194				/ /				
195				/ /				
196				/ /				
197				/ /				

198 Total Project 5 Costs:

Notes:

(1)For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, building equipment major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity over the original productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer usable or adequate.

(2)Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

DATE PREPARED: 01/18/2016 CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) REPORT 10.6 OSHPD FACILITY NO: 206190266
(Medi-Cal Providers, Only)
(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

Report Period: 07/01/2014 To 06/30/2015

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposal.

Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

Report Period: 07/01/2014 To 06/30/2015

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for REPLACEMENT Asset

----- Replacement Asset -----

Line No.	(1) Detailed Description	(2) Related Party Transaction (Yes or No)?	(3) Date Placed in Service	(4) Useful Life (in Months)(2)	(5) Total Cost	(6) Depreciation Expense	(7) Basis	(8) Adjusted Basis (3)
200			/ /					
201			/ /					
202			/ /					
203			/ /					
204			/ /					
205			/ /					
206			/ /					
207			/ /					
208			/ /					
209			/ /					
210	Total - Section II, Pt A Only							

Part B. Acquisition Costs and Depreciation of RETIRED Asset

----- Retired Asset -----

Line No.	(1) Detailed Description	(2) Section II, Part A Line # Reference	(3) Useful Life (in Months) (2)	(4) Total Cost	(5) Depreciation Expense	(6) Date Acquired	(7) Date of Disposal
230						/ /	/ /
231						/ /	/ /
232						/ /	/ /
233						/ /	/ /
234						/ /	/ /
235						/ /	/ /
236						/ /	/ /
237						/ /	/ /
238						/ /	/ /
239						/ /	/ /
240	Total - Section II, Pt B Only						

----- Retired Asset -----

Line No.	(1) Detailed Description	(8) Basis	(9) Adjusted Basis (3)	(10) Manner of Disposition (4)
230				
231				
232				
233				
234				
235				
236				
237				
238				
239				
240	Total - Section II, Pt B Only			

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, building equipment, major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity over the original productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer usable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposal.

Facility D.B.A. Name: EL ENCANTO HEALTHCARE & HABILITATION CENTER

Report Period: 07/01/2014 To 06/30/2015

Line No.	ACCOUNT TITLE	(1) Capital	(2) Plant Operations	(3) Housekeeping	(4) Laundry & Linen	(5) Dietary
005	Plant Operations and Maintenance	2,201				
010	Housekeeping	901	901			
060	Laundry and Linen	2,639	2,639	2,639		
065	Dietary	4,563	4,563	4,563		
075	Patient Supplies	401	401	401		
077	Specialized Support Surfaces					
080	Physical Therapy	912	912	912		
081	Respiratory Therapy					
082	Occupational Therapy	781	781	781		
083	Speech Pathology	83	83	83		
085	Pharmacy	267	267	267		
090	Laboratory					
095	Home Health Services					
100	Other Ancillary Services					
101	Sub-Acute Ancillary Services					
102	Sub-Acute - Pediatric Ancillary Services					
105	Skilled Nursing Care	25,282	25,282	25,282	304,236	131,340
110	Intermediate Care					
115	Mentally Disordered Care					
120	Developmentally Disabled Care	10,700	10,700	10,700	101,764	43,932
125	Sub-Acute Care					
126	Sub-Acute Care - Pediatric					
128	Transitional Inpatient Care					
130	Hospice Inpatient Care					
135	Other Routine Services					
139	Residential Care					
140	Beauty and Barber	156	156	156		
145	Other Non-reimbursable					
155	Social Services	285	285	285		
160	Activities	2,742	2,742	2,742		
165	Administration	1,842	1,842	1,842		
166	Medical Records - Salaries and Wages	770	770	770		
170	Inservice Education - Nursing	683	683	683		
174	Caregiver Training					
175	TOTAL	55,208	53,007	52,106	406,000	175,272

Line No.	ACCOUNT TITLE	(6) Social Services	(7) Activities	(8) Inservice Education	(9) Administration	(10) Medical Records
005	Plant Operations and Maintenance					
010	Housekeeping					
060	Laundry and Linen					
065	Dietary					
075	Patient Supplies					
077	Specialized Support Surfaces					
080	Physical Therapy					
081	Respiratory Therapy					
082	Occupational Therapy					
083	Speech Pathology					
085	Pharmacy					
090	Laboratory					
095	Home Health Services					
100	Other Ancillary Services					
101	Sub-Acute Ancillary Services					
102	Sub-Acute - Pediatric Ancillary Services					
105	Skilled Nursing Care					
110	Intermediate Care					
115	Mentally Disordered Care					
120	Developmentally Disabled Care					
125	Sub-Acute Care					
126	Sub-Acute Care - Pediatric					
128	Transitional Inpatient Care					
130	Hospice Inpatient Care					
135	Other Routine Services					
139	Residential Care					
140	Beauty and Barber					
145	Other Non-reimbursable					
155	Social Services					
160	Activities					
165	Administration					
166	Medical Records - Salaries and Wages					
170	Inservice Education - Nursing					
174	Caregiver Training					
175	TOTAL					

ACCOUNT DESCRIPTION	EXPENSES FROM PAGE 10.1 COLUMN 14 (1)	PLANT OPERATIONS, INTEREST, OTHER		LAUNDRY, LINEN	
		BASIS* Square Feet (2)	AMOUNT (3)	BASIS* Clean, Dry Pounds (4)	AMOUNT (5)
005 General Service Costs	5,998,710		1,353,267		324,449
ANCILLARY SERVICE COST CENTERS					
010 Patient Supplies	95,500	401	14,065		
012 Specialized Support surf					
015 Physical Therapy	294,415	912	31,988		
016 Respiratory Therapy					
017 Occupational Therapy	192,625	781	27,394		
018 Speech Therapy	58,087	83	2,911		
020 Pharmacy	240,342	267	9,365		
025 Laboratory	17,849				
030 Home Health Services					
035 Other Ancillary Services	85,685				
ROUTINE SERVICE COST CENTERS					
040 Skilled Nursing	4,467,902	25,282	886,769	304,236	243,126
045 Intermediate Care					
050 Mentally Disordered					
055 Developmentally Disabled	1,456,021	10,700	375,303	101,764	81,323
060 Sub-Acute Care					
061 Sub-Acute Care-Pediatric					
063 Transitional Inpat Care					
065 Hospice Inpatient Care					
070 Other Routine Services					
NONREIMBURSABLE COSTS					
075 Beauty and Barber	14,704	156	5,472		
080 Other Nonreimbursable					
085 TOTAL UNITS(Sum of Ls. 10 thru 80)		38,582		406,000	
090 UNIT COST MULTIPLIER		35.075087		.799135	
095 TOTAL COSTS(See Instructions)	6,923,130		1,353,267		324,449
COMPUTATION OF AVERAGE COST PER DAY					
100 Cost of Routine Services (From Column 10 above Lines 40-70)	8,635,209			2,934,727	
105 Total Days of Service(From Page 4.1, Column 1 Lines 25,45,65,85, 110, 135, 160 and 295)	44,412			14,813	
110 Average Cost Per Day (Line 100 / Line 105)	194.43			198.12	

*Actual amount or count required, percentages are not acceptable.
 Allocation statistic must be provided for Ancillary Services Cost Centers in columns 2 and 4.

**Unit Cost Multiplier must be calculated to six decimal places.

ACCOUNT DESCRIPTION	DIETARY		SOCIAL SERVICES, ACTIVITIES AND INSERVICE EDUCATION- NURSING	
	BASIS* Patient Meals (6)	AMOUNT (7)	BASIS* Direct Expense (8)	AMOUNT (9)
005 General Service Costs		1,379,585		441,913
ANCILLARY SERVICE COST CENTERS				
010 Patient Supplies				
012 Specialized Support Surf				
015 Physical Therapy				
016 Respiratory Therapy				
017 Occupational Therapy				
018 Speech Therapy				
020 Pharmacy				
025 Laboratory				
030 Home Health Services				
035 Other Ancillary Services				
ROUTINE SERVICE COST CENTERS				
040 Skilled Nursing	131,340	1,033,791	4,467,902	333,297
045 Intermediate Care				
050 Mentally Disordered				
055 Developmentally Disabled	43,932	345,794	1,456,021	108,616
060 Sub-Acute Care				
061 Sub-Acute Care-Pediatric				
063 Transitional Inpat Care				
065 Hospice Inpatient Care				
070 Other Routine Services				
NONREIMBURSABLE COSTS				
075 Beauty and Barber				
080 Other Nonreimbursable				
085 TOTAL UNITS(Sum of Ls. 10 thru 80)	175,272		5,923,923	
090 UNIT COST MULTIPLIER	7.871109		.074598	
095 TOTAL COSTS(See Instructions)		1,379,585		441,913
COMPUTATION OF AVERAGE COST PER DAY	SUBACUTE PED- IATRIC CARE (6)	TRANSITIONAL INPATIENT CARE (7)	HOSPICE INPATIENT CARE (8)	OTHER ROUTINE SERVICES (9)
100 Cost of Routine Services (From Column 10 above Lines 40-70)				
105 Total Days of Service(From Page 4.1, Column 1 Lines 25,45,65,85,11 135, 160 and 295)				
110 Average Cost Per Day (Line 100 / Line 105)				

*Actual amount or count required, percentages are not acceptable.
 Allocation statistic must be provided for Ancillary Services Cost Centers in Columns 2 and 4.

**Unit Cost Multiplier must be calculated to six decimal places.

ACCOUNT DESCRIPTION	ADMINISTRATION		ADMINISTRATION	Total Expenses
	BASIS* Accumulated Cost (Col. 1,3,5,7,9) (10)	AMOUNT (11)	All Patient	Services
			Sum of Columns 8 and 9 (12)	
005 General Service Costs		2,499,496		
ANCILLARY SERVICE COST CENTERS				
010 Patient Supplies	109,565	26,276	135,841	
012 Specialized Support Surf				
015 Physical Therapy	326,403	78,278	404,681	
016 Respiratory Therapy				
017 Occupational Therapy	220,019	52,765	272,784	
018 Speech Therapy	60,998	14,629	75,627	
020 Pharmacy	249,707	59,885	309,592	
025 Laboratory	17,849	4,281	22,130	
030 Home Health Services				
035 Other Ancillary Services	85,685	20,549	106,234	
ROUTINE SERVICE COST CENTERS				
040 Skilled Nursing	6,964,885	1,670,324	8,635,209	
045 Intermediate Care				
050 Mentally Disordered				
055 Developmentally Disabled	2,367,057	567,670	2,934,727	
060 Sub-Acute Care				
061 Sub-Acute Care-Pediatric				
063 Transitional Inpat Care				
065 Hospice Inpatient care				
070 Other Routine Services				
NONREIMBURSABLE COSTS				
075 Beauty and Barber	20,176	4,839	25,015	
080 Other Nonreimbursable				
085 TOTAL UNITS(Sum of Ls. 10 thru 80)	10,422,344			
090 UNIT COST MULTIPLIER	.239821			
095 TOTAL COSTS(See Instructions)		2,499,496	12,921,840	

	(1) Productive Hours*	(2) Productive** Salaries	(3) Hourly Average (2/1)
Salary and Wages			
NURSING SERVICES - Exclude Sub-acute Care:			
005 Supervisors and Management	10,899	483,554	44.37
010 Geriatric Nurse Practitioners			
025 Registered nurses	3,288	125,988	38.32
030 Licensed vocational nurses	55,911	1,399,639	25.03
035 Nurse Assistants (Aides and Orderlies)	147,818	1,800,679	12.18
040 Technicians and specialists			
045 Psychiatric Technicians			
060 Other salaries and wages	23,136	421,062	18.20
065 Subtotal (Sum of lines 005 thru 060)	241,052	4,230,922	17.55
SUB-ACUTE CARE NURSING SERVICES-Only:			
070 Supervisors and Management			
075 Geriatric Nurse Practitioners			
090 Registered nurses			
095 Licensed vocational nurses			
100 Nurse Assistants (Aides and Orderlies)			
105 Technicians and Specialists			
110 Psychiatric Technicians			
125 Other Salaries and Wages			
130 Subtotal (Sum of lines 070 thru 125)			
SUB-ACUTE CARE PEDIATRIC NURSING SERVICES-Only:			
140 Supervisors and Management			
145 Geriatric Nurse Practitioners			
150 Registered nurses			
155 Licensed vocational nurses			
160 Nurse Assistants (Aides and Orderlies)			
165 Technicians and Specialists			
170 Psychiatric Technicians			
175 Other Salaries and Wages			
180 Subtotal (Sum of lines 140 thru 175)			
TRANSITIONAL INPATIENT CARE-Only:			
190 Supervisors and Management			
191 Geriatric Nurse Practitioners			
192 Registered nurses			
193 Licensed vocational nurses			
194 Nurse Assistants (Aides and Orderlies)			
195 Technicians and Specialists			
196 Psychiatric Technicians			
198 Other salaries and Wages			
199 Subtotal (Sum of lines 190 thru 198)			
ANCILLARY SERVICES:			
200 Supervisors and Management			
205 Registered nurses			
210 Licensed vocational nurses			
215 Nurse Assistants (Aides and Orderlies)			
220 Technicians and specialists			
225 Other salaries and wages			
230 Subtotal (Sum of lines 200 thru 225)			
SUPPORT SERVICES:			
250 Plant operations and maintenance	5,469	109,353	20.00
255 Housekeeping	27,504	343,833	12.50
260 Laundry and Linen	18,016	210,265	11.67
265 Dietary	43,219	628,431	14.54
270 Social services	5,435	109,875	20.22
275 Activities	6,286	86,639	13.78
280 Inservice Education-Nursing	3,096	109,652	35.42
285 Administration	24,478	698,944	28.55
290 Subtotal (Sum of lines 250 thru 285)	133,503	2,296,992	17.21
300 Total (Sum of 065,130,180,230 & 290)	374,555	6,527,914	17.43

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off. Report to nearest whole hour.

**For all facilities:

Column 2, line 65 must agree with the sum of page 10.1, col 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with page 10.1, col 1, line 125. Line 180 must agree with page 10.1, col 1, line 126.

Line 230 must agree with page 10.1 col. 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on page 10.1, column 1.

For residential care facilities:

Report only productive hours and salaries and wages related to health care on lines 250 through 290 of this page

If page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to

determine productive hours and salaries and wages related to health care for this page.

	(1) Productive Hours*	(2) Productive** Salaries	(3) Hourly Average (2/1)
Salary and Wages			
SUPPLEMENTAL LABOR INFORMATION			
310 Social Workers (report here and include on 290)	1,810	54,829	30.29
315 Activity Program Leaders (report here and include on line 270)	1,908	36,357	19.06
Temporary Staffing Agency Services			
NURSING SERVICES - Exclude Sub-acute Care:			
405 Geriatric Nurse Practitioners			
410 Registered nurses			
415 Licensed Vocational Nurses			
420 Nurse Assistants (Aides and Orderlies)			
425 Psychiatric Technicians			
430 Other agency personnel			
435 Total (Sum of lines 405 thru 430)			
SUB-ACUTE CARE NURSING SERVICES-Only:			
440 Geriatric Nurse Practitioners			
445 Registered nurses			
450 Licensed vocational nurses			
455 Nurse Assistants (Aides and Orderlies)			
460 Psychiatric Technicians			
465 Other agency personnel			
470 Total (Sum of lines 440 thru 465)			
SUB-ACUTE CARE PEDIATRIC NURSING SERVICES-Only:			
475 Geriatric Nurse Practitioners			
480 Registered nurses			
485 Licensed vocational nurses			
490 Nurse Assistants (Aides and Orderlies)			
495 Psychiatric Technicians			
500 Other agency personnel			
505 Total (Sum of lines 475 thru 500)			
TRANSITIONAL INPATIENT CARE-Only:			
510 Geriatric Nurse Practitioners			
515 Registered nurses			
520 Licensed vocational nurses			
525 Nurse Assistants (Aides and Orderlies)			
530 Psychiatric Technicians			
535 Other agency personnel			
540 Total (Sum of lines 510 thru 535)			
555 Social Workers (do not include on lines 300 or 500)			
560 Activity Program Leaders (do not include in lines 465 or 500)			
Labor Turnover			
	(1) All Employees	(2) Dir Nursg Employees*	(3) Nurse Assistants
605 No. of employees-beginning of period	231	156	105
610 No. of employees-end of period	220	138	89
615 Average No. of employees(See Instructions)	221	144	94
620 Total No. of people employed during period	259	193	139
625 Turnover percentage((Line 405 / Line 400) x 100) - 100	17.19	34.03	47.87%
630 Number of employees with continuous service for entire reporting period	200	103	60

* Include all employees(RN's, LVN's, Nurse Assistants, technicians, specialists, and others) providing direct nursing care. Do not include supervisors who provide no direct nursing care. Do not include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).
 This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.
 Therefore, in most cases, line 620 should be greater than this calculation.

EXHIBIT C

[Attached]

A G R E E M E N T

THIS AGREEMENT made this 19th day of December, 1963, by and between CITY OF INDUSTRY, a municipal corporation, hereinafter called "City", and LOIS HEATON BROWN, KENNETH HARRY BROWN, GENE HAROLD BROWN, and ROBERT H. BROWN, doing business at 456 South Turnbull Canyon Road, City of Industry, under the name of EL ENCANTO SANITARIUM, hereinafter called "Browns";

WHEREAS, City has heretofore acquired, through eminent domain proceedings, title to certain real property and improvements thereon, previously owned and occupied by Browns, for public park, public buildings and grounds purposes, including the Workman Homestead Building and the Ranch La Puente Private Cemetery and Walter P. Temple Memorial Mausoleum; and

WHEREAS, Browns own and operate El Encanto Sanitarium on property adjoining and/or surrounding that acquired by City as above described; and

WHEREAS, the parties desire to enter into an agreement setting forth certain understandings relating to occupation and use by each of the parties of their respective above-described properties;

NOW, THEREFORE, in consideration of the mutual promises and consideration being made and received by each of the parties hereto, it is mutually agreed as follows:

1. For a period of five years following execution of this Agreement, Browns agree that:

(a) Browns will permit City to use and receive such existing electrical power and water supply from Browns' existing utility sources as City may reasonably need in its occupation and use for public purposes of the existing sanitarium administration building, known as the Workman Homestead Building, during said time. Browns shall pay all cost and expense charged to Browns by the appropriate utility for such electrical power and water supply.

(b) Browns will provide City with the services of such competent personnel, employed and/or engaged in the operation of El Encanto Sanitarium, as may reasonably be necessary to conduct tours by the public or organized groups of the said Workman Homestead Building and surrounding public grounds, scheduling of such tours to be on an appointment basis arranged through the Administrator of El Encanto Sanitarium. Such services shall be at no charge, expense, or cost to City.

(c) Browns will provide to and for City the use of the existing fire alarm system in said Workman Homestead Building without cost, expense, or charge to City. Browns will maintain or cause to be maintained said system, in reasonable and proper working condition, without cost, expense, or charge to City.

(d) Browns will provide, without cost, expense, or charge to City, the services of such competent personnel engaged and/or employed in the operation of El Encanto Sanitarium as are reasonably necessary to inspect physically and safeguard the said Workman Homestead Building during such hours as said building is not open to the

public. Browns shall not be responsible or liable for damage or loss resulting to said building, except for such damage and loss as may occur thereto as the result of Browns' failure to perform their promises set forth herein. Browns shall be obligated to report to City all conditions in need of repair existing in, on, or about said Workman Homestead Building, but Browns shall not be responsible or liable for the making of any such repairs.

(e) Browns will provide and render, at no cost, expense, or charge to City, such gardening services as are reasonably necessary to maintain the real property and grounds acquired by the City, as hereinbefore described, in a condition of cleanliness and upkeep equal to the present condition.

2. City agrees that:

(a) City shall construct and/or cause to be constructed, at City's sole expense, a parking lot to be completed on or before ^{June 15, 1964,} ~~November 15, 1963,~~ upon that portion of the real property, acquired by the City as above described, which is at the northern boundary of the property so acquired, at the western portion thereof, sufficient to provide parking spaces for sixty passenger motor vehicles. City will landscape or cause to be landscaped said parking lot area.

(b) City shall and does hereby grant to Browns perpetual easements for:

(1) Reasonable use by Browns of the above-described parking lot for ingress, egress, and parking

purposes by Browns, their patients, visitors, and guests at and to El Encanto Sanitarium.

(2) Sewer, telephone, and electrical power lines and supply purposes and maintenance thereof upon, in, and over the property acquired by City, as above described, based upon, defined by, and limited to those sewer, telephone, and electrical lines and supply which Browns, in the operation of El Encanto Sanitarium, had received or maintained on the date of City's acquisition of the property, as above described.

(3) Ingress and egress for such pedestrian and vehicular use over the property acquired by City, as above described, as is reasonably necessary for the continued operation and ownership by Browns of El Encanto Sanitarium upon the adjoining and/or surrounding property.

(4) Erection, construction, installation, and maintenance of reasonable flood-lighting lines and equipment and water lines, pipes, and supply upon and over the above-described parking lot as may be necessary to reasonably light, water, and maintain said parking lot area, such erection, construction, installation, and maintenance to be at the sole expense and cost of Browns during the five years following execution of this Agreement. Upon the expiration of said five years, all of said flood-lighting lines and equipment and water lines shall become the property of City, said easement shall terminate, and City shall be obligated and does agree to maintain and supply thereafter such flood-lighting lines and equipment and water lines and supply at City's expense.

(5) Ingress and egress for vehicular and pedestrian traffic to and from the remaining property of Browns upon and over any roads or streets hereafter constructed by City upon the real property acquired by City.

The foregoing easements shall run with the land and be and exist for the benefit of the real property, adjoining the property acquired by City, remaining under the ownership and occupancy of Browns, their heirs, successors in interest, assigns, and legal representatives.

(c) Until each of the Browns shall be deceased, Browns shall have the right and privilege to bury or locate such deceased members of the Browns' immediate family as Browns may designate in the existing cemetery and/or mausoleum area of the property acquired by City, as above described, not to exceed a total of four such deceased persons in number.

(d) City shall, upon demand by Browns, erect and maintain such barriers as may hereafter be reasonably necessary to prevent the ingress and access of the public to and upon the property occupied by El Encanto Sanitarium from the property acquired by City, as above described.

(e) Maintain, service, and repair all existing sewer lines in or upon the property acquired by City, as above described, which presently connect to or service El Encanto Sanitarium, including sewer service and supply to the administration building, presently being erected, for El Encanto Sanitarium, west of the above-described parking lot area.

3. Each of the parties hereto agrees to execute any and

all documents which may be reasonably necessary and/or convenient to carry out the terms and provisions of this Agreement.

4. This Agreement shall be binding upon and inure to the benefit of the heirs, successors in interest, and assigns of the parties hereto.

5. Execution of this Agreement has been and is duly authorized by the governing body and ordinances of the City.

CITY OF INDUSTRY

By _____

By _____

BROWNS:

Lois Heaton Brown

Kenneth Harry Brown

Gene Harold Brown

Robert H. Brown

EXHIBIT D

[Attached]

AGREEMENT

This Agreement entered into this 6th day of December, 1990 by and between the Industry Convalescent Hospital (dba El Encanto Convalescent Hospital) hereinafter referred to as "Hospital" and the City of Industry, a municipal corporation, hereinafter referred to as "City."

WHEREAS, City has made periodic advances to Hospital for the purpose of defraying a portion of the cost of the operation of said Hospital and the providing of services by the Hospital to the general public and to the residents of the City of Industry; and

WHEREAS, attached hereto as Exhibit "A" is a list of those advances made to date; and

WHEREAS, it is the desire of City and Hospital to formalize this arrangement and to clarify the nature of the advances and the terms and conditions of their retainment.

NOW THEREFORE THE PARTIES HERETO DO HEREBY AGREE AS FOLLOWS:

Section 1. Each of the advances shown in Exhibit "A" attached hereto were made by City as a loan to Hospital to be repaid upon demand.

Section 2. The parties recognize that these funds have been necessary and that additional advances may also be necessary in order to enable Hospital to provide a level of care and service appropriate to the purpose of the institution and the needs of the community and that Hospital has not, in the past, and is not presently able to repay said advances.

Section 3. Hospital agrees to repay the advances set forth in Exhibit "A" at such time as hospital has surplus funds

sufficient to pay some portion or all of the obligation and, in that event, upon demand by City, Hospital agrees to make such payments.

Section 4. Hospital will continue to provide City with regular financial reports of its condition in order that City may determine at what appropriate time it will be possible for Hospital to repay some portion or all of said indebtedness.

Section 5. Said indebtedness shall bear interest upon the unpaid balance thereof at the rate of six percent per annum from the date or dates upon which each such advance was made.

THIS AGREEMENT IS EXECUTED ON THIS 6TH DAY OF DECEMBER, 1990 BY THE PARTIES HERETO:

INDUSTRY CONVALESCENT HOSPITAL (DBA
EL ENCANTO CONVALESCENT HOSPITAL)

BY: *William Senior*

BY: *Raymond J. ...*

CITY OF INDUSTRY

BY: *John Ferrero*
Mayor

ATTEST:

BY: *Philip A. ...*
City Clerk

El Encanto
Loans
Interest Rate:6%
Term: On Demand

	Principal	Daily Int	#Days	FY Int
FY 91-92				
Accumlated Interest				623,557.00
Prior Loans	5,660,000.00	930.41	365	339,600.00
10/10/91	200,000.00	32.88	233	7,660.27
02/29/92	150,000.00	24.66	122	3,008.22
04/09/92	200,000.00	32.88	82	2,695.89
Balance FY 91-92	<u>6,210,000.00</u>			<u>976,521.38</u>
FY 92-93				
Accumlated Interest				976,521.38
Prior Loans	6,210,000.00	1,020.82	365	372,600.00
08/13/93	400,000.00	65.75	318	20,909.59
01/28/93	200,000.00	32.88	153	5,030.14
06/10/93	250,000.00	41.10	20	821.92
Balance FY 92-93	<u>7,060,000.00</u>			<u>1,375,883.02</u> *
Interest per El Encanto Audit is \$1,382,469.82				
FY 93-94				
Accumlated Interest				1,382,469.82
Prior Loans	7,060,000.00	1,160.55	365	423,600.00
08/26/94	300,000.00	49.32	309	15,238.36
02/24/94	200,000.00	32.88	127	4,175.34
03/24/94	150,000.00	24.66	99	2,441.10
04/28/94	300,000.00	49.32	64	3,156.16
Balance FY 93-94	<u>8,010,000.00</u>			<u>1,831,080.78</u>
FY 94-95				
Accumlated Interest				1,831,080.78
Prior Loans	8,010,000.00	1,316.71	365	480,600.00
07/28/94	250,000.00	41.10	338	13,890.41
09/08/94	200,000.00	32.88	296	9,731.51
10/27/94	200,000.00	32.88	247	8,120.55
11/30/94	150,000.00	24.66	213	5,252.05
03/09/95	350,000.00	57.53	114	6,558.90
Balance FY 94-95	<u>9,160,000.00</u>			<u>2,355,234.20</u>

El Encanto
Loans
Interest Rate:6%
Term: On Demand

	Principal	Daily Int	#Days	FY Int
FY 95-96				
Accumulated Interest				\$2,355,234.20
Prior Loans	\$9,160,000.00	1,505.75	365	549,600.00
11/09/95	200,000.00	32.88	233	7,660.27
Balance FY 95-96	<u>\$9,360,000.00</u>			<u>\$2,912,494.48</u>

FY 96-97				
Accumulated Interest				\$2,912,494.48
Prior Loans	\$9,360,000.00	1,538.63	365	561,600.00
07/02/96	250,000.00	41.10	363	14,917.81
09/26/97	300,000.00	49.32	278	13,709.59
02/13/97	175,000.00	28.77	138	3,969.86
04/10/97	175,000.00	28.77	82	2,358.90
Balance FY 96-97	<u>\$10,260,000.00</u>			<u>\$3,509,050.64</u>

FY 97-98				
Accumulated Interest				\$3,509,050.64
Prior Loans	\$10,260,000.00	1,686.58	365	615,600.00
08/14/97	400,000.00	65.75	321	21,106.85
12/11/97	400,000.00	65.75	202	13,282.19
Balance FY 97-98	<u>\$11,060,000.00</u>			<u>\$4,159,039.68</u>

FY 98-99				
Accumulated Interest				\$4,159,039.68
Prior Loans	\$11,060,000.00	1,818.08	365	663,600.00
09/10/98	300,000.00	49.32	293	14,449.32
05/27/99	300,000.00	49.32	34	1,676.71
Balance FY 98-99	<u>\$11,660,000.00</u>			<u>\$4,838,765.71</u>

EI Encanto
Loans
Interest Rate:6%
Term: On Demand

	Principal	Daily Int	#Days	FY Int
FY 99-00				
Accumulated Interest				\$4,838,765.71
Prior Loans	\$11,660,000.00	1,916.71	365	699,600.00
09/09/99	300,000.00	49.32	295	14,547.95
12/09/99	200,000.00	32.88	206	6,772.60
01/27/00	300,000.00	49.32	155	7,643.84
04/13/00	400,000.00	65.75	79	5,194.52
Balance FY 99/00	\$12,860,000.00			\$5,572,524.61
FY 00-01				
Accumulated Interest				\$5,572,524.61
Audit Confir. ADJ				(\$1,308.89)
Prior Loans	\$12,860,000.00	2,113.97	365	771,600.00
09/14/00	400,000.00	65.75	289	19,002.74
01/11/01	400,000.00	65.75	166	10,915.07
Balance FY 00/01	\$13,660,000.00			\$6,372,733.53
FY 01-02				
Accumulated Interest				\$ 6,372,733.53
Prior Loans	\$ 13,660,000.00	2,245.48	365	819,600.00
08/09/01	300,000.00	49.32	325	16,027.40
12/13/01	400,000.00	65.75	199	13,084.93
06/13/02	400,000.00	65.75	17	1,117.81
Balance FY 01/02	\$ 14,760,000.00			\$ 7,222,563.67
FY02-03				
Accumulated interest				\$ 7,222,563.67
Prior Loans	\$ 14,760,000.00	2,426.30	365	885,600.00
09/26/02	400,000.00	65.75	277	18,213.70
12/12/02	400,000.00	65.75	200	13,150.68
02/13/03	400,000.00	65.75	137	9,008.22
06/26/03	400,000.00	65.75	4	263.01
Adj to Confirmation				3,962.05
Balance FY 02/03	\$ 16,360,000.00			\$ 8,152,761.34

El Encanto
Loans
Interest Rate:6%
Term: On Demand

	Principal	Daily Int	#Days	FY Int
FY03-04				
Accumulated interest				\$ 8,152,761.34
Prior Loans	\$ 16,360,000.00	2,689.32	365	981,600.00
08/14/03	400,000.00	65.75	352	23,145.21
11/13/03	400,000.00	65.75	230	15,123.29
02/26/04	300,000.00	49.32	126	6,213.70
04/22/04	300,000.00	49.32	70	3,452.05
Adj to Confirmation				1,825.22
Balance FY 03/04	\$ 17,760,000.00			\$ 9,184,120.81
FY04-05				
Accumulated interest				\$ 9,184,120.81
Prior Loans	\$ 17,760,000.00	2,919.45	365	1,065,600.00
8/26/2004	300,000.00	49.32	309	15,238.36
11/11/2004	400,000.00	65.75	232	15,254.79
4/14/2005	400,000.00	65.75	78	5,128.77
Adj to Confirmation				(0.01)
	18,860,000.00			10,285,342.71
FY05-06				
Accumulated interest				\$ 10,285,342.71
Prior Loans	\$ 18,860,000.00	3,100.27	365	1,131,600.00
9/8/2005	400,000.00	65.75	295	19,397.26
1/12/2006	400,000.00	65.75	169	11,112.33
Adj to Confirmation				(0.02)
	19,660,000.00			11,447,452.28
FY06-07				
Accumulated interest				\$ 11,447,452.28
Prior Loans	\$ 19,660,000.00	3,231.78	365	1,179,600.00
	19,660,000.00			12,627,052.28
FY07-08				
Accumulated interest				12,627,052.28
Prior Loans	\$ 19,660,000.00	3,231.78	365	1,179,600.00
7/26/2007	400,000.00	65.75	339	22,290.41
	\$ 20,060,000.00			13,828,942.69

El Encanto
Loans
Interest Rate:6%
Term: On Demand

	Principal	Daily Int	#Days	FY Int
FY 08-09				
Accumulated interest				13,828,942.69
Prior Loans	\$ 20,060,000.00	3,297.53	365	1,203,600.00
9/25/2008	400,000.00			-
10/10/2008	(400,000.00)			
	\$ 20,060,000.00			15,032,542.69
4/15/2009 Payment				(100,000.00) Payment apply to interest
Balance @ 6/30/09	\$ 20,060,000.00			14,932,542.69
FY 09-10				
Accumulated interest				14,932,542.69
Prior Loans	\$ 20,060,000.00	3,297.53	365	1,203,600.00
	\$ 20,060,000.00			16,136,142.69
FY 10-11				
Accumulated interest				16,136,142.69
Prior Loans	\$ 20,060,000.00	3,297.53	365	1,203,600.00
	\$ 20,060,000.00			17,339,742.69
FY 11-12				
Accumulated interest				17,339,742.69
Prior Loans	\$ 20,060,000.00	3,297.53	366	1,206,897.53
	\$ 20,060,000.00			18,546,640.23
FY 12-13				
Accumulated interest				18,546,640.23
Prior Loans	\$ 20,060,000.00	3,297.53	365	1,203,600.00
	\$ 20,060,000.00			19,750,240.23