



AGENDA REPORT

SAN CLEMENTE CITY COUNCIL MEETING
Meeting Date: December 17, 2019

Agenda Item BA

Approvals:

City Manager [Signature]

Dept. Head [Signature]

Attorney [Signature]

Finance [Signature]

Department: Finance & Administrative Services
Prepared By: Erik Sund, Assistant City Manager

Subject: REQUEST FOR PROPOSAL HOSPITAL FACILITY PARTNERSHIP

Fiscal Impact: Yes, a supplemental appropriation for \$45,000 is being requested.

Summary: At the August 20, 2019 City Council meeting, City Council approved a Professional Services Agreement with Wipfli to assist the City in drafting a Request for Proposal (RFP) seeking hospital operators for the vacant hospital site at 654 Camino De Los Mares. In addition to the RFP, Wipfli is assisting the City in evaluating potential opportunities for the City to facilitate and/or participate in the re-opening, acquisition, and/or transfer of the San Clemente Hospital.

Background: Since the San Clemente Hospital closure in 2016, the City has been working diligently on solutions. Recently, the City was able to reach a settlement agreement with the hospital's owner, Memorial Health Services ("MHS"), which gives the City the ability to work with MHS to facilitate the reopening, acquisition, and/or transfer of the hospital. With Wipfli's assistance, a RFP for a hospital facility partnership has been developed and is ready to be distributed.

Discussion: Memorial Health Services and Saddleback Memorial Medical Center ("MHS") own the San Clemente hospital. In May 2016, MHS filed a lawsuit against the City challenging the legality and effect of the City's zoning designation on the hospital property. Throughout the litigation and process, the City Council has maintained that operation of an acute care hospital with an emergency medical services component is a vital City interest.

On June 18, 2019, MHS and the City entered into a comprehensive settlement agreement resolving all claims pertaining to the litigation. Under the settlement agreement, the City has the ability to (1) work with MHS to achieve reopening of the hospital, (2) acquire the Hospital Property through negotiations with MHS or through exercise of City's condemnation authority, (3) reconveyance of the hospital, if acquired, and (4) utilize its inventory of real property for the benefit of the public health, safety, and welfare of its citizens, including the provision of health and emergency medical services.

Pursuant to City Council direction, staff and Wipfli have developed a RFP that will be sent to select hospital providers seeking an operator that will provide an acute care and emergency room service at the vacated site. The draft RFP is attached for your reference, review and approval. As its primary objective, the City seeks to re-open

the prior Memorial Care Hospital in some form to provide inpatient acute care and surgical services, as well as out-patient clinical and emergency room services to not only serve the City's population, but also neighboring South Orange County cities.

On August 20, 2019, the City Council approved a contract with Wipfli for \$10,000. At this time, they have reached that not to exceed amount. Staff feels that Wipfli's services are still needed for both the distribution of the RFP and for the subject matter expertise in reviewing and evaluating potential proposals. Wipfli has provided a quote for \$45,000, which would include the following scope of work for the next implementation phase:

- Research/Select potential affiliation partners.
- Facilitate partner RFP process
- Receive & Review responses
- Analyze proposals terms and conditions
- Provide summary report for the City outlining the report key findings and make recommendations.

Due to Wipfli's experience and knowledge related to hospital services, Staff is recommending that they be retained for the remainder of the RFP process.

Recommended

Action: STAFF RECOMMENDS THAT THE CITY Council:

1. Authorize the City Manager to release the Request for Proposal for Hospital Facility Partnership; and
2. Approve and authorize the City Manager to execute an amendment to the Professional Services Agreement with Wipfli and add \$45,000 in additional contract authority; and
3. Approve a supplemental appropriation from the General Fund's Unassigned Fund Balance in the amount of \$45,000 to General Government Other Legal Services, Account #001-203-43640-000-00000.

Attachment:

1. Draft Request for Proposal
2. Expert Due Diligence Opinion
3. Appraisal Report

Notification: None.



CITY OF SAN CLEMENTE

REQUEST FOR PROPOSAL

DRAFT

REQUEST FOR PROPOSAL

HOSPITAL FACILITY PARTNERSHIP

JANUARY 8TH, 2020

DRAFT

910 CALLE NEGOCIO, SAN CLEMENTE, CA 92673 PHONE: (949) 361-8200

CITY OF SAN CLEMENTE

REQUEST FOR PROPOSAL JANUARY 8, 2020

Prospective Contractors:

The City of San Clemente (City) is interested in receiving proposals from Professional Services Contractors (Contractors) for the conduct of the Hospital Facility Partnership as described in detail in the attached Request for Proposal (RFP).

Copies of this RFP may be downloaded from the SAN CLEMENTE website: <https://www.planetbids.com/portal/portal.cfm?CompanyID=28939>.

Schedule of Events:

- RFP Open: January 8, 2020
- RFP Questions Due via Planet Bids Portal: January 14, 2020 @ 12:00 PM
- Response to RFP Questions Posted on Planet Bids: January 22, 2020 @ 5:00 PM
- Proposals Due: January 24, 2020 @ 5:00 PM

City Point of Contact:

The sole source of contact regarding this RFP is the project facilitator, Tony Taddey of Wipfli LLP at (310) 344-4030 or ttaddey@wipfli.com. Please immediately acknowledge your receipt of this RFP by return e-mail to the project facilitator. Individuals or firms interested in submitting a proposal are asked not to contact other members of the City of San Clemente staff or Councilmembers in connection with the RFP prior to the announcement of the consultant selected.

Proposals are to be submitted confidentially to Erik Sund at the following address:

Erik Sund, Assistant City Manager
City of San Clemente
910 Calle Negocio, 3rd Floor
San Clemente, CA 92673

Confidential

Proposal Closing Date:

Three (3) hard copies of each contractor's proposal must be received by the City not later than 5:00 PM on January 24, 2020. All proposals must be delivered to the above address. Proposals received after 5:00 pm on January 24, 2020 will not be accepted. **One (1) electronic copy must also be uploaded onto the City's Planet Bid portal before the closing date and time.**

Proposals will become part of the official files of the City of San Clemente and cannot be returned.

The City wishes to make meaningful progress towards identifying and preliminarily negotiating with its chosen candidate in Q1, 2020 and potentially reaching a mutually agreeable term sheet during 2020. However, consummating an affiliation agreement with its chosen partner may very well take longer than that in order to fully document and execute the final transaction. We appreciate your interest in us and look forward to further discussions with you.

Sincerely,

Erik Sund
Assistant City Manager

Attachments

CITY OF SAN CLEMENTE

REQUEST FOR PROPOSAL HOSPITAL FACILITY PARTNERSHIP

Background about the City and the project, as well as information about the Scope of Work to be undertaken are discussed in this section of the RFP.

A. INTRODUCTION

The City of San Clemente (the 'City') invites you to provide a response to this Request for Proposal ('RFP') regarding your potential interest in a possible affiliation or partnership arrangement between our organizations. This RFP is being sent to a very limited number of potential affiliation partners. This RFP is issued by the City in furtherance of considering the Hospital Facility Partnership.

B. PROPERTY DESCRIPTION

Please note that all the following facility information and estimates are drawn from the Scott Delahooke MAI Appraisal dated 1/16/19 as well as the Expert Disclosure Document compiled by Dr. Joshua Luke dated 1/3/19.

The property 654 Camino De Los Mares, the location of the facility formerly known as Saddleback Memorial Medical Center – San Clemente (the "Hospital"), was re-zoned as a Regional Medical Facilities ("RMF") Zone in February, 2016. RMF Zones are designed to allow regional general hospital uses only, and provides for the continued development of the existing general hospital facilities at 654 Camino De Los Mares that specifically include inpatient beds and an emergency department. After a number of tries, including a bankruptcy proceeding, various owners and operators gave up and the hospital closed on May 31, 2016.

Existing improvements to the parcel include an older, acute care/urgent care hospital, which was operating uneconomically for an extended period of time, before being closed. Since the hospital has ceased operation, if reopened, it may have to be renovated or completely rebuilt up to current state regulations and market standards. Other onsite improvements include two onsite driveways from Camino De Los Mares, and a third access point off the adjacent property. The portions of the site outside the building footprint are generally paved with asphalt with concrete curbs and walkways, landscaping and parking lot improvements. There were a total of 241 parking

spaces on the date of inspection, which equates to a total of 3.30 spaces per licensed bed. There is also a small care-takers building. There is a freeway visible sign. The parcel was last appraised for \$20 million in February, 2016.

C. MEMORIALCARE HOSPITAL HISTORY

Inpatient utilization (admissions per 1,000 population) has been declining across the U.S. and within California since calendar year ("CY") 2006. It is anticipated that inpatient volumes will continue to decline with the increased penetration of value-based care models and value-based payment, and as more volume is shifted to the outpatient setting. The Hospital's inpatient surgeries significantly declined since CY 2006, as the Hospital averaged 1.7 inpatient surgeries per day in CY 2006 to less than 1 surgery per day (0.7) in CY 2015.

The purchase of San Clemente Hospital in 2005 appears to have been a 'market share play' to keep rivals Hoag Health, Mission Hospital (at that time St. Josephs Health) and Fountain Valley Regional Hospital (owned by Tenet Health) from acquiring the southern-most licensed hospital in Orange County.

As a result of the transition to value based care MemorialCare also purchased a number of physician groups that not only had an impact at San Clemente Hospital, but historically were aligned with major rivals Hoag Health, Mission Hospital and Fountain Valley Regional Medical Center. These medical group purchases included Greater Newport Physicians Group, historically aligned with Hoag Hospital; San Clemente Family Medicine, historically aligned with San Clemente Hospital; and Bristol Park Medical Group, historically aligned with Fountain Valley Regional Medical Center and other MemorialCare competitors.

Patient volume data and discussions with local doctors confirm that after purchasing these medical groups, patients cared for by physicians from those groups were re-directed to MemorialCare owned hospitals. In the case of San Clemente Family Medicine, patients were being directed in large part to the main campus at Saddleback Memorial Medical Center in Laguna. That's simply how the market share game is played: the play book is simple, buy the doctors and their accompanying patients (or "lives"), then direct the patients for care at the facilities you own. The end result is increased hospital volume and revenue, and more efficient financial management of those members (patients).

Dr. Gus Gailamas and Dr. Steven Cullen indicated that the original purchase agreement with MemorialCare had a clause that prevented MemorialCare from selling the hospital for ten years after the sale closed in 2005. Prior to signing, that clause was negotiated down to only six years by MemorialCare. Dr. Gailamas, one of the physician owners who sold the hospital to MemorialCare, also stated that it was in 2012 that he and other doctors began noticing operational changes at San Clemente Hospital including the

RFP - INSTRUCTIONS AND CONDITIONS

reduction of programs, events and staff, as well as the implementation of reduced spending limit authority for San Clemente Hospital department managers.

After the purchase MemorialCare failed to put a senior leadership team in place at San Clemente Hospital. There is also no evidence of strategic growth initiatives being developed or implemented. In my experience, hospital or not, purchasing a new business or facility would be doing so with the thought that they can grow the revenue and increase profitability. There is no indication that growing the business and revenue were even a consideration for MemorialCare.

D. Expert Report Conclusions by Dr. Joshua Luke:

Executive Summary

This expert witness report was prepared to support my opinion that San Clemente Hospital remains a viable option to operate as a successful, profitable acute care hospital with an emergency department. It is also my opinion that the best use for this land is to operate a hospital under both the prior and current zoning requirements.

In my opinion there is no other business use of this property that would provide the profitability opportunity that successfully operating an acute hospital with an emergency department offers. San Clemente Hospital remains a viable business opportunity and operating a hospital is the best use of the property and facility as well. It is the best use of the land both before and after the zone change at issue. It is also a viable business opportunity for a willing acute provider.

Having toured the physical plant with Mr. Tony Struthers, it is evident to me that San Clemente Hospital's physical plant remains operational-ready and with just a few minor tweaks could be re-opened to provide acute service to the community. I did not see any indication on the tour that any remodel or rebuild was necessary, nor that any major licensure issues existed.

RFP - INSTRUCTIONS AND CONDITIONS

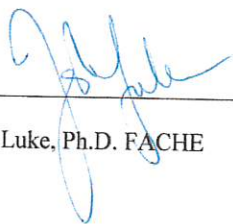
Conclusion

San Clemente Hospital's closure appears to be the result of ten years of eroding market share, which only gained rapid momentum after the closure announcement in 2014. In MemorialCare executives own words, "it was never a financial issue but an operational issue" to close the hospital. Further, diversion rates at the nearest hospitals since the closure of San Clemente Hospital are unrelated to the need and demand for timely acute care services in the city of San Clemente. They simply show the demand at each of those hospitals.

The lack of experience running community level hospitals and the fact that MemorialCare never assigned a senior leadership team to the hospital, appears to have led to the erosion of volume and revenue at San Clemente Hospital. MemorialCare executives cited quality concerns as a reason for closure, but no evidence of quality issues, concerns or citations was provided by MemorialCare. MemorialCare's desire to operate San Clemente Hospital as a tertiary level hospital made it impossible to operate San Clemente Hospital in a profitable manner.

Effective hospital management prioritizes profitability. The manner in which MemorialCare operated San Clemente Hospital appears to have been an ineffective model. I saw and read little evidence of a decline in quality of care, and no evidence of an increase in complaints or citations. Hub and spoke approaches can be effective, but only when individual senior leadership is assigned to be accountable for the success of the spoke. This never happened at San Clemente Hospital. The management approach was to simply keep the lights on. It appears to have been a "keep the lights on" approach.

Based on this experience and details shared in this report, I concluded that San Clemente Hospital could easily operate as a financially viable and profitable operation. A hospital with a proven physical plant in a strong demographic community like San Clemente could easily succeed and produce an annual EBIDTA in the range of \$4-10 million. It is also my position that operating a hospital is and was the best use of this land both before and after the change in zoning requirement.



Joshua D. Luke, Ph.D. FACHE

1-3-19

Date

E. PROJECT OBJECTIVES AND SCOPE OF WORK

As its prime objective, the City seeks to re-open the prior Memorial Hospital in some form to provide inpatient acute care and surgical services as well as out-patient clinical and ER services to not only the City's population but the rest of the market area as well.

The City does not have a firm, preconceived organizational or legal structure in mind. To date, the City has discussed an outright purchase, sale & leaseback, operating lease and joint ventures as potential options. A final structure would necessarily depend on both the City's preferences as well as those preferences (and the legal structure) of its potential partner. The City seeks a meaningful and substantive relationship including shared investment of capital and resources by both partners with equitable sharing of both the partnership's risks and rewards.

F. REQUIRED RFP RESPONSES

Please provide a response to each of the following questions with your proposal:

1. Relationship with Partners & Affiliates:

- What is your general approach to working with Partners & Affiliates?
- Which examples do you now have?
- Is there mutual investment of resources in any of these examples?
- Has there been an equity investment in any of these examples?
- How have/will clinical facilities and operational policies and procedures be formulated?
- What share of policy decision making would be shared with the City?

2. Possible Synergies of Reopening:

- What potential synergies might you envision?
- How do you see capturing market share?
- Do you envision operational/cost savings?
- How might this partnership affect reimbursement formulas?

3. Preferred Legal & Organizational Structure:

- Do you have an initial thought as to a preferred legal, financial and organizational structure?

4. Potential Investable Resources:

RFP - INSTRUCTIONS AND CONDITIONS

Do you envision a material investment of resources? If so, what type (capital, facilities, HR, referrals, marketing, etc.)?

5. General Statement:

- Why do you believe your organization is a superior candidate for us to partner with?

G. DUE DILIGENCE VISIT

The City will endeavor to schedule a due diligence visit to the facility at the appropriate time during the negotiations.

H. SCHEDULE

The following are key dates for the Hospital Facility Partnership:
RFP Open: January 8, 2020
RFP Questions Due via Planet Bids Portal: January 14, 2020 @ 12:00 PM
Response to RFP Questions: January 22, 2020 @ 5:00 PM
Proposals Due: January 24, 2020 @ 5:00 PM

CITY OF SAN CLEMENTE

REQUEST FOR PROPOSAL HOSPITAL FACILITY PARTNERSHIP INSTRUCTIONS AND CONDITIONS

The following instructions and conditions apply to this RFP:

A. GENERAL CONDITIONS

All information contained in this RFP is considered to be the exclusive property of the City. Recipients are not to disclose under any circumstances that they have received this RFP or any of its contents. We reserve the right to accept or reject any or all proposals in our sole discretion. Further, we reserve the right to negotiate with one or more responders at any time in order to further evaluate or accept that proposal which best serves our interests.

In good faith, your proposal should remain open for consideration until discussions or negotiations cease or are consummated.

RFP - INSTRUCTIONS AND CONDITIONS

1. Authority to Withdraw RFP and/or Not Award Contract

The City of San Clemente reserves the right to withdraw this RFP at any time without prior notice. Further, the City makes no representations that any agreement will be awarded to any entity responding to this RFP.

2. Right to Reject Proposals

The City of San Clemente reserves the right to reject any or all proposals submitted. Any award made for this engagement will be made to the contractor which, in the opinion of the City, is best qualified to conduct the project.

B. Proposal Format And Content

Proposals should be typed as brief as possible. They should not include any elaborate or unnecessary promotional material. The following order and content of proposal sections should be adhered to by each contractor.

1. Cover Letter

A cover letter not to exceed three pages in length should summarize key elements of the contractor's proposal. The letter must be signed by an individual authorized to bind the contractor. The letter must stipulate that the proposed price will be valid for a period of at least 90 days. Indicate the address and telephone number of the contractor's office located nearest to San Clemente, California, and the office from which the project will be managed.

I. Background and Approach

The Background and Approach Section should describe your understanding of the City and the objectives to be accomplished.

San Clemente Expert Report by Dr. Josh Luke

Executive Summary

This expert witness report was prepared to support my opinion that San Clemente Hospital remains a viable option to operate as a successful, profitable acute care hospital with an emergency department. It is also my opinion that the best use for this land is to operate a hospital under both the prior and current zoning requirements.

Section 1250 of the California Health and Safety Code defines acute hospitals as “a facility or place that is organized, maintained, and operated for the diagnosis, care, prevention, and treatment of human illness, physical or mental, including convalescence and rehabilitation and including care during and after pregnancy...”. It further states that eight essential services must be provided to be licensed as an acute facility: “medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy and dietary services.” Although these are the basic requirements for operating a licensed hospital, there are different levels of acute hospitals within the state ranging from smaller community level hospitals, to tertiary level hospitals and tertiary-trauma centers. San Clemente Hospital operated as a community level hospital. Saddleback Memorial Medical Center operates as a tertiary level hospital.

Over the last twenty years I have observed an industry practice within the healthcare industry of providers purchasing hospitals in desirable demographic regions to ensure retention of market share. This appears to be what happened in 2005 when MemorialCare purchased the hospital in San Clemente. MemorialCare’s unwillingness to sell the hospital to those interested in 2015 and beyond is evidence that market share remains a top priority. The report will further illustrate that while MemorialCare has a reputation for running successful tertiary level, magnet designated hospitals, which offer the highest quality acute care services, they have not proven to be as successful in operating community level hospitals, which provide basic, timely, acute services to a community in accordance with state standards.

Two examples will be provided of current successful community hospitals being operated within Orange County. These community hospitals serve as a model to pattern a successful community hospital operation after in San Clemente. Additionally, I reviewed comparative data specific to emergency department conversion rates which show that San Clemente Hospital’s three nearest competitors converted emergency department patient to inpatients at a rate twice that of San Clemente Hospital. This report provides further evidence that in MemorialCare’s executives own words, the closure of this hospital was purely an operational decision and not as a result of perceived financial failure, nor the result of reduced census due to the shift to value based care that is impacting hospitals nationwide.

As a tax exempt non-profit provider, MemorialCare made a commitment to serve the health needs of the communities it serves, and by purchasing San Clemente Hospital in 2005 the residents of San Clemente became part of that commitment. It is unlikely that any outpatient facility built on the San Clemente property would average an annual EBIDTA approaching what a successful acute hospital could generate. No other business could benefit as much as operating a hospital on that site. There are more than 20 potential buyers who expressed interest in buying the hospital to continue operating it as an acute hospital, even though it was never put up for sale. These requests fell on deaf ears and were never given serious consideration. The demand is there, and the desire to expand and introduce new revenue-generating specialty programs to support the city of San Clements is ripe.

In my opinion there is no other business use of this property that would provide the profitability opportunity that successfully operating an acute hospital with an emergency department offers. San Clemente Hospital remains a viable business opportunity and operating a hospital is the best use of the property and facility as well. It is the best use of the land both before and after the zone change at issue. It is also a viable business opportunity for a willing acute provider.

Expert Witness report

Submitted By Dr. Josh Luke, FACHE

1. Qualifications

Please see attached resume (addendum B) for full description of qualifications.

A brief Summary of experience:

- Chief Executive officer of 4 hospitals, with 13 years senior acute hospital experience and more than twenty years in healthcare leadership and consulting roles
- Vice President Post Acute Services for Southern California based Health System
- Written three books:
 - o Health-Wealth; ForbesBooks (2018) *Amazon #1 Best Seller*
 - o Ex-Acute: A former hospital CEO tells all on what's wrong with American healthcare; Xlibris Publishing (2016)
 - o Readmission Prevention: Solutions Across the Provider Continuum; Health Administration Press, a part of American College of Healthcare Executives (2015)
- Adjunct Faculty, University of Southern California, Sol Price School of Public Policy
- Founder, National Readmission Prevention Collaborative (a California not for profit)
- Founder, National Bundled Payment Collaborative (a California not for profit)
- Board Member, Hospital Association of Southern California (Emeritus, 2011)
- Board Member, California Hospital Association Center for Post Acute (Emeritus, 2011)

2. Prior Expert Witness Experience

- a. Dr. Luke has never previously served as an expert witness or testified as an expert at trial or deposition.

3. Dr. Luke is being compensated \$500 an hour for the research, study and testimony provided in this case.

4. Documents Reviewed and Information Replied Upon

Documents and Resources

- a. First Amended Complaint: MemorialCare vs. City of San Clemente
- b. Expert Witness Report of Patrick Carroll of Patrick E. Carroll & Associates, Inc.
- c. City of San Clemente Press Release (4/12/16) "MemorialCare Puts Corporate Interests Ahead of People in Lawsuit to Intimidate the City of San Clemente)
- d. San Clemente Code of Ordinances Title 17 – Zoning
- e. San Clemente Ordinance No. 1616
- f. San Clemente Resolution No. 14-61
- g. California Health and Safety Codes. Division 2. Chapter 2. Article 1. 1250 Definitions (general acute care hospital)
- h. Saddleback Memorial – San Clemente: Outpatient Medical Pavilion Feasibility Study (NexCore)
- i. San Clemente City Council Meeting Agenda Report 1/19/16
- j. San Clemente City Council Meeting Agenda Report 3/21/17
- k. City of Dana Point Agenda Report 3/3/15
- l. Depositions from:

- o Stephen B. Geidt
- o Karen Testman
- o Tony Struthers
- m. Declaration of Stephen B. Geidt
- n. Declaration of Steven T. Valentine
- o. Supplemental Status Report by MemorialCare Regarding Several Concerns Expressed by the Court at September 21, 2017 Hearing
- p. Community Needs Assessment 2016, Saddleback Memorial Medical Center
- q. Community Needs Assessment 2015, Saddleback Memorial Medical Center
- r. Community Needs Assessment 2014, Saddleback Memorial Medical Center
- s. Community Needs Assessment 2013, Saddleback Memorial Medical Center
- t. Saddleback Memorial Implementation Strategy 2017-2019
- u. Mission Hospital Community Benefit Plan FY 2014
- v. Discovery: Saddleback San Clemente Interested Parties list
- w. Discovery: Email from Tony Struthers to Karen Testman (2/24/16) on Sovereign Health interest in purchasing San Clemente Hospital
- x. Physician Owned Organizations Mergers, Acquisitions & Affiliations, Southern California Activity 2001 to 2012
- y. San Clemente Sales Tax Update Q2 2018
- z. HDL City of San Clemente Top 25 Business Types & Sales Tax Producers Listed by Allocation
- aa. US Census Bureau Data San Clemente, Huntington Beach, Yorba Linda, Placentia (see addendum C)
- bb. Cushman & Wakefield Appraisal of Real Property October 8, 2014
- cc. ALIRTS Annual Utilization Report of Hospitals Saddleback Memorial Medical Center – San Clemente, Submitted 2017
- dd. MemorialCare website
- ee. Financial Analysis of David Ishii (see Addendum A)
- Discussions and Interviews
- a. Interviews with Dr. Gus Gialamas, Dr. Steve Cullen, James Makshanoff, Erik Sund
- b. Tour of Hospital facility and discussions with Tony Struthers

5. Expert Testimony from Dr. Josh Luke

This expert witness report was prepared to support my opinion that San Clemente Hospital remains a viable option for any health system or individuals seeking to operate a successful, profitable community level hospital at the San Clemente Hospital location. This report will further support my opinion that operation an acute care hospital is the best use of the property where San Clemente Hospital is located. The report focuses on the following.

- Models of Successful Community Hospitals in Orange County
- Market Share: Then and Now
- MemorialCare's Inability to Manage San Clemente as a Community Hospital
- Operational Implications
- The Overhead Allocation at San Clemente Hospital was Abnormally Excessive
- A Roadmap for Success and Profitability at San Clemente Hospital
- A Strategic Plan for San Clemente Hospital
- Best Use of this Property Both Before and After Zoning Change

Models of Successful Community Hospitals in Orange County

In Orange County, California there are several examples of profitable community hospitals. Each of these hospitals is managed by a health system. The two hospitals within Orange County that most closely resemble San Clemente Hospital (based on the community population and demographic data) are Huntington Beach Hospital and Placentia-Linda Hospital. I will use Huntington Beach Hospital and Placentia-Linda Hospital (located on the border of Placentia and Yorba Linda) as models of success for San Clemente Hospital.

The chart below shows the volumes and revenue of each of the two hospitals we will use as examples. Although San Clemente Hospital's volumes have been slightly lower, San Clemente Hospital has missed opportunities to have similar volumes as these two hospitals as a result of a lack of accountable leadership and accompanying strategic plan since 2006. I believe that when operated by accountable senior executives with a strategic growth plan like Huntington Beach Hospital and Placentia-Linda Hospital, similar volumes (30 ADC) are attainable at San Clemente Hospital.

	Emergency Room Visits Annually	Inpatient Average Daily Census	Net Income	Revenue
San Clemente Hospital	135,018	19.89	(\$990,278)	\$35,569,276
Huntington Beach Hospital	182,857	32.86	\$1,576,290	\$50,766,553
Placentia Linda Hospital	246,507	34.49	\$10,759,230	\$79,748,653

*2007-2016

I have reviewed census data from San Clemente Hospital dating back to 2004. In 2004 and 2005 San Clemente Hospital showed an average daily census of 30.42 in 2004 and 29.77 in 2005. These numbers are comparable to Huntington Beach Hospital and Placentia Linda Hospital. When MemorialCare began operation of San Clemente Hospital, the average daily census eroded annually at a consistent pace. An analysis of Huntington Beach Hospital and Placentia Linda Hospital compared to San Clemente Hospital shows that the patient erosion at San Clemente Hospital dating back to 2005 was avoidable.

Huntington Beach Hospital: The potential for Higher Conversion Rates

Led by a hospital Chief Executive and Chief Nursing Officer, Huntington Beach hospital offers an emergency room, surgical services and specialty programs including outpatient behavioral health and wound care among others. The hospital has 120 inpatient beds and no county EMS specialty designations for paramedic receiving. It is not a magnet hospital. It is a high performing community hospital managed by Prime Healthcare, who has additional community and tertiary hospitals in Orange County.

Huntington Beach Hospital was selected for comparison as it is a community level hospital that has a successful operational track record and it is a beach community similar to San Clemente in many ways.

The demographics of Huntington Beach largely mirror those of San Clemente. The average home price ranges from \$685,000 - \$850,000 in the two communities and the average household income of each of the cities ranges from \$88,000 to \$101,000. Residents of each city earn Bachelor's Degrees at a rate ranging from 42% to 49%. Similarly, each city has a hospital that operates as a community level hospital that provides timely basic acute services, not a tertiary level specialty hospital. I have personally been to each of the hospitals and they are similar in physical plant with appropriate facilities to meet the needs of the community in a timely manner. As a resident of a city with a community hospital and having been the Chief Executive Officer of several community hospitals, in my experience these are a few of the characteristics that are common when local residents support and a community level hospital within their town, even with the presence of a tertiary level specialty facility in a nearby community.

As an example of how San Clemente Hospital could achieve similar success using operational tactics that Huntington Beach has utilized, I will compare each hospital's conversion rate. A conversion rate is the percent of patients who are seen in the emergency room that are ultimately admitted to the hospital as inpatients. Conversion rate is a key indicator that hospitals have a strategic growth plan to drive revenue by aggressively admitting patients that meet any criteria to lead to additional revenue.

The county average from 2012-2016 was approximately 16.08%. San Clemente Hospital averaged conversion rate of 10.93% over its final five years, including dipping below 10% in two years. The conversion rate of Huntington Beach Hospital during that same time frame was 18.36%. This illustrates that with a higher conversion rate, San Clemente Hospital could have 716 additional admissions per year by simply increasing its conversion rate by 5% to mirror Huntington Beach Hospital. As a further illustration of this opportunity for improvement, the conversion rates of the three hospitals surrounding San Clemente Hospital suggest that the potential to increase could be even greater. The following chart lists the county average and conversion rates of the nearest competing hospitals to San Clemente Hospital.

San Clemente Hospital's conversion rate is 5 percent lower than the county average and half of its three nearest competitors who all convert more than 20 percent of emergency department visits to inpatient admissions. In the five years reviewed, none of the other local hospitals ever fell below a conversion rate of 20 percent, which is double the conversion rate of San Clemente Hospital. A 10 percent increase to mirror the closest competing hospitals would result in 1400 new admissions annually and significant new revenue.

The calculations included in **Addendum A** illustrate that the South County average of 20% would result in approximately \$400,000 to \$500,000 in net revenue (based on FY 2014 data). While this revenue projection will obviously vary based on the diagnosis and conditions of patients admitted, this figure is a conservative, realistic projection with a strategic plan and marketing team in place. This revenue figure represents an additional 1,255 admissions at an average of \$8,743.89 per discharge net revenue, using the industry standard 4% margin for a Standard & Poor's AA plus rated hospital (see **Addendum A**).

The following chart provides the conversion rates of San Clemente Hospital and other South County hospitals. San Clemente and Mission Hospital Laguna Beach are both considered community level hospitals, while Mission Hospital (plus trauma) and Saddleback Memorial Medical Center are both tertiary level facilities. The conversion rates of each of the three other local hospitals has hovered above 20.0% for the past five years.

Emergency Department Conversion Rates

South Orange County & County Average

ED Conversion Rates	Saddleback	San Clemente	Mission Hospital Laguna Beach	Mission Hospital Regional Medical	Orange County All
2012	22.41%	13.63%	25.80%	23.66%	17.30%
2013	23.26%	12.52%	25.16%	22.78%	16.80%
2014	20.78%	11.30%	23.66%	23.80%	15.23%
2015	20.65%	9.48%	21.80%	22.59%	15.75%
2016	20.61%	7.72%	21.07%	20.75%	15.32%
Average	21.54%	10.93%	23.50%	22.72%	16.08%

Placentia Linda Hospital: The Potential for Greater Outpatient Surgeries

Led by a hospital Chief Executive and Chief Nursing Officer, Placentia-Linda Hospital offers an emergency room, surgical services and an aggressively marketed and extensively contracted outpatient surgical program, as well as a comprehensive women's health program and wound care program. The hospital has 114 inpatient beds and no county EMS specialty designations for paramedic receiving. They are not a magnet hospital. It is a high performing community hospital managed by Tenet Health, who has additional community and tertiary hospitals in Orange County.

Placentia Linda Hospital was selected for comparison as it is a community level hospital that has a successful operational track record and it provides care primarily to the residents of Yorba Linda. Yorba Linda has demographics that are similar to San Clemente in many ways. The average home price ranges from \$792,000 (YL) - \$850,000 (SC) in the two communities and the average household income of each of the cities ranges from \$101,000 (SC) to \$123,000 (YL). Residents of each city earn Bachelor's Degrees at a rate ranging from 49% (SC) to 53% (YL). Similarly, each city has a hospital that operates as a

community level hospital that provides timely basic acute services, not a tertiary level specialty hospital. I have personally been to each of the hospitals and they are similar in physical plant, in fact I have personally been a patient at Placentia Linda Hospital on multiple occasions. Having been a patient at Placentia Linda Hospital and having been the Chief Executive Officer of several community hospitals, in my experience these two hospitals serve comparable affluent communities with high expectations when it comes to hospital services.

From 2006 to 2015 Placentia-Linda Hospital increased its outpatient surgeries by approximately 400 procedures a year, an increase of 15.76%. In that same time frame San Clemente Hospital saw a reduction in outpatient surgeries of 700 procedures, a 44.9% decrease. Outpatient surgeries can be a major source of high margin revenue for community hospitals. This presents a significant opportunity for San Clemente Hospital to expand its outpatient surgical program. The chart below illustrates the difference in trend in outpatient surgery growth and the opportunity.

Outpatient Surgery Volume Comparison

Outpatient Surgeries

	San Clemente	San Clemente Annual Decline	Placentia Linda	Placentia Linda Annual Decline
2006	1,649		2,379	
2007	1,551	-5.94%	2,907	22.19%
2008	1,326	-14.51%	3,072	5.68%
2009	1,343	1.28%	3,469	12.92%
2010	1,306	-2.76%	3,326	-4.12%
2011	1,234	-5.51%	3,446	3.61%
2012	1,152	-6.65%	3,179	-7.75%
2013	916	-20.49%	2,867	-9.81%
2014	969	5.79%	2,861	-0.21%
2015	907	-6.40%	2,754	-3.74%
	Total (44.9%)		Total 15.76%	

Although the exact revenue figures would vary based on type of procedure and volume, if San Clemente Hospital were to market its Outpatient Surgical Program it could generate an additional \$60,000 monthly in net revenue, or \$720,000 annually.

Why these Successful Community Hospital Models are Replicable at San Clemente Hospital

In my opinion San Clemente Hospital can be a profitable operation if operated efficiently, just as Huntington Beach Hospital and Placentia-Linda Hospital have demonstrated. Although Huntington Beach Hospital and Placentia Linda Hospital have different specialty programs that most closely resemble their

community need, each of their success can be attributed to several factors that the San Clemente Hospital can be patterned after. Some of the tactics that San Clemente Hospital could benefit from include:

- A leadership team that is responsible solely for San Clemente Hospitals financial success
- Proactive aggressive physician and community marketing plan
- Identification and operation of revenue generating specialty programs that serve community needs

For example, Huntington Beach Hospital operates a successful outpatient behavioral health program known as Partial Hospitalization Program, a day program for adults with behavioral health needs. Additionally they have a highly successful wound care program that has proven to be successful due to the high ratio of senior facilities in the region. Separately, Placentia-Linda operates a very successful outpatient surgery program, even building a new outpatient surgical pavilion in recent years to enhance the program, as well as wound care and a Women's Health program. Interestingly, each of these programs would likely be revenue drivers that also provided high margin revenue to the San Clemente Hospital as there is market demand for each of these services in San Clemente.

These hospitals are the model for the San Clemente Hospital leadership team to follow. As an example, simply improving the diversion rate and building the outpatient surgery census alone could likely result in an additional \$1 million annually for San Clemente Hospital.

Volume declines at San Clement Hospital since 2005 suggest an absence of a marketing, community relations, workers compensation outreach (which lead to additional outpatient surgical volume) and physician outreach plan to not only maintain outpatient surgical volumes, but grow them. I confirmed during discussions with James Makshanoff, Dr. Gus Gialamas and Dr. Steven Cullen that MemorialCare did not interact and market with the community or active physicians during that time. These specific marketing tactics did not appear to ever be part of the MemorialCare strategy while managing San Clemente Hospital and led to the steep decline in outpatient surgical volumes. Although the growth of outpatient surgery centers has impacted outpatient surgical volumes at many hospitals, Placentia Linda Hospital has proven that with effective, proactive marketing and community engagement, outpatient surgical volumes can continue to grow. Discussions with city officials, Dr. Steven Cullen and Dr. Gus Gialamas also indicated that there are several local businesses who expressed interest in community partnerships, direct contracting and directing workers compensation business to San Clemente Hospital. Also, with ten senior homes now in operation and two more nearing completion in San Clemente, there will be increased opportunity for outpatient surgical volume.

In addition to replicating two local models who have demonstrated sustainable long-term profitability, in 2015 the city of San Clemente offered to propose \$1.2 million in annual support (with no end date) to MemorialCare to continue operating the hospital in either cash or supplements (firemen and paramedic). San Clemente officials confirmed to me that this offer remains on the table for MemorialCare or any new hospital owner once the hospital re-opens. While the subsidy is not necessarily needed to operate the hospital, it would be helpful and significantly reduces the operating loss.

Market Share: Then and Now

In 2005 the hospital industry was being forced by payers to enter risk arrangements. Risk arrangement is a term describing an “insurance model.” Orange County based ARTA Western Health Network (since sold), Monarch and Prospect were all leveraging local hospitals to enter risk arrangements. The federal government was pushing retirees to choose Medicare Advantage plans instead of straight Medicare, and discussion on healthcare reform was heating up approaching the 2008 Presidential election. All the momentum pointed toward consolidation of acute providers to gain market share as the country became more integrated in value based care. Orange County was no exception.

I observed all of this taking place while serving as a hospital Chief Executive Officer in Anaheim from 2004 to 2011. In fact, the system I worked in had two such full-risk arrangements with ARTA and Monarch in 2007-8. Although I was not privy to the internal discussions and decisions made by MemorialCare in 2005, the purchase of San Clemente Hospital by MemorialCare has all the trappings of these trends.

While hospital operators had traditionally been skilled at simply driving volume to their facility, risk arrangements required cost efficient patient management and utilization review. In the insurance industry, the way companies grow revenue is by growing members or “lives” is the industry term. As a result, health systems started targeting and buying hospitals in affluent communities throughout California to ensure that market share of insurance lives would not be lost to competition.

The purchase of San Clemente Hospital in 2005 appears to have been a ‘market share play’ to keep rivals Hoag Health, Mission Hospital (at that time St. Josephs Health) and Fountain Valley Regional Hospital (owned by Tenet Health) from acquiring the southern-most licensed hospital in Orange County.

As a result of the transition to value based care MemorialCare also purchased a number of physician groups that not only had an impact at San Clemente Hospital, but historically were aligned with major rivals Hoag Health, Mission Hospital and Fountain Valley Regional Medical Center. These medical group purchases included Greater Newport Physicians Group, historically aligned with Hoag Hospital; San Clemente Family Medicine, historically aligned with San Clemente Hospital; and Bristol Park Medical Group, historically aligned with Fountain Valley Regional Medical Center and other MemorialCare competitors.

Patient volume data and discussions with local doctors confirm that after purchasing these medical groups, patients cared for by physicians from those groups were re-directed to MemorialCare owned hospitals. In the case of San Clemente Family Medicine, patients were being directed in large part to the main campus at Saddleback Memorial Medical Center in Laguna. That’s simply how the market share game is played: the play book is simple, buy the doctors and their accompanying patients (or “lives”), then direct the patients for care at the facilities you own. The end result is increased hospital volume and revenue, and more efficient financial management of those members (patients).

Dr. Gus Gailamas and Dr. Steven Cullen indicated that the original purchase agreement with MemorialCare had a clause that prevented MemorialCare from selling the hospital for ten years after the sale closed in 2005. Prior to signing, that clause was negotiated down to only six years by MemorialCare. Dr. Gailamas, one of the physician owners who sold the hospital to MemorialCare, also stated that it was in 2012 that he and other doctors began noticing operational changes at San Clemente Hospital including the reduction of programs, events and staff, as well as the implementation of reduced spending limit authority for San Clemente Hospital department managers.

This market share strategy also appears to be the key driver in MemorialCare's decision to close San Clemente Hospital as indicated by its lack of willingness to sell the hospital to another suitor – even though more than 20 operators proactively expressed interest in purchasing the hospital to continue operating it as an acute hospital prior to closure.

Ms. Testman acknowledged this in her deposition, confirming that many conversations on this topic occurred between MemorialCare executives leading up to the purchase.

“..I guess it's difficult for me to answer your question because we never – it wasn't contemplated to sell the hospital.” (p.110 line 14-15)

Also, Providence Health recently purchased both Mission Hospital and both Hoag Hospital campuses. Essentially, all of MemorialCare's competition for attractive, affluent insurance lives along the coast of Orange County are now aligned under one owner, Providence Health. Ms. Testman's testimony along with other documentation confirm that Annette Walker, former President of St. Josephs Health (that operates Mission Hospital) expressed interest in purchasing San Clemente Hospital. When asked in a series of questions if the MemorialCare Presidents Group had ever discussed their unwillingness to sell San Clemente Hospital to a competitor, Ms. Testman stated:

“yes.” (p. 114, line 1)

Ms. Testman also stated:

“Yeah, I think it definitely wouldn't make business sense to sell it to Mission Hospital.” (p. 111, line 11-12)

Additionally, MemorialCare's commitment to receive tax-free status as a not for profit acute healthcare provider is to serve the needs of the communities they serve. In spite of their commitments as a not-for-profit entity, MemorialCare's unwillingness to allow another provider to purchase and operate a hospital in San Clemente is further evidence that retaining the market share is more of a priority than providing access to acute care to the city of San Clemente.

MemorialCare has created a situation where the nearest hospital to the southernmost residents of San Clemente near Cristianos Road (and on Interstate 5, in one of the most highly traveled corridors in the country) is more than 16 miles away to the north (Mission Hospital) and more than 26 miles to the South at Tri-City Regional Medical Center. Additionally, Saddleback Memorial Hospital is more than 20 miles north from Cristianos Road.

In summary, based on my experience, it appears that market share is the business strategy that led to both the purchase of San Clemente Hospital and the accompanying unwillingness to sell once the decision was made to close the hospital. In MemorialCare's own words, this was not a financial decision but an operational decision. This purchase being motivated by grabbing market share early in 2005 to keep the hospital and accompanying member lives from the competition. Karen Testman, Chief Financial Officer for MemorialCare Health System's deposition states:

“I don't think the decision was made that it was financially unviable. I think the decision was made that it was operationally unviable.” (page 69, lines 6-8)

MemorialCare's Inability to Manage San Clemente as a Community Hospital

MemorialCare has a strong reputation locally and nationally for operating high quality, successful tertiary level hospitals. Tertiary care can be described in many ways, but a common definition is “highly specialized medical care usually over an extended period of time that involves advanced and complex procedures and treatments performed by medical specialists in state-of-the-art facilities” (Merriam Websters). What MemorialCare does not have is a track record of successfully operating community level hospitals – hospitals designed to serve the basic acute needs of a community in a timely manner, in the absence of a nearby tertiary level provider.

MemorialCare's last two attempts to manage community level hospitals ended in a sale less than eight years after purchase at Long Beach Community Hospital and a closure at San Clemente Hospital just ten years after taking ownership. There are plenty of tertiary medical center operators like MemorialCare throughout Orange County and California that have proven they can successfully manage and operate profitable community level hospitals as well. Examples will be provided illustrating that the formula for success in this “hub and spoke” model is assigning a leadership team including a Chief Executive, a Chief Nursing Officer and a Chief Financial Officer who are responsible and accountable for the success of the community level hospital.

I served as the Chief Executive at three organizations who operated in this manner, in fact each of the three hospitals were in highly impacted inner-city communities with an abundance of homeless and un-insured patients, and saw continual evidence that in the absence of accountable leaders, community level hospitals are not likely to succeed. At each of these facilities we were able to post annual profits with a much less fruitful payer mix.

This “hub and spoke” model of management has proven successful at several other local community level hospitals in Orange County, including Chapman Medical Center, Huntington Beach Hospital, La Palma InterCommunity Hospital and Placentia-Linda Hospital.

While MemorialCare did not succeed on both of its two recent attempts to try their hand at attempting to successfully operate community level hospitals, as evidenced by one sale (Long Beach Community Hospital) and one closure (San Clemente Hospital), MemorialCare has a strong track record of operating tertiary level facilities. This is further evidenced by each of MemorialCare's existing hospitals achieving or awaiting approval of Magnet Designation status (See Addendum C). Magnet status is an award and distinction given by the American Nurses' Credentialing Center (ANCC), an affiliate of the American Nurses Association, to hospitals that satisfy a set of criteria designed to measure the strength and quality of their nursing. Magnet status is rarely achievable for community hospitals who often lack the resources to apply and qualify for the designation. For example, one criteria is that all nurses possess a bachelor's degree (many registered nurses do not have an accompanying bachelor's degree) and that 80 percent of nurses possess a masters degree. Due to the limited resources, often thin margins and lower wages often paid by community level hospitals, in my experience magnet status is often not a realistic expectation.

In the case of San Clemente Hospital, MemorialCare was essentially establishing its own criteria for determining quality and what qualifies as a “viable” operation. MemorialCare appears to be demanding that their community hospital, San Clemente Hospital, operate as a tertiary level facility. There is no requirement that every licensed acute hospital be Magnet designated, such a designation is not required for a hospital to be licensed with the state. The state of California licenses hospitals and the states standards are not as strict as those that MemorialCare places upon itself.

MemorialCare's brand promise, as stated on its website states (see **Addendum C**):

The people of MemorialCare Health System are dedicated to the pursuit of best practice medicine. Our physicians and staff members study the best and most effective treatments and work to implement them at all our locations. The results are outcomes that frequently exceed state and national averages. For our patients and families, it means a superior choice of health care services.

This brand promise is not consistent with operating community level hospitals. Community level hospitals in most cases lack the resources to pursue best practice medicine and study treatments, and most often are not exceeding national quality averages when compared to all hospitals.

San Clemente Hospital has always been a community level hospital. San Clemente Hospital cannot operate effectively and profitably if it is managed in the same manner as a tertiary level facility, or in this case as just another department or adjunct campus of a tertiary facility. It appears that operating tertiary hospitals with magnet designation is the only manner in which MemorialCare desires to run a hospital.

To simplify this, MemorialCare has a great reputation for running tertiary level hospitals and is often thought of as a Mercedes-Benz caliber organization. As a result they have built an expectation within their executive ranks that every hospital is operated in that manner, as a Mercedes Benz. Community hospitals are more akin to the Ford or Honda of hospitals. Community hospitals are not Magnet Designated and are certainly not the Mercedes Benz, but they are licensed and provide great quality care.

My goal as a community hospital CEO was to motivate my team to operate and provide timely, quality care and do so in an efficient manner so the company remained profitable. We were proud to serve our community and very few if any of our nurses had master's degree. We could not afford to pay masters trained nurses beyond the normal hourly wage even if those highly educated and skilled nurses were willing to apply to work at a community hospital— which in my experience they most often did not because more often than not the wages were significantly lower than at tertiary level facilities.

One of the key ingredients in operating a successful community hospital within a health system is ensuring that the community hospital has its own senior level leadership team with financial accountability for the facility. A prime example of MemorialCare being inexperienced in successfully operating community level hospitals, is that MemorialCare failed to place a leadership team at San Clemente hospital that was responsible for the strategic plan and financial success of the hospital. San Clemente Hospital never had its own Chief Executive Officer or accountable leadership team under MemorialCare's management. In the industry we often refer to the community hospital being managed by the larger health system the "hub and spoke" management model. This model has proven to work, but is less likely to be successful if there is no stand-alone leadership team accountable for establishing a strategic plan and ultimately profitability.

In their own words, leaders who held executive positions at the tertiary level parent facility Saddleback Memorial Medical Center described being assigned to manage San Clemente Hospital just as if it were another department of Saddleback Memorial. As a result, the success of the hospital was never in question under the leadership of MemorialCare, it was only a matter of time before the competition widdled-away at San Clemente Hospital's core business in the absence of a full-time leadership team.

In the deposition of Tony Struthers, Vice President Support Services at Saddleback Memorial, he stated:

"I was the Administrator of the Saddleback Campus. I was basically the on-campus representative for the administration there overseeing—helping to oversee day-to-day operations of the facility." (page 6, line 4-7)

“...I ran San Clemente as almost a department of Saddleback.” (page 6, line 20-21)

“I mean that the overall responsibility for the department for budgeting purposes, for staffing purposes resided with the manager at Laguna Hills...” (page 7, line 10-13)

The three nearest competing hospitals all employ a full time Chief Executive Officer, Hoag Orthopedic Hospital, Mission Hospital and Saddleback Memorial Medical Center. The job descriptions of hospital CEO's accompany significant financial and operational responsibility and are much more detailed than what Mr. Struthers described as operating it as a department of Saddleback Memorial.

I read the deposition of Struthers and it was clear that every decision was made at the hub (Saddleback Memorial Laguna Campus) and not the spoke (San Clemente Hospital). The way I operated hospitals, the spoke is fighting to stand on its own and finds reasons to solve problems. When the hub calls all the shots, it is essentially a recipe for long term deterioration of programs, services, patient volume and revenue. This appears to be what occurred at San Clemente Hospital as volume and revenue declined year over year since 2005 at rates outpacing other hospitals in the region.

Part of the reason Huntington Beach Hospital and Placentia Linda were chosen for comparison is that with a viable strategic plan in place annually since 2005, San Clemente Hospital could have expanded specialty programs and grown volumes in key high margin service lines like outpatient surgeries. In the absence of such plans and senior leadership, a deterioration of all existing services was inevitable.

For example, in speaking with Placentia Linda Hospital executives multiple times in recent years, including being included as a finalist for their Chief Executive Officer vacancy in 2017, I know that when Placentia-Linda Hospital started to feel the volume decline and resulting financial impact of the transition to value based care after 2010, its senior leadership team developed plans to expand and market their outpatient surgery program. As a result they opened a new Outpatient Surgical Pavilion and their outpatient surgical volumes grew significantly in recent years. Similarly, despite closing their obstetrical unit, Placentia Linda Hospital's CEO created a Women's Health program that drove additional tests and surgeries to the hospital as well. Similarly Huntington Beach Hospital's senior leadership team saw the growth in demand for behavioral health and chemical dependency outpatient services in its community in recent years. As a result it allocated additional resources to its emergency department, inpatient behavioral health unit and outpatient Partial Hospitalization Program to best meet the community's changing needs and at the same time grow profitability.

These two community hospitals are evidence that when a full time senior leadership team is employed and held accountable for profitability, they keep their finger on the pulse of the changing needs of the community and can react swiftly by developing strategic plans to accommodate and profit as a result. This is how profitable and prosperous community hospitals are operated. With the affluent population that resides in San Clemente, as well as the growing number of senior homes and expanding business base, I believe that San Clemente Hospital can be profitable if a senior leadership team is employed and if operated in the same manner as Huntington Beach Hospital and Placentia Linda Hospital.

The charts below illustrate that the decline in discharges and average daily census at San Clemente Hospital in the five years leading up to closure was much more dramatic than at competing hospitals (highlighted in yellow on chart) - even prior to the October 2014 announcement that the hospital was likely to be closed.

Summary & Competitor Analysis
Decline in Discharges at San Clemente Hospital

Annual Discharges	Saddleback	San Clemente	Mission Hospital Laguna Beach	Mission Hospital Regional Medical	Orange County All
2011	14,231	2,290	3,130	17,319	247,383
2012	13,575	2,226	2,995	16,314	250,225
2013	13,353	1,895	2,614	15,369	242,829
2014	12,938	1,701	2,597	15,944	240,751
2015	12,895	1,402	2,489	16,013	248,810

Annual Decrease	Saddleback	San Clemente	Mission Hospital Laguna Beach	Mission Hospital Regional Medical	Orange County All
2011	(200)	(220)	(20)	(1,416)	(7,711)
2012	(656)	(64)	(135)	(1,005)	2,842
2013	(222)	(331)	(381)	(945)	(7,396)
2014	(415)	(194)	(17)	575	(2,078)
2015	(43)	(299)	(108)	69	8,059

Discharges by Percent	Saddleback	San Clemente	Mission Hospital Laguna Beach	Mission Hospital Regional Medical	Orange County All
2011	-1.39%	-8.76%	-0.63%	-7.56%	-3.02%
2012	-4.61%	-2.79%	-4.31%	-5.80%	1.15%
2013	-1.64%	-14.87%	-12.72%	-5.79%	-2.96%
2014	-3.11%	-10.24%	-0.65%	3.74%	-0.86%
2015	-0.33%	-17.58%	-4.16%	0.43%	3.35%
Annual Average	-2.21%	-10.85%	-4.50%	-3.00%	-0.47%
5 year decline (2011 – 2015) Total Decline	-9.39%	-38.78%	-20.48%	-7.54%	.58%

Summary & Competitor Analysis
Decline in Average Daily Census at San Clemente Hospital

ADC	Saddleback	San Clemente	Mission Hospital Laguna Beach	Mission Hospital Regional Medical	Orange County All
2011	158.40	24.98	37.29	198.01	3,079
2012	146.95	21.30	37.08	187.78	3,073
2013	138.45	18.10	30.25	179.24	2,981
2014	131.65	15.94	29.95	179.08	2,922
2015	133.91	12.11	27.40	184.89	3,088

ADC Decline	Saddleback	San Clemente	Mission Hospital Laguna Beach	Mission Hospital Regional Medical	Orange County All
2011	(2.93)	(1.64)	1.07	(6.10)	(67.44)
2012	(11.44)	(3.69)	(0.21)	(10.23)	(6.51)
2013	(8.51)	(3.19)	(6.83)	(8.54)	(91.97)
2014	(6.80)	(2.16)	(0.30)	(0.16)	(59.20)
2015	2.26	(3.83)	(2.55)	5.81	165.98

ADC Decline Percentage	Saddleback	San Clemente	Mission Hospital Laguna Beach	Mission Hospital Regional Medical	Orange County All
2011	-1.82%	-6.15%	2.95%	-2.99%	-2.14%
2012	-7.22%	-14.76%	-0.57%	-5.16%	-0.21%
2013	-5.79%	-15.00%	-18.43%	-4.55%	-2.99%
2014	-4.91%	-11.93%	-0.99%	-0.09%	-1.99%
2015	1.72%	-24.02%	-8.52%	3.24%	5.68%
Average	-3.60%	-14.37%	-5.11%	-1.91%	-0.33%
5 year decline (2011 – 2015)	-15.46%	-51.52%	-26.53%	-6.63%	0.27%

These charts provide evidence that a lack of accountable senior leadership and a strategic plan at San Clemente Hospital since 2005 was having a negative impact on patient volume. These charts also illustrate that the decline in census was much more aggressive than what MemorialCare asserted was the “normal transition to value based care decline” that is impacting all hospitals nationwide.

Operational Implications

Several other factors were cited by MemorialCare in their decision to close the facility. One being the declining census, which appears to have been accelerated by the closure announcement. While the long term decline in volume started at the time they purchased the hospital, it was accelerated after the October 2014 announcement that MemorialCare planned to close the hospital.

It is clear however, that the decline in census experienced at San Clemente Hospital in its final three years was to the benefit of the mothership hospital Saddleback Memorial Medical Center as its increase in average daily census in that time mirrored the drop at San Clemente Hospital.

In 2015, the last full year San Clemente Hospital was in operation, San Clemente Hospital saw a reduction in emergency room visits as well as emergency room visits converted to inpatient admissions. In that same year, Saddleback Memorial Medical Center saw a steep increase in both categories. Additionally, San Clemente Hospital saw a drop in census of 3.83 patients a day from 2014 to 2015 (highlighted in blue on prior chart). By no coincidence Saddleback Memorial Medical Center saw an increase of 2.26 patients per day ADC in 2015. In my experience, as is usually the case when a closure is eminent, volumes started shifting as soon as the announcement was made which led to even poorer volumes at San Clemente Hospital.

According to Dr. Steven Cullen, after the closure announcement MemorialCare removed the MRI machine and CT scanner, and limited echocardiograms to three days a week. As a result, any patients needing those services were transferred or referred up to Saddleback Memorial Laguna Hills. Further, Dr. Cullen pointed out that MemorialCare began counting any patients who split days between the two campuses in the Laguna Hills campus census, and they did not show up on the census report at San Clemente Hospital as ever being admitted. Almost all patients being treated for diverticulitis in the final two years were transferred up to Laguna Hills Campus and never counted in the San Clemente census, so the final two years census comparisons are misleading.

After the purchase MemorialCare failed to put a senior leadership team in place at San Clemente Hospital. There is also no evidence of strategic growth initiatives being developed or implemented. In my experience, hospital or not, purchasing a new business or facility would be doing so with the thought that they can grow the revenue and increase profitability. There is no indication that growing the business and revenue were even a consideration for MemorialCare.

The Overhead Allocation at San Clemente Hospital was Abnormally Excessive

In its final years of operation, the overhead allocation at San Clemente Hospital was far beyond what most community hospitals would allocate. While each hospital differs, when comparing prior year allocations and seeing the rapid growth of expenses in years leading up to the closure announcement, it is my belief that MemorialCare was inflating the overhead costs to further increase the annual losses at San Clemente to build their case for closing the hospital.

When MemorialCare took over operation of the hospital, its initial overhead allocation in 2006 was \$800,000. However, it ballooned rapidly and from 2013 on, it never fell below \$3 million any full year of operation. The initial overhead allocation in 2006 was \$800,000 a year and at its highpoint in 2013 was \$3,095,411, a 287% increase. Interestingly, even in the midst of closure in a partial fiscal year of operation in 2016, MemorialCare allocated a whopping \$2,755,772 a 244% increase over 2006. For 2016 the hospital had negative net income (loss) of \$(3,641,984).

Year	Overhead Allocation	Overhead Increase since 2006	Annual Net Income Loss
2013	\$3,095,411	287%	\$(1,127,702)
2014	\$3,065,416	283%	\$(2,099,439)
2015	\$3,035,712	279%	\$(3,641,392)
2016	\$2,755,772	244%	\$(3,641,984)

*For a more detailed analysis of the inflated overhead allocation for San Clemente Hospital in its final years before closure, please see **Addendum A** (II.1.) of this report.*

A Roadmap for Success and Profitability at San Clemente Hospital

There are opportunities to both grow volume and expand services at San Clemente Hospital. Any strategic plan should include aggressive community marketing as well as community partnerships. Stand-alone hospitals, even those that are part of a hub and spoke model with a health system can be challenging to operate in the absence of community partnerships. For example, direct contracting with local employers is an emerging trend for hospitals looking to drive additional revenue to the bottom-line, including community level hospitals.

There are several opportunities for community partnership in San Clemente. Discussions with city officials, Dr. Steven Cullen and Dr. Gus Gialamas indicated that there are several local businesses who expressed concern over the hospitals closure that would be likely targets for direct contracting with the hospital.

With ten senior homes now in operation and two more nearing completion in San Clemente, new senior focused specialty programs such as wound care, sub-acute, and outpatient surgery would generate significant volume and revenue. There is also an opportunity to partner with UCI Health or another

organization to open a geriatric-psychiatric unit which have proven to be profitable throughout the county. In addition there is an opportunity to provide acute rehabilitation services in South Orange County that are in high demand from seniors and those who have suffered a stroke or traumatic accident and need to gain additional strength and coordination prior to returning home. There is no shortage of opportunities to create new programs.

Many hospitals have also opened and operated successful detox units. MemorialCare's Community Needs Assessment identified the need for additional support services for alcohol and drug rehabilitation. With the abundance of alcohol and chemical dependency treatment programs in the San Clemente region, opening a detox program could prove to be very profitable as well. Acute based detox programs are an essential part of addressing this community need.

Having toured the physical plant with Mr. Tony Struthers, it is evident to me that San Clemente Hospital's physical plant remains operational-ready and with just a few minor tweaks could be re-opened to provide acute service to the community. I did not see any indication on the tour that any remodel or rebuild was necessary, nor that any major licensure issues existed.

A Strategic Plan for San Clemente Hospital

The following plan for operating San Clemente Hospital was developed using the financials from the last full year prior to the announced closure, FY 2014 ended in June 2014, four months prior to the announcement that the hospital was likely to close. The net income loss for San Clemente Hospital in Fiscal Year 2014 was **\$2,099,439**. The tentative plan below is a realistic, sample plan utilizing similar tactics modeled after Huntington Beach Hospital and Placentia-Linda Hospitals success, illustrating that an additional \$500,000 per month to the bottom line could result in a net annual profit of \$5 million at San Clemente Hospital.

Page 11 of the 'Community Needs Health Assessment 2016' developed by Saddleback Memorial Medical Center, in partnership with Biel Consulting, lists Alzheimer's Care, Mental Health and Substance Abuse all in the nine community health needs. The plan below includes programs that address those prioritized community needs as indicated by MemorialCare in the assessment. Following is a list of specialty programs that could bring additional EBIDTA to San Clemente Hospital

- Gero-psychiatric/Alzheimer's Program (IP)*	\$100,000 monthly
- Acute Rehab (IP)*	\$80,000 monthly
- Wound care program (OP)	\$50,000 monthly
- Partial Hospitalization Behavioral Health Day (OP)*	\$50,000 monthly
- Outpatient Surgical Program Expansion (OP)*	\$60,000 monthly
Total Monthly EBIDTA	\$340,000
Total Annual EBIDTA	\$4,080,000

** These are conservative profitability estimates based on my experience operating these services as a hospital CEO*

San Clemente Hospital Pro Forma with New Programs

FY 2014 Loss	(\$2,099,439)
5% expense reduction	\$1,735,333
ED Volume Growth (at 20% conversion rate)	\$439,153
<i>* 1255 additional admissions x \$8,743.89 per discharge net revenue (at 4% margin);</i>	
<i>Detailed analysis included in Addendum A II.2.</i>	
San Clemente City Supplement (proposal requires City Council approval)	\$1,200,000
Program Expansion (listed below)	<u>\$4,080,000</u>
Projected Annual Income	\$ 5,355,047

These projected volumes for program expansion are realistic, yet conservative, based on my experience operating several of these same programs as a hospital CEO, and in observing these programs being successfully operated at other local hospitals including Placentia Linda Hospital and Huntington Beach Hospital.

Best Use of this Property Both Before and After Zoning Change

Although it is easy to access census and financial data on hospitals as a result of state reporting requirements, there are no such requirements in place requiring urgent care facilities and outpatient facilities to report volume and financial information. As a result, this report relied in large part upon the Outpatient Medical Pavilion Feasibility study completed by Nexcore.

In reviewing MemorialCare's NexCore Report, it is evident that a significant amount of the projected revenue from this outpatient facility would simply be the result of triple net leases. This is assuming the spaces were each leased. MemorialCare would not be an owner in most service lines, but a landlord. The study suggests that other than operating the urgent care and the imaging center, MemorialCare would collect a maximum of \$280,000 annually for leases from other providers in the facility. The only additional revenue would be from any joint venture revenues MemorialCare entered with these providers.

Assuming a 24 hour Urgent Care operation employed physician and nurse practitioners (16 hours ER MD's/8 hours Family Practice) and assuming a blended revenue rate of \$180 a visit, the projected net revenue appears to be very limited in comparison to operating a community hospital with an active strategic plan. Based on our review, with year one being 2017, a conservative proforma with 52 visits (in 2017) and growing to 73 (in 2027), shows a negative undiscounted cumulative operating cash flow of (\$6,900,000). The average per year is (\$690,000) to MemorialCare.

Without having complete knowledge of MemorialCare's overall plan for operating or joint venturing additional service lines on the property, it appears based on the best information available that

MemorialCare is starting from a position of loss before making any additional considerations, as the urgent care loss of (\$690,000) combined with lease income of \$280,000 annually puts them at a starting point of (\$410,000) monthly before considering any other service lines or joint ventures.

Of even greater concern is that the federal government has imposed significant reductions in outpatient reimbursement since MemorialCare rolled out this plan and closed the hospital. Thus, any pre-closure revenue projections for operating outpatient services or joint venturing outpatient services on the campus to maximize reimbursement by including the hospital as an owner, are no longer accurate. Although joint ventures were common in the past as hospitals were allowed to bill more than non-hospitals for outpatient services, those practices are coming to an end. Hospitals would often joint venture and be a silent partner to allow the provider to charge higher rates and then share a portion of the revenue with the hospital, that practice is no longer viable. In 2017 and 2018 the Center for Medicare and Medicaid services issued a series of site neutral payment rule changes that would eliminate the rate discrepancy for hospital-owned outpatient departments and those owned by physicians (see **Addendum C**). Thus, there will be no benefit to hospitals joint venturing on outpatient services moving forward.

For a more detailed analysis of the proposed urgent care campus operation proposed by MemorialCare in the NexCore document, please see **Addendum A II.3** and **Addendum A II.4** of this report.

In summary, MemorialCare is basically handing over all responsibility for the operation of any services at the former San Clemente Hospital site other than potentially the urgent care and imaging center. With each of these considerations in mind, it is apparent that operating a profitable outpatient service campus on the San Clemente Hospital Campus would not only be a significant challenge but is growing more difficult by the day as new barriers and reimbursement reductions continue to be passed. In my opinion operating an acute hospital on this site is undoubtedly the best use for this property and facility.

As indicated in the section above, a hospital with an accountable leadership team at San Clemente Hospital, annual profitability in excess of \$4 million is realistic and can be realized with a senior leadership team in place.

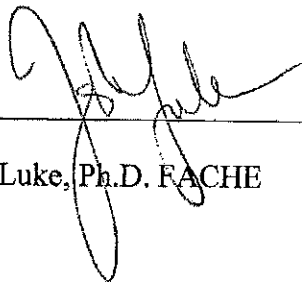
Conclusion

San Clemente Hospital's closure appears to be the result of ten years of eroding market share, which only gained rapid momentum after the closure announcement in 2014. In MemorialCare executives own words, "it was never a financial issue but an operational issue" to close the hospital. Further, diversion rates at the nearest hospitals since the closure of San Clemente Hospital are unrelated to the need and demand for timely acute care services in the city of San Clemente. They simply show the demand at each of those hospitals.

The lack of experience running community level hospitals and the fact that MemorialCare never assigned a senior leadership team to the hospital, appears to have led to the erosion of volume and revenue at San Clemente Hospital. MemorialCare executives cited quality concerns as a reason for closure, but no evidence of quality issues, concerns or citations was provided by MemorialCare. MemorialCare's desire to operate San Clemente Hospital as a tertiary level hospital made it impossible to operate San Clemente Hospital in a profitable manner.

Effective hospital management prioritizes profitability. The manner in which MemorialCare operated San Clemente Hospital appears to have been an ineffective model. I saw and read little evidence of a decline in quality of care, and no evidence of an increase in complaints or citations. Hub and spoke approaches can be effective, but only when individual senior leadership is assigned to be accountable for the success of the spoke. This never happened at San Clemente Hospital. The management approach was to simply keep the lights on. It appears to have been a "keep the lights on" approach.

Based on this experience and details shared in this report, I concluded that San Clemente Hospital could easily operate as a financially viable and profitable operation. A hospital with a proven physical plant in a strong demographic community like San Clemente could easily succeed and produce an annual EBIDTA in the range of \$4-10 million. It is also my position that operating a hospital is and was the best use of this land both before and after the change in zoning requirement.



Joshua D. Luke, Ph.D. FACHE

1-3-19

Date

Addendum A

David W. Ishii

December 29, 2018

Qualifications

Education: Bachelors of Science in Business Administration with a concentration in Accounting, California State University Long Beach.

Publications: None

Experience: I'm an accountant with over twenty-five years of experience in hospital finance departments.

Eight of those years were spent as a Chief Financial Officer with two privately held hospital corporations and one publicly traded fortune 500 company. Most recently was the corporate Vice President and Chief Financial Officer of a privately held hospital corporation in the District of Columbia.

Oversaw the accounting functions of single and multiple campus hospitals. Day to day management of the finance department, budgeting, forecasting, monthly/annual financial reporting with presentation to both internal and external entities, analysis, cash flow management, and regulatory reporting were among my duties. As a member of the corporate team in the District of Columbia, worked directly with the leaders and department heads of the Department of Healthcare Finance (DHCF), to help guide healthcare related financial policies in the district.

Summary of Information

- 1.) Overhead Allocation:** Over the twelve years that Saddleback-San Clemente was under current management, Saddleback Medical Center allocated overhead costs to San Clemente resulting in a total net income reduction of \$24,016,555 (per MHS0028693-MHS0028694).

The initial overhead allocation in 2006 was \$800,000 a year and at its highpoint in 2013 was \$3,095,411, a 287% increase.

Even in the last year (2016) that San Clemente was open the allocation was \$2,755,772 a 244% increase over 2006. For 2016 the hospital had negative net income (loss) of \$(3,641,984).

Likewise the overhead allocation was \$3,065,416 and \$3,035,712 in 2014 and 2015, with the hospital showing negative net income (loss) of \$(3,641,392) and \$(2,099,439) respectively.

See Fin-01, SMC-SC, Analysis of Overhead Allocation from Saddleback excel worksheet for calculations and data.

- 2.) ED Conversions:** Using the ALIRTS system on the OSHPD website a report was produced giving ED patients admitted and ED patients not admitted for 2011-2015. Using this report, was able to drill down to ED data for Orange County, San Clemente ED and surrounding ED's.

Had San Clemente been converting their ED patients at the Orange County Average for those five years, this could have resulted in an additional 3,250 Inpatient admits, \$30 million in net revenue, additional Inpatient (IP) days of 11,777 and additional average daily census of 6.45 per day.

Had San Clemente been converting their ED patients at 20% (similar to the South Orange County conversion rates), for those five years, this could have resulted in an additional 5,718 Inpatient admits, \$52.8 million in net revenue, additional (IP) days of 20,719 and additional average daily census of 11.35 per day.

- a.) Revenue Calculation: Revenue was derived from taking the calculated increase in ED admits and multiplying that result by the IP Net Revenue per discharge from 2011-2015. As this information is not readily available, the San Clemente Income Statement (MHS-0025010 to MHS-0025010A) and the San Clemente Income Statement Detail by Year (MHS-0028682, MHS-0028686 and MHS-0028688) were used.

To determine the breakdown between (IP) and Outpatient (OP) net revenue, had to manually add all the IP and OP gross revenue and then add all IP and OP deductions to determine the breakdown of each (*used the descriptions and account numbers on the San Clemente income statement detail by year to determine if the amount was an IP or OP revenue/deduction*). Deductions were subtracted from gross revenue. This result is the net revenue. To determine the net revenue per discharge, the IP net revenue was divided by the total discharges for the year.

Inpatient Days: To determine total IP days for the year, the ADC on the San Clemente Income statement was multiplied by the days on the year.

Inpatient Average Length of Stay (ALOS): To determine the ALOS the total inpatient days are divided by the total inpatient discharges for the year, this result is the ALOS.

- b.) ED Conversion Rates: Using the ALIRTS system data on the OSHPD Site, an ED conversion rate was calculated for both the San Clemente ED and the Orange County region for 2011-2015. To get the conversion rate you divide the total amount of ED patients admitted (EMS_ADM_VIS_TOTL) into the total ED patients seen (ED_TRAFFIC_TOTL) to come up with the conversion percentage. The conversion percentage was derived for both San Clemente and the Orange County region. The conversion percentage for the Orange County region is then applied to the San Clemente totals to determine if there would be a positive or negative impact. In this case the impact shows a positive 3,250 ED admits at San Clemente.
- c.) Additional Net Revenue and Census: To derive additional net revenue, admits are multiplied by revenue per discharge, in this case the total was \$30 million.

To derive additional census, you take the calculated additional ED admits and multiply them by the Average Length of Stay (ALOS). This result is the additional Inpatient Days, which in this case totaled 11,777 for the 5 year period. This result is divided by the days for the time period you are looking at. In this case for the 5 year period being analyzed, the result was 6.45 ADC.

3.) Outpatient Medical Pavilion Lease (Proposed): Using portions of the NexCore studies MHS0024588 and MHS0024751 an analysis of the estimated annual lease revenue and lease expense was calculated.

Based on these documents the estimated annual lease revenue Memorial Care will receive from NexCore for the long-term ground lease is \$281,500.00, offset by Memorial Care's estimated annual lease expense of \$1,332,000. The estimated annual net lease expense is \$1,050,750 (prior to any annual escalation).

- a.) The long term ground lease was calculated by taking 84,891 Rentable Square Feet (RSF) and multiplying it by the monthly Ground Lease rate of \$.2760893 per RSF. The result is \$23,437.50, multiply this by 12 and you get an estimated annual ground lease amount of \$281,250, paid by NexCore to Memorial Care.
- b.) The lease expense for Memorial Care was calculated by taking approx. 50,000 square feet and multiplying it by an estimated \$2.22 per RSF per month, NNN. The result is \$111,000, multiply this by 12 and you get an estimated annual lease expense of \$1,332,000, paid to NexCore by Memorial Care.

4.) Outpatient Medical Pavilion-Advanced Urgent Care vs FSED (Proposed): Using portions of the NexCore study MHS0024751, an analysis of the Proforma's for an Advanced Urgent Care

and Freestanding Emergency Department (FSED) was reviewed. The NexCore study was used for this analysis, as no governmental urgent care financial reporting could be located.

Assumptions for Urgent Care: MD staffing assumes 16 hours ER MD's/8 hours Family Practice (FPs) and assumes blended revenue rate of \$180 a visit. Year 1 is 2017. NexCore used cumulative operating cash flow versus net income.

a.) Advanced Urgent Care 24/7: Conservative proforma with 52 visits in 2017 and growing to 73 in 2027, shows a negative undiscounted cumulative operating cash flow of (\$6,900,000). The average per year is (\$690,000).

Aggressive proforma with 75 visits per day in 2017 growing to 98 in 2027, shows a positive undiscounted cumulative operating cash flow of \$2,500,000. The average per year is \$250,000.

b.) Advanced Urgent Care 7am to 11pm: Positive financials at 43 visits/day, shows a positive undiscounted cumulative operating cash flow of \$3,400,000. The average per year is \$340,000.

c.) Freestanding ER-FSED: For comparative purposes as this model is not within current California regulations. Using current ER direct cost margin and volume as base, shows a positive cumulative operating cash flow of \$30,200,000. The average per year is \$3,020,000.

Materials Reviewed/Relied On

First Amended Verified Petition and Complaint
Supplemental Status Report, December 06, 2017

Declaration of Steven T. Valentine, Document 29-2
Declaration of Adolfo Chanez, Document 29-1
Declaration of Stephen B. Geidt, September 12, 2017, Document 29-4

Deposition of Karen Testman
Deposition of Tony Struthers

SMMC-San Clemente Income Statement (Bates number MHS0025010-
MHS0025010A)
Trsf from Other Corps Other (Bates number MHS0028693-MHS0028694)

NexCore Documentation MHS0024751 (Bates number MHS0024857, MHS0024860-MHS0024861)

NexCore Documentation MHS0024588 (Bates number MHS0024598-MHS0024599, MHS0024644-MHS0024645 and MHS000024667)

Research on Office of Statewide Planning and Development (OSHPD)

a.) Hospital Financial Analysis Platform, Individual Financial Disclosure Reports

Research on California Health and Human Services Open Data Portal

a.) Hospital Annual Utilization Report and Pivot Tables

Research on OC Health Care Agency-Disaster Management

a.) OCEMS Diversion Quarterly Reports

Worksheets prepared in conjunction with opinions:

- 1.) Fin-01 Overhead Allocation Worksheet
- 2.) Fin-02a and Fin-02aa Calc of San Clemente Revenue Per Day
- 3.) Fin-02b, Fin-02bb, Fin-02bbb and Fin-02bbbb ED Conversion Rates Orange County
- 4.) Fin-02c Revenue and Census Impact from all ED admits
- 5.) Fin-03 Outpatient Medical Pavilion Lease Analysis
- 6.) Fin-04 Outpatient Medical Pavilion Three Scenarios

Previous Testimony

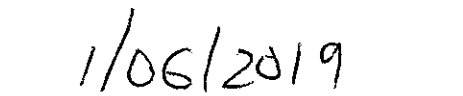
Previously acted as an expert witness in an employment related case (Natcher vs JPH Consulting).

Compensation

My billing rate for work performed on this matter is \$300.00 an hour.



David Ishii



Date

Net Revenue per Day and Discharge

2015-2011

Fin-02a

	2011	2012	2013	2014	2015	Totals
IP Gross Revenue	\$ 106,015,526.00	\$ 93,636,071.39	\$ 87,871,701.00	\$ 74,530,181.00	\$ 64,486,928.00	\$ 426,540,407.39
OP Gross Revenue	\$ 77,074,481.00	\$ 76,298,066.91	\$ 74,058,418.00	\$ 72,090,721.10	\$ 67,838,581.57	\$ 367,360,268.58
	\$ 183,090,007.00	\$ 169,934,138.30	\$ 161,930,119.00	\$ 146,620,902.10	\$ 132,325,509.57	\$ 793,900,675.97
IP Deductions	\$ (85,181,857.48)	\$ (70,384,348.88)	\$ (68,829,435.64)	\$ (58,974,808.87)	\$ (50,402,961.57)	\$ (333,773,412.44)
OP Deductions	\$ (59,486,518.29)	\$ (59,332,064.58)	\$ (57,912,841.76)	\$ (55,038,848.72)	\$ (51,315,513.27)	\$ (283,085,786.62)
	\$ (144,668,375.77)	\$ (129,716,413.46)	\$ (126,742,277.40)	\$ (114,013,657.59)	\$ (101,718,474.84)	\$ (616,859,199.06)
Net IP Revenue	\$ 20,833,668.52	\$ 23,251,722.51	\$ 19,042,265.36	\$ 15,555,372.13	\$ 14,083,966.43	\$ 92,766,994.95
Net OP Revenue	\$ 17,587,962.71	\$ 16,966,002.33	\$ 16,145,576.24	\$ 17,051,872.38	\$ 16,523,068.30	\$ 84,274,481.96
	\$ 38,421,631.23	\$ 40,217,724.84	\$ 35,187,841.60	\$ 32,607,244.51	\$ 30,607,034.73	\$ 177,041,476.91

IP Days	9,563.00	8,454.60	7,336.50	6,059.00	4,964.00	36,377.10
IP Discharges	2,401.00	2,223.00	2,111.00	1,779.00	1,526.00	10,040.00

IP Revenue Per Day	\$ 2,178.57	\$ 2,750.19	\$ 2,595.55	\$ 2,567.32	\$ 2,837.22	\$ 2,550.15
IP Revenue Per Disch	\$ 8,677.08	\$ 10,459.61	\$ 9,020.50	\$ 8,743.89	\$ 9,229.34	\$ 9,239.74

Exhibits Used:

San Clemente Income Statement=MHS-0025010 to MHS-0025010A
San Clemente Income Statement Detail by Year=MHS-0028682, MHS-0028686 and MHS-0028688

No information breakdown of the IP net revenue versus OP net revenue
Had to manually add all IP and OP Gross Revenue and then add all IP and OP deductions to determine the breakdown of each
Used the descriptions and account numbers on the San Clemente income statement detail by year to determine if amount was IP or OP Revenue/Deduction.

Also had to multiply ADC on the San Clemente Income Statement by days of the year to determine total IP Patient Days.

Fin-02b

**Information from OSHPD, data collection tool was the ALIRTS system.

San Clemente SMC-SC

	2011	2012	2013	2014	2015	Totals
Emergency Not Admitted	12,173.00	12,483.00	12,546.00	12,798.00	12,868.00	62,868.00
Emergency Admitted	1,827.00	1,970.00	1,795.00	1,630.00	1,347.00	8,569.00
Totals	14,000.00	14,453.00	14,341.00	14,428.00	14,215.00	71,437.00
Conversion	13.05%	13.63%	12.52%	11.30%	9.48%	12.00%

Orange County

	2011	2012	2013	2014	2015	Totals
Emergency Not Admitted	664,349.00	702,251.00	721,191.00	775,360.00	793,656.00	3,656,807.00
Emergency Admitted	144,709.00	146,950.00	145,604.00	139,303.00	148,405.00	724,971.00
Totals	809,058.00	849,201.00	866,795.00	914,663.00	942,061.00	4,381,778.00
Conversion	17.89%	17.30%	16.80%	15.23%	15.75%	16.55%

San Clemente SMC-SC

ED Admits had San Clemente been Converting at Orange County Average
 San Clemente Actual
 Difference (Additional Admits had San Clemente been converting at OC Average)

	2011	2012	2013	2014	2015	Totals
ED Admits had San Clemente been Converting at Orange County Average	2,504.06	2,501.02	2,409.00	2,197.38	2,239.32	11,819.35
San Clemente Actual	1,827.00	1,970.00	1,795.00	1,630.00	1,347.00	8,569.00
Difference (Additional Admits had San Clemente been converting at OC Average)	677.06	531.02	614.00	567.38	892.32	3,250.35

San Clemente SMC-SC

ED Admits had San Clemente been Converting at 20% (Similar to surrounding)
 San Clemente Actual
 Difference (Additional Admits had San Clemente been converting at OC Average)

	2011	2012	2013	2014	2015	Totals
ED Admits had San Clemente been Converting at 20% (Similar to surrounding)	2,800.00	2,890.60	2,868.20	2,885.60	2,843.00	14,287.40
San Clemente Actual	1,827.00	1,970.00	1,795.00	1,630.00	1,347.00	8,569.00
Difference (Additional Admits had San Clemente been converting at OC Average)	973.00	920.60	1,073.20	1,255.60	1,496.00	5,718.40

Information from AIRTS System

Fin-02bb

OSHPD_ID	YEAR	COUNTY	FACILITY_NAME	TYPE_CNTRL	ED_LEVEL	EMSA_TRF	EMS_STAT	EMS_NO_ADM	EMS_ADM_VIS_TOTL	ED_TRAFFIC_TOTL
106300032	2011	Orange	Childrens Hospital Of Orange County	Non-Profit Corporation (i Basic	None	None	53	49,208.00	5,631.00	54,839.00
106300032	2012	Orange	Childrens Hospital Of Orange County	Non-Profit Corporation (i Basic	None	None	53	49,077.00	5,415.00	54,492.00
106300032	2013	Orange	Childrens Hospital Of Orange County	Non-Profit Corporation (i Basic	None	None	31	48,547.00	5,670.00	54,217.00
106300032	2014	Orange	Childrens Hospital Of Orange County	Non-Profit Corporation (i Basic	Level II - Pt	Level II - Pt	31	63,692.00	5,845.00	69,537.00
106300032	2015	Orange	Childrens Hospital Of Orange County	Non-Profit Corporation (i Basic	Level II - Pt	Level II - Pt	31	70,826.00	6,299.00	77,125.00
106300225	2011	Orange	Orange Coast Memorial Medical Center	Non-Profit Corporation (i Basic	None	None	14	20,014.00	7,075.00	27,089.00
106300225	2012	Orange	Orange Coast Memorial Medical Center	Non-Profit Corporation (i Basic	None	None	14	21,210.00	7,577.00	28,787.00
106300225	2013	Orange	Orange Coast Memorial Medical Center	Non-Profit Corporation (i Basic	None	None	14	21,950.00	7,234.00	29,184.00
106300225	2014	Orange	Orange Coast Memorial Medical Center	Non-Profit Corporation (i Basic	None	None	14	23,864.00	7,203.00	31,067.00
106300225	2015	Orange	Orange Coast Memorial Medical Center	Non-Profit Corporation (i Basic	None	None	14	26,710.00	6,967.00	33,677.00
106301097	2011	Orange	Anaheim General Hospital	Investor - Partnership	Basic	None	6	5,959.00	737.00	6,696.00
106301097	2012	Orange	Anaheim General Hospital	Investor - Partnership	Basic	None	6	6,942.00	1,354.00	8,296.00
106301097	2013	Orange	Anaheim General Hospital	Investor - Partnership	Basic	None	0	-	-	-
106301097	2014	Orange	Anaheim General Hospital	Investor - Partnership	Basic	None	0	-	-	-
106301098	2011	Orange	Ahmc Anaheim Regional Medical Center	Investor - Partnership	Basic	None	21	31,375.00	10,407.00	41,782.00
106301098	2012	Orange	Ahmc Anaheim Regional Medical Center	Investor - Partnership	Basic	None	21	31,366.00	8,832.00	40,198.00
106301098	2013	Orange	Ahmc Anaheim Regional Medical Center	Investor - Partnership	Basic	None	21	32,570.00	8,761.00	41,331.00
106301098	2014	Orange	Ahmc Anaheim Regional Medical Center	Investor - Partnership	Basic	None	21	34,781.00	8,096.00	42,877.00
106301098	2015	Orange	Ahmc Anaheim Regional Medical Center	Investor - Partnership	Basic	None	21	32,989.00	10,558.00	43,547.00
106301132	2011	Orange	Kaiser Fnd Hosp - Anaheim	Non-Profit Corporation (i Basic	None	None	21	36,629.00	5,535.00	42,164.00
106301132	2012	Orange	Kaiser Fnd Hosp - Orange County - Lakeview	Non-Profit Corporation (i Basic	None	None	21	25,564.00	3,750.00	29,314.00
106301132	2013	Orange	Kaiser Fnd Hosp - Orange County - Lakeview	Non-Profit Corporation (i Basic	None	None	0	-	-	-
106301132	2014	Orange	Kaiser Fnd Hosp - Orange County - Lakeview	Non-Profit Corporation (i Basic	None	None	0	-	-	-
106301140	2011	Orange	Chapman Medical Center	Investor - Corporation	Basic	None	7	7,575.00	1,141.00	8,716.00
106301140	2012	Orange	Chapman Medical Center	Investor - Corporation	Basic	None	7	8,074.00	1,252.00	9,326.00
106301140	2013	Orange	Chapman Medical Center	Investor - Corporation	Basic	None	8	7,834.00	1,066.00	8,900.00
106301140	2014	Orange	Chapman Medical Center	Investor - Corporation	Basic	None	8	8,018.00	1,010.00	9,028.00
106301140	2015	Orange	Chapman Global Medical Center	Investor - Corporation	Basic	None	8	4,658.00	492.00	5,150.00
106301175	2011	Orange	Fountain Valley Rgnl Hosp And Med Ctr - Euclid	Investor - Corporation	Basic	None	20	29,500.00	9,922.00	39,422.00
106301175	2012	Orange	Fountain Valley Rgnl Hosp And Med Ctr - Euclid	Investor - Corporation	Basic	None	20	30,968.00	10,249.00	41,217.00
106301175	2013	Orange	Fountain Valley Rgnl Hosp And Med Ctr - Euclid	Investor - Corporation	Basic	None	25	30,999.00	10,119.00	41,118.00
106301175	2014	Orange	Fountain Valley Rgnl Hosp And Med Ctr - Euclid	Investor - Corporation	Basic	None	25	40,039.00	5,881.00	45,920.00
106301175	2015	Orange	Fountain Valley Rgnl Hosp And Med Ctr - Euclid	Investor - Corporation	Basic	None	25	40,617.00	10,293.00	50,910.00
106301188	2011	Orange	Western Medical Center Hospital - Anaheim	Investor - Corporation	Basic	None	11	14,259.00	2,987.00	17,246.00
106301188	2012	Orange	Western Medical Center Hospital - Anaheim	Investor - Corporation	Basic	None	11	14,220.00	2,974.00	17,194.00
106301188	2013	Orange	Western Medical Center Hospital - Anaheim	Investor - Corporation	Basic	None	11	12,937.00	2,493.00	15,430.00
106301188	2014	Orange	Western Medical Center Hospital - Anaheim	Investor - Corporation	Basic	None	11	13,196.00	2,297.00	15,493.00
106301188	2015	Orange	Western Medical Center Hospital - Anaheim	Investor - Corporation	Basic	None	11	8,323.00	1,313.00	9,636.00
106301205	2011	Orange	Hoag Memorial Hospital Presbyterian	Non-Profit Corporation (i Basic	None	None	35	55,078.00	11,031.00	66,109.00
106301205	2012	Orange	Hoag Memorial Hospital Presbyterian	Non-Profit Corporation (i Basic	None	None	56	54,783.00	11,150.00	65,933.00
106301205	2013	Orange	Hoag Memorial Hospital Presbyterian	Non-Profit Corporation (i Basic	None	None	56	58,962.00	10,596.00	69,558.00
106301205	2014	Orange	Hoag Memorial Hospital Presbyterian	Non-Profit Corporation (i Basic	None	None	56	59,699.00	11,213.00	70,912.00
106301205	2015	Orange	Hoag Memorial Hospital Presbyterian	Non-Profit Corporation (i Basic	None	None	56	61,569.00	11,556.00	73,125.00
106301209	2011	Orange	Huntington Beach Hospital	Investor - Limited Liability Basic	None	None	12	14,636.00	3,207.00	17,843.00
106301209	2012	Orange	Huntington Beach Hospital	Investor - Limited Liability Basic	None	None	12	14,329.00	3,461.00	17,790.00
106301209	2013	Orange	Huntington Beach Hospital	Non-Profit Corporation (i Basic	None	None	12	14,019.00	3,371.00	17,390.00
106301209	2014	Orange	Huntington Beach Hospital	Non-Profit Corporation (i Basic	None	None	12	14,387.00	3,182.00	17,569.00
106301209	2015	Orange	Huntington Beach Hospital	Non-Profit Corporation (i Basic	None	None	12	15,195.00	3,075.00	18,270.00
106301234	2011	Orange	La Palma Intercommunity Hospital	Investor - Limited Liability Basic	None	None	10	11,298.00	3,316.00	14,614.00

Fin-02bb

Information from AURIS System

OSHPD_ID	YEAR	COUNTY	FACILITY_NAME	TYPE_CNTRL	ED_LEVEL	EMSA_TRF	EMS_STAT	EMS_NO	ADM_EMS	ADM_VIS	TOTL_ED_TRAFFIC	TOTL
106301234	2012	Orange	La Palma Intercommunity Hospital	Investor - Limited Liability Basic	None	None	10	11,719.00	3,272.00	14,991.00		
106301234	2013	Orange	La Palma Intercommunity Hospital	Investor - Limited Liability Basic	None	None	10	11,909.00	3,310.00	15,219.00		
106301234	2014	Orange	La Palma Intercommunity Hospital	Investor - Limited Liability Basic	None	None	10	13,001.00	3,318.00	16,319.00		
106301234	2015	Orange	La Palma Intercommunity Hospital	Non-Profit Corporation (i Basic	None	None	10	13,028.00	3,028.00	16,030.00		
106301248	2011	Orange	Los Alamitos Medical Center	Investor - Corporation Basic	None	None	20	23,608.00	6,267.00	29,875.00		
106301248	2012	Orange	Los Alamitos Medical Center	Investor - Corporation Basic	None	None	20	23,944.00	6,237.00	30,181.00		
106301248	2013	Orange	Los Alamitos Medical Center	Investor - Corporation Basic	None	None	20	24,080.00	6,232.00	30,312.00		
106301248	2014	Orange	Los Alamitos Medical Center	Investor - Corporation Basic	None	None	20	25,796.00	5,825.00	31,621.00		
106301248	2015	Orange	Los Alamitos Medical Center	Investor - Corporation Basic	None	None	20	25,802.00	5,898.00	31,700.00		
106301258	2011	Orange	Coastal Communities Hospital	Investor - Corporation Basic	None	None	10	18,483.00	1,970.00	20,453.00		
106301258	2012	Orange	Coastal Communities Hospital	Investor - Corporation Basic	None	None	10	18,235.00	2,045.00	20,280.00		
106301258	2013	Orange	Coastal Communities Hospital	Investor - Corporation Basic	None	None	10	19,473.00	1,902.00	21,375.00		
106301258	2014	Orange	Coastal Communities Hospital	Investor - Corporation Basic	None	None	10	19,703.00	1,739.00	21,442.00		
106301258	2015	Orange	South Coast Global Medical Center	Investor - Corporation Basic	None	None	10	12,170.00	485.00	12,655.00		
106301262	2011	Orange	Mission Hospital Regional Medical Center	Non-Profit Corporation (i Basic	Level II	Level II	38	29,055.00	10,777.00	39,832.00		
106301262	2012	Orange	Mission Hospital Regional Medical Center	Non-Profit Corporation (i Basic	Level II	Level II	33	33,288.00	10,319.00	43,607.00		
106301262	2013	Orange	Mission Hospital Regional Medical Center	Non-Profit Corporation (i Basic	Level II	Level II	33	33,198.00	9,796.00	42,994.00		
106301262	2014	Orange	Mission Hospital Regional Medical Center	Non-Profit Corporation (i Basic	Level II	Level II	33	33,103.00	10,337.00	43,440.00		
106301262	2015	Orange	Mission Hospital Regional Medical Center	Non-Profit Corporation (i Basic	Level II	Level II	33	32,646.00	9,528.00	42,174.00		
106301279	2011	Orange	University Of California Irvine Medical Center	University Of California Comprehensive Level I	Comprehe	Level I	38	26,772.00	8,771.00	35,543.00		
106301279	2012	Orange	University Of California Irvine Medical Center	University Of California Comprehensive Level I	Comprehe	Level I	36	29,911.00	9,988.00	39,899.00		
106301279	2013	Orange	University Of California Irvine Medical Center	University Of California Comprehensive Level I	Comprehe	Level I	36	30,657.00	10,769.00	41,426.00		
106301279	2014	Orange	University Of California Irvine Medical Center	University Of California Comprehensive Level I	Comprehe	Level I	36	33,258.00	11,122.00	44,380.00		
106301279	2015	Orange	University Of California Irvine Medical Center	University Of California Comprehensive Level I	Comprehe	Level I	36	35,243.00	11,737.00	46,980.00		
106301283	2011	Orange	Garden Grove Hospital And Medical Center	Investor - Limited Liability Basic	None	None	12	21,998.00	3,774.00	25,772.00		
106301283	2012	Orange	Garden Grove Hospital And Medical Center	Investor - Limited Liability Basic	None	None	12	23,513.00	3,985.00	27,498.00		
106301283	2013	Orange	Garden Grove Hospital And Medical Center	Investor - Limited Liability Basic	None	None	12	23,102.00	3,736.00	26,838.00		
106301283	2014	Orange	Garden Grove Hospital And Medical Center	Investor - Limited Liability Basic	None	None	12	23,482.00	3,611.00	27,093.00		
106301283	2015	Orange	Garden Grove Hospital And Medical Center	Investor - Limited Liability Basic	None	None	12	23,995.00	3,131.00	27,126.00		
106301297	2011	Orange	Placentia Linda Hospital	Investor - Corporation Basic	None	None	10	20,759.00	2,774.00	23,533.00		
106301297	2012	Orange	Placentia Linda Hospital	Investor - Corporation Basic	None	None	12	21,844.00	2,722.00	24,566.00		
106301297	2013	Orange	Placentia Linda Hospital	Investor - Corporation Basic	None	None	20	22,497.00	2,493.00	24,990.00		
106301297	2014	Orange	Placentia Linda Hospital	Investor - Corporation Basic	None	None	20	24,731.00	2,333.00	27,064.00		
106301297	2015	Orange	Placentia Linda Hospital	Investor - Corporation Basic	None	None	20	27,380.00	2,656.00	30,036.00		
106301317	2011	Orange	Saddleback Memorial Medical Center	Non-Profit Corporation (i Basic	None	None	31	25,147.00	8,144.00	33,291.00		
106301317	2012	Orange	Saddleback Memorial Medical Center	Non-Profit Corporation (i Basic	None	None	31	26,371.00	7,617.00	33,988.00		
106301317	2013	Orange	Saddleback Memorial Medical Center	Non-Profit Corporation (i Basic	None	None	31	26,660.00	8,082.00	34,742.00		
106301317	2014	Orange	Saddleback Memorial Medical Center	Non-Profit Corporation (i Basic	None	None	31	28,503.00	7,476.00	35,979.00		
106301317	2015	Orange	Saddleback Memorial Medical Center	Non-Profit Corporation (i Basic	None	None	31	29,560.00	7,694.00	37,254.00		
106301325	2011	Orange	Saddleback Memorial Medical Center - San Clemente	Non-Profit Corporation (i Basic	None	None	10	12,173.00	1,827.00	14,000.00		
106301325	2012	Orange	Saddleback Memorial Medical Center - San Clemente	Non-Profit Corporation (i Basic	None	None	10	12,483.00	1,970.00	14,453.00		
106301325	2013	Orange	Saddleback Memorial Medical Center - San Clemente	Non-Profit Corporation (i Basic	None	None	10	12,546.00	1,795.00	14,341.00		
106301325	2014	Orange	Saddleback Memorial Medical Center - San Clemente	Non-Profit Corporation (i Basic	None	None	10	12,798.00	1,630.00	14,428.00		
106301325	2015	Orange	Saddleback Memorial Medical Center - San Clemente	Non-Profit Corporation (i Basic	None	None	10	12,868.00	1,347.00	14,215.00		
106301337	2011	Orange	Mission Hospital Laguna Beach	Non-Profit Corporation (i Basic	None	None	12	8,610.00	2,992.00	11,602.00		
106301337	2012	Orange	Mission Hospital Laguna Beach	Non-Profit Corporation (i Basic	None	None	12	9,484.00	3,297.00	12,781.00		

Information from AURIS System

Fin-02bb

OSHPD_ID	YEAR	COUNTY	FACILITY_NAME	TYPE_CNTRL	ED_LEVEL	EMSA_TRFEMS_STAT	EMS_NO_ADM_1	EMS_ADM_VIS_TOTL	ED_TRAFFIC_TOTL
106301337	2013	Orange	Mission Hospital Laguna Beach	Non-Profit Corporation (i Basic	None	11	9,587.00	3,223.00	12,810.00
106301337	2014	Orange	Mission Hospital Laguna Beach	Non-Profit Corporation (i Basic	None	12	10,326.00	3,201.00	13,527.00
106301337	2015	Orange	Mission Hospital Laguna Beach	Non-Profit Corporation (i Basic	None	12	11,180.00	3,116.00	14,296.00
106301340	2011	Orange	St. Joseph Hospital - Orange	Non-Profit Corporation (i Basic	None	65	46,302.00	8,995.00	55,297.00
106301340	2012	Orange	St. Joseph Hospital - Orange	Non-Profit Corporation (i Basic	None	53	48,968.00	9,992.00	58,960.00
106301340	2013	Orange	St. Joseph Hospital - Orange	Non-Profit Corporation (i Basic	None	53	69,734.00	10,921.00	80,655.00
106301340	2014	Orange	St. Joseph Hospital - Orange	Non-Profit Corporation (i Basic	None	53	68,249.00	9,701.00	77,950.00
106301342	2015	Orange	St. Joseph Hospital - Orange	Non-Profit Corporation (i Basic	None	53	67,970.00	11,863.00	79,833.00
106301342	2012	Orange	St. Jude Medical Center	Non-Profit Corporation (i Basic	None	36	47,450.00	8,195.00	55,645.00
106301342	2013	Orange	St. Jude Medical Center	Non-Profit Corporation (i Basic	None	36	55,902.00	8,524.00	64,426.00
106301342	2014	Orange	St. Jude Medical Center	Non-Profit Corporation (i Basic	None	36	55,776.00	7,660.00	63,436.00
106301342	2015	Orange	St. Jude Medical Center	Non-Profit Corporation (i Basic	None	36	55,617.00	7,165.00	62,782.00
106301379	2011	Orange	West Anaheim Medical Center	Investor - Limited Liability Basic	None	23	24,127.00	5,758.00	29,885.00
106301379	2012	Orange	West Anaheim Medical Center	Investor - Limited Liability Basic	None	23	24,428.00	6,022.00	30,450.00
106301379	2013	Orange	West Anaheim Medical Center	Investor - Limited Liability Basic	None	23	25,852.00	5,655.00	31,507.00
106301379	2014	Orange	West Anaheim Medical Center	Investor - Limited Liability Basic	None	24	25,775.00	5,676.00	31,451.00
106301566	2011	Orange	Western Medical Center - Santa Ana	Investor - Limited Liability Basic	None	24	22,189.00	5,569.00	27,758.00
106301566	2012	Orange	Western Medical Center - Santa Ana	Investor - Corporation Basic	Level II	20	16,186.00	4,341.00	20,527.00
106301566	2013	Orange	Western Medical Center - Santa Ana	Investor - Corporation Basic	Level II	20	20,859.00	4,155.00	25,014.00
106301566	2014	Orange	Western Medical Center - Santa Ana	Investor - Corporation Basic	Level II	20	13,351.00	3,847.00	17,198.00
106301566	2015	Orange	Western Medical Center - Santa Ana	Investor - Corporation Basic	Level II	20	18,421.00	3,900.00	22,321.00
106301566	2011	Orange	Orange County Global Medical Center	Investor - Corporation Basic	Level II	20	19,358.00	5,425.00	24,783.00
106304045	2011	Orange	Hoag Hospital Irvine	Non-Profit Corporation (i Basic	None	14	21,193.00	3,375.00	24,568.00
106304045	2012	Orange	Hoag Hospital Irvine	Non-Profit Corporation (i Basic	None	14	24,564.00	3,027.00	27,591.00
106304045	2013	Orange	Hoag Hospital Irvine	Non-Profit Corporation (i Basic	None	14	25,108.00	4,317.00	29,425.00
106304045	2014	Orange	Hoag Hospital Irvine	Non-Profit Corporation (i Basic	None	14	27,566.00	4,141.00	31,707.00
106304045	2015	Orange	Hoag Hospital Irvine	Non-Profit Corporation (i Basic	None	14	30,047.00	3,469.00	33,516.00
106304113	2011	Orange	Childrens Hospital At Mission	Non-Profit Corporation (i Basic	None	38	15,884.00	1,271.00	17,155.00
106304113	2012	Orange	Childrens Hospital At Mission	Non-Profit Corporation (i Basic	None	38	15,195.00	1,104.00	16,299.00
106304113	2013	Orange	Childrens Hospital At Mission	Non-Profit Corporation (i Basic	None	46	13,608.00	921.00	14,529.00
106304113	2014	Orange	Childrens Hospital At Mission	Non-Profit Corporation (i Basic	None	33	12,544.00	1,088.00	13,632.00
106304113	2015	Orange	Childrens Hospital At Mission	Non-Profit Corporation (i Basic	None	45	12,001.00	1,089.00	13,090.00
106304306	2011	Orange	Kaiser Fnd Hosp - Irvine	Non-Profit Corporation (i Basic	None	36	31,071.00	4,489.00	35,560.00
106304306	2012	Orange	Kaiser Fnd Hosp - Orange County - Irvine	Non-Profit Corporation (i Basic	None	36	33,172.00	4,831.00	38,003.00
106304306	2013	Orange	Kaiser Fnd Hosp - Orange County - Irvine	Non-Profit Corporation (i Basic	None	36	33,078.00	5,312.00	38,390.00
106304306	2014	Orange	Kaiser Fnd Hosp - Orange County - Irvine	Non-Profit Corporation (i Basic	None	36	38,032.00	5,544.00	40,067.00
106304306	2015	Orange	Kaiser Foundation Hospital - Orange County - Irvine	Non-Profit Corporation (i Basic	None	36	38,038.00	5,880.00	43,918.00
106304409	2012	Orange	Kaiser Fnd Hosp - Orange County - Anaheim	Non-Profit Corporation (i Basic	None	36	11,838.00	1,829.00	13,667.00
106304409	2013	Orange	Kaiser Fnd Hosp - Orange County - Anaheim	Non-Profit Corporation (i Basic	None	36	43,157.00	6,323.00	49,480.00
106304409	2014	Orange	Kaiser Fnd Hosp - Orange County - Anaheim	Non-Profit Corporation (i Basic	None	36	50,288.00	6,769.00	57,057.00
106304409	2015	Orange	Kaiser Foundation Hospital - Orange County - Anaheim	Non-Profit Corporation (i Basic	None	36	55,448.00	7,374.00	62,822.00

Orange County Totals **Fin-02bbb**

Row Labels	Sum of IP Admit	Sum of OP Admit
2011	144,709.00	664,349.00
2012	146,950.00	702,251.00
2013	145,604.00	721,191.00
2014	139,303.00	775,360.00
2015	148,405.00	793,656.00
Grand Total	724,971.00	3,656,807.00

ED Conversion Rates

Per Alerts Annual Report

January to December Period (2011-2015)

Fin-02bbbb

ED Conversion	Saddleback		San Clemente		Mission Hospital		Mission Hospital		Orange County	
					Laguna Beach	Regional Medical	Regional Medical	All	All	All
2011	24.46%	13.05%	25.79%	27.06%	25.79%	27.06%	27.06%	17.89%	17.89%	17.89%
2012	22.41%	13.63%	25.80%	23.66%	25.80%	23.66%	23.66%	17.30%	17.30%	17.30%
2013	23.26%	12.52%	25.16%	22.78%	25.16%	22.78%	22.78%	16.80%	16.80%	16.80%
2014	20.78%	11.30%	23.66%	23.80%	23.66%	23.80%	23.80%	15.23%	15.23%	15.23%
2015	20.65%	9.48%	21.80%	22.59%	21.80%	22.59%	22.59%	15.75%	15.75%	15.75%

Fin-02c

	2011	2012	2013	2014	2015	Totals
Additional Admits had San Clemente been converting at OC Average	677.06	531.02	614.00	567.38	892.32	3,250.35
Average IP Net Revenue Per Discharge (Calculated)	\$ 8,677.08	\$ 10,459.61	\$ 9,020.50	\$ 8,743.89	\$ 9,229.34	\$ 9,239.74
Additional Net Revenue	\$ 5,874,903.78	\$ 5,554,262.10	\$ 5,538,587.00	\$ 4,961,108.31	\$ 8,235,524.67	\$ 30,032,388.91

	2011	2012	2013	2014	2015	Totals
Inpatient ALOS (Calculated, IP Days divided by total discharges)	3.98	3.80	3.48	3.41	3.25	3.62
Additional IP Days (Calculated, Addl. Admits x Inpatient ALOS)	2,697	2,020	2,134	1,932	2,903	11,777
Additional Census (Calculated, Addl IP Days divided by days in the year)	7.39	5.52	5.85	5.29	7.95	6.45

	2011	2012	2013	2014	2015	Totals
ED Admits had San Clemente been Converting at 20% (Similar to surrounding)	973.00	920.60	1,073.20	1,255.60	1,496.00	5,718.40
Average IP Net Revenue Per Discharge (Calculated)	\$ 8,677.08	\$ 10,459.61	\$ 9,020.50	\$ 8,743.89	\$ 9,229.34	\$ 9,239.74
Additional Net Revenue	\$ 8,442,798.84	\$ 9,629,116.97	\$ 9,680,800.60	\$ 10,978,828.28	\$ 13,807,092.64	\$ 52,836,529.22

	2011	2012	2013	2014	2015	Totals
Inpatient ALOS (Calculated, IP Days divided by total discharges)	3.98	3.80	3.48	3.41	3.25	3.62
Additional IP Days (Calculated, Addl. Admits x Inpatient ALOS)	3,875	3,501	3,730	4,276	4,866	20,719
Additional Census (Calculated, Addl IP Days divided by days in the year)	10.62	9.57	10.22	11.72	13.33	11.35

Outpatient Medical Pavilion--Lease Analysis

NexCore Studies 02/27/2015 (MHS0024588) and (MHS0024751)

Fin-03

Description	Monthly	Annual	Comments
Ground Lease @\$2.760893 per RSF, RSF=84,891 (MHS0024645)	\$23,437.50	\$281,250.00	This is the estimated long-term ground lease revenue Memorial Care will get from NexCore for an a yet to be negotiated amount of years (MHS0024667).
Triple Net Lease @ \$2.22 per RSH, Memorial Care Approx 50,000 (MHS0024644 & MHS0024857)	(\$111,000.00)	(\$1,332,000.00)	This is the estimated lease amount Memorial Care will pay NexCore for their portion of the Outpatient Medical Pavilion.
Triple Net Lease @ \$2.22 per RSH, NexCore Approx 40,000 (MHS0024644 & MHS0024857)	(\$88,800.00)	(\$1,065,600.00)	This is the estimated lease amounts NexCore will collect from the tenants they are responsible for.
	(\$199,800.00)	(\$2,397,600.00)	

Memorial Care Net Lease Expense

Ground Lease @\$2.760893 per RSF, RSF=84,891 (MHS0024645)	Revenue (+)	\$23,437.50	\$281,250.00
Triple Net Lease @ \$2.22 per RSH, Memorial Care Approx 50,000 (MHS0024644 & MHS0024857)	Expense (-)	(\$111,000.00)	(\$1,332,000.00)
Estimated Net Lease Expense for Outpatient Medical Pavilion	Total	(\$87,562.50)	(\$1,050,750.00)

Fin-04

	Proforma Type	Ten Year Period	10 Year Average (Per Year)	Comments
1.)	Advance Urgent Care 24/7 (MHS0024860)			
		MD staffing assumes 16 hours ER MD's/8 hours FPs and assumes blended rate of \$180 a visit		
	Conservative	(\$6,900,000.00)	(\$690,000.00)	(Undiscounted cumulative operating cash flow)
	Aggressive	\$2,500,000.00	\$250,000.00	(Undiscounted cumulative operating cash flow)
2.)	Advance Urgent Care 7am to 11pm (MHS0024860)			
		Positive Financials at 43 visits/ day primarily due to reduced costs from reduced hours: variable staff, MD, imaging coverage.		
3.)	Freestanding ER-FSED (MHS0024861)			
	Current	\$30,200,000.00	\$3,020,000.00	(Cumulative ten year Proforma operating cash flows)

Addendum B

Resumes of Dr. Josh Luke and David Ishii

Josh D. Luke, Ph.D., FACHE

4167 Sand Rock Circle • Yorba Linda, CA 92886 • 714/686-4272 • lukej@usc.edu • www.DrJoshLuke.com

Current Roles

Adjunct Faculty

University of Southern California, Sol Price School of Public Policy

Instruct PPDE 629: Transitional Care and Hospital Readmission Prevention. *U.S. News and World Report* Rankings of Best Graduate Schools of Public Affairs schools. The USC Sol Price School of Public Policy, Health Policy and Management ranks No. 3 nationally. (Since June 2015)

Founder & Chief Executive Officer (9/17)

Health-Wealth Partners (a California not-for-profit entity)

Founded organization calling upon national thought leaders to share Best Practice Case Studies for reducing the cost of healthcare for American individuals and businesses. Health-Wealth provides resources including a free loss assessment, consulting services, interactive programs, a podcast/blog & books teaching business & families (due 9/18) how to reduce wasteful healthcare spending.

Forbes Coaches Council. Official Member & Contributor. (9/17)

Podcast & Blog. The Health-Wealth Podcast & Radio Show at www.Health-Wealth.com. (9/17)

Leavitt Partners Accountable Care Learning Collaborative. Governance & Structure Advisory Committee Member. (1/16)

LinkedIn Pulse. Featured healthcare writer contributor & collaborator. (10/16)

Chief Strategy Officer & Senior Health Policy Consultant (1/16)

Nelson Hardiman Law

Serve as strategy and policy advisor to partners at leading national healthcare law firm.

Founder & Chief Executive Officer (9/13)

National Readmission Prevention Collaborative (a California not-for-profit entity)

Founded organization of national thought-leaders to share Best Practice Case Studies for hospital readmission prevention. Design website and newsletter for healthcare executives, and conduct webinars and training sessions. NRPC hosts conferences to provide content to health systems and post-acute facilities. Newsletter followers and database includes 120,000+ opt-in followers.

Executive Experience

Interim Hospital CEO, Memorial Hospital of Gardena (September 2014 – June 2015)

Served as interim CEO for 172 bed safety net hospital in Los Angeles County.

Vice President Post Acute Services (January 2013 – March 2014)

Torrance Memorial Health System

TMHS includes 401 bed Torrance Memorial Medical Center, Developed award winning Total Wellness Torrance coordinated care program integrating SNF, LTACH & Home Health.

Chief Executive Officer, HealthSouth Rehabilitation Hospital (*September 2011 – July 2012*)
Administrator of 79 bed acute rehab hospital accredited by The Joint Commission. Specialized services include: Secured Brain Injury Unit and on-site dialysis.

Chief Executive Officer, Western Medical Center Anaheim (*May 2008 – February 2011*)
CEO for multi-campus hospital consisting of behavioral health, jail program and OB program. Negotiated contracts, with two labor unions: SEIU and CNA including two contract negotiations. Now under new ownership and renamed Anaheim Global Medical Center.

Chief Executive Officer, Anaheim General Hospital (*June 2004 – May 2008*)
Administrator for multi-campus health facilities including SNF, Geropsych and acute hospital.

Administrator of Health Care Services (*April 2004 – June 2004*)
California Friends Homes, Inc./Quaker Gardens

Administrator (*June 2003 – March 2004*)
Carriage House Nursing Center

Assistant Administrator (*October 2001 – March 2003*)
Life Care Centers of America

Relevant Public Relations & Communications Experience

Partner/Director of Public Relations (*June 1999 – September 2001*)

BB&C (Advertising, Marketing, Public Relations, Government & Community Affairs)

Specializing in healthcare marketing, non-profit marketing and consulting, labor dispute resolution, community relations and sports marketing. Clients: Carson-Tahoe Hospital, CASA (Court Appointed Special Advocates), Desert Springs Hospital, Northstar Recovery Center, The Reno-Tahoe Open PGA TOUR event, and Northern Nevada Medical Center.

Account Supervisor (*June 1998 - June 1999*) *Irvine, California*

Hill & Knowlton, Inc. (Public Relations/Public Affairs/Marketing/Sports Marketing)

Responsible for developing integrated marketing campaigns, budgeting, pitching media, strategic counsel, trade-show strategy, presentation development, and new business. Managed accounts including public relations, brand/consumer marketing, corporate/crisis communications.

Associate (*February 1997 - June 1998*) *Los Angeles, California*

Burson-Marsteller, Inc. (Public Relations/Public Affairs/Marketing/Sports Marketing)

Responsible for developing integrated marketing campaigns, budgeting, pitching media, strategic counsel, trade-show strategy, presentation development, and new business. Managed accounts conducting public relations, brand/consumer marketing, corporate/crisis communications. Specialized in high-tech & healthcare marketing.

Mighty Ducks of Anaheim; Public Relations Assistant (1994-1995)

Media Relations Assistant for the Mighty Ducks of Anaheim professional hockey team.

Published Author

Health-Wealth: Is healthcare bankrupting your business? 9 steps to financial recovery from Forbes Books (January 20, 2018); Amazon #1 New Release and #1 Best Seller

Ex-Acute, A former hospital CEO tells all on what's wrong with American healthcare, What every American Needs to Know, June 2016; Amazon #1 Best Seller

Readmission Prevention: Solutions Across the Provider Continuum.

Published by ACHE's Health Administration Press, January 2015.

Education

Doctor of Philosophy in Education, Department of Educational Leadership
University of Nevada

Dissertation: Showcasing Higher Education Institutional Leaders in Media Relations Campaigns and Its Impact on Student Attitudes toward Online Coursework

Master of Arts Degree, Communications (emphasis public relations)
California State University, Fullerton

Thesis: The Effects of Intercultural Communication on Mass Media (Published 1996)

Bachelor of Arts Degree, Major: Communications, Minor: English (emphasis in journalism)
Brigham Young University

Adjunct/Executive Faculty Experience

University of Southern California, Sol Price School of Public Policy (Summer 2015 - present)
PPDE 629: Transitional Care and Hospital Readmission Prevention

California State University, Long Beach (Fall 2014, Spring 2015);

Department of Health Care Administration; HCA 480 Internship in Health Care Administration

California State University, Fullerton (Spring 1999); School of Communications;

Communications 361: Public Relations Writing

University of Phoenix, Nevada Campus (August 2000 – October 2002);

MGT 521: Business Management; MKT 571: Advertising/ Marketing

Editorial Appointments

Readmission News - National Advisory Board (2014 – present)

McKnights Professional Development Guide - Guest Author March 2015

Relevant Certifications/Licensure

Fellow in Readmissions Prevention Certification (February 2014)

Black Belt Certificate, Lean Six Sigma

Fellow, American College of Health Care Executives (current)

NAB Licensed Nursing Home Administrator, California

Licensed RCFE Administrator, California

Certified Nursing Assistant (*expired*)

Relevant Affiliations

Health Care Execs of Southern California (ACHE), *President Elect/Regents Council (2011)*

Chair, Cal Optima, Provider Advisory Committee, *Safety Net Representative (2008-2011)*

Keynote Speaker

'Executive Edutainer'. More than 100 appearances globally since 2012. Topics include:

- Health-Wealth: The Six Words That Killed American Healthcare
- The Health System of the Future: Innovation & Disruption
- Discharge With Dignity: For My Mom & Yours
Honoring Patients' Desire to Age & Heal at Home through Innovation
- Readmission Prevention & Care Coordination

Non-Profit Board of Trustees/Advisory Board Experience

The Youth Movement Against Alzheimer's, *Board of Directors (2017-2018)*
Alzheimer's Orange County, *Advisory Board (2017-2018)*
Alzheimer's Association of Orange County, *Board of Directors (2015-2016)*
Global Transitional Care, *Board of Directors (2015)*
Hospital Association of Southern California, *Chair, Continuum of Care Committee (2015)*
California Hospital Association Center for Post Acute Care, *Board of Directors (2014- 2015)*
National Transitions of Care Coalition, *Advisory Board (2014-2016)*
CSULB Health Care Administration, *Professional Advisory Board (2010-2014)*
Hospital Association of Southern California, *Board of Directors (emeritus)*
Hospice Care of California, *Professional Advisory Board (emeritus)*
California Friends Homes, (Quaker Gardens & William Penn Manor), *Board of Directors (emeritus)*
American Red Cross Orange County Chapter, *Board of Directors (emeritus)*
Anaheim Chamber of Commerce, *Executive Board (emeritus)*
Cal State University, Fullerton, *Titan Athletic Advisory Committee (emeritus)*
Meals on Wheels/Feedback Foundation, *Board of Trustees (emeritus)*

Notable Publications

World Hospitals & Health Services, The Official Journal of the International Hospital Federation
2016 Volume 52 Number 1; Why Hospitals and Payers are Recommending Home Care Upon
Discharge Instead of SNF or Traditional Home Health Services
The American Journal of Managed Care, December 2014
"CMS to Address Allowing Hospitals More Say in Selecting Post-Acute Providers
Readmission News, Quarterly Since October 2013

Recognition

International Hospital Federation Excellence in Corporate Social Responsibility (2nd Runner-up)
Senior Care Hero Award Nominee, Outstanding Senior Care Professional, SeniorServ 2015
Lifespan Network Hero Award Nominee, Maryland LifeSpan 2015
Los Angeles Business Journal Healthcare Leadership Award, Individual Honoree
California Association of Healthcare Facilities, Program of Excellence 2013 (TMHS)
NRPC Innovator Award 2013
ACHE Regents Award 2010
OC Metro Business Top 40 Under 40 2005
Public Relations Society of America Sierra Nevada Chapter; Silver Spike Winner: Best News
Article (2000); Reno Gazette Journal Editorial
Public Relations Society of America Sierra Nevada Chapter; Silver Spike Winner: Best Overall PR
Campaign (2000); Going to Bat for Kids Campaign

07/2006 to 11/2010

Rancho Specialty Hospital

Chief Financial Officer

- Oversees financial operations of a 55 bed long term acute care hospital with ~350 employees.
- Product lines: ICU, Medical-Surgical, Telemetry, Surgical and Outpatient Services.

07/2006 to 02/2008

Vista Hospital of Riverside

Chief Financial Officer

- Oversaw financial operations of a 40 bed long term acute care medical center.
- Product lines: ICU, Medical-Surgical, Telemetry, and Surgical Services.

08/2005 to 07/2006

Los Angeles Metropolitan Medical Center

Chief Financial Officer

- Oversaw financial operations of a 213 bed two campus acute care medical center with over ~700 employees.
- Product lines: ICU, Medical-Surgical, Geriatric Psychiatry, Adult Psychiatry, Obstetrics, Surgical and Outpatient Services.

08/1997 to 08/2005

Los Angeles Metropolitan Medical Center

Controller

- Oversaw accounting functions of a two campus medical center including, the payroll and accounts payable functions.
- Financial Statements with presentation to the administrative team
- Cash-flow management
- Regulatory reporting

08/1991 to 08/1997

Hawthorne Hospital

Accountant, Cashier, Collections Rep, Accounting Manager

- Oversaw accounting functions of the medical center including the payroll and accounts payable functions.
- Financial Statements with analysis.
- Medicare, Medi-Cal and Insurance financial reconciliations
- General Ledger Maintenance

Addendum C

Compilation of Exhibits

CITY FACTS & DEMOGRAPHICS

ABOUT YORBA LINDA

Yorba Linda, known as the “Land of Gracious Living” is a city with a strong sense of community and small-town character. The “Yorba Linda” name originated from Jose Yorba, a member of a Spanish expedition. In 1907, portions of the former Yorba lands were sold to the Janss Corporation, who then subdivided the property and named the new town “Yorba Linda” (“Yorba” after the early land grant family and “Linda” meaning pretty in Spanish). Learn more about the [history of the City of Yorba Linda](#).

CITY FACTS

View the [City of Yorba Linda Fact Sheet 2018 \(PDF\)](#), which includes information about the City's demographic facts, elected officials, commissions, departments and key staff, and utility services in Yorba Linda.

CITY DEMOGRAPHICS

The City of Yorba Linda supports over 67,000 residents and takes a proactive role in growing its businesses, attracting new businesses, and encouraging entrepreneurialism. Yorba Linda's beautiful parks and engaged community all contribute to the continued growth of the City and make Yorba Linda a great place to live, work, and play.

CITY PROFILES & REPORTS

- [Yorba Linda Demographic Profile - Winter 2018 \(PDF\)](#)
- [Southern California Association of Governments \(SCAG\) Demographic Profile for Yorba Linda \(PDF\)](#)

CONTACT US

City of Yorba Linda



4845 Casa Loma
Avenue
Yorba Linda, CA
92886



Phone Number:
714-961-7100

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CITY of YORBA LINDA

2018 CITY OF YORBA LINDA PROFILE

Yorba Linda is a business-friendly city devoted to helping businesses grow and succeed, increasing the job base for residents, and improving the economic well-being and quality of life for all. Yorba Linda is home to some of the most successful companies in the region and has earned a reputation as one of the best places to work, live, and play.

“[Of Orange County's wealthiest cities], Yorba Linda was sixth with its \$117,368 median income, homes at a median \$781,500 – 19 percent mortgage-free, and average credit limits of \$72,395.”

- Orange County Register, May 2016

For additional information please contact:

CITY OF YORBA LINDA Economic Development

4845 Casa Loma Avenue
Yorba Linda, CA 92886
Phone 714-961-7105
yorbalindaca.gov/economicdevelopment

■ KEY PHONE NUMBERS

Administration	714-961-7110
City Clerk	714-961-7150
Community Development	714-961-7130
Economic Development	714-961-7105
Finance Department (Business Licenses)	714-961-7140
Library	714-777-2873
Fire Services (OCFA)	714-573-6000
Parks & Recreation	714-961-7160
Police Services (OC Sheriff Dispatch)	714-647-7000
Public Works	714-961-7170
Yorba Linda Chamber of Commerce	714-993-9537

■ DEMOGRAPHIC COMPOSITION

Population*	67,637
Median Age*	42.5
Unemployment Rate**	2.9%

■ DISTRIBUTION BY EHTNICITY AND RACE*

White	61.4%
Asian	18%
Hispanic	15.6%
Black	1.4%
Other	3.6%

■ EMPLOYMENT PROFILE

Education/Health	20.2%
Leisure/Hospitality	14.4%
Professional Management	14.3%
Retail	11.7%
Construction	9.4%
Finance/Insurance/Real Estate	7.6%
Manufacturing	6.1%
Wholesale	5.5%
Other Services	5.1%
Transportation	3.2%
Information	0.9%
Public Administration	0.9%
Agriculture	0.6%

■ HOUSING

Median Household Income*	\$114,058
Median Home Price***	\$847,500
Housing Units*	23,049

■ DEVELOPMENT

Residential	6,439.37 acres
Open Space & Parks	2,876.65 acres
Business Park & Light Industrial	274.92 acres
Commercial & Professional Office	217.54 acres

BASED ON CITY GENERAL PLAN ESTIMATES

MAJOR EMPLOYERS****

Costco	293
Nobel Biocare	269
Emeritus at Yorba Linda	188
Kohl's	129
Coldwell Banker	118
Robert Moreno Insurance Services	115
Office Solutions	98
City of Yorba Linda	94
Vons	86
Sprouts Farmers Market	80

* Southern California Association of Governments, Profile of Yorba Linda, May 2017

** Employment Development Department, October 2017

*** Zillow.com, December 2017

**** City of Yorba Linda Comprehensive Financial Report, December 2016



CITY of YORBA LINDA

2018 CITY OF YORBA LINDA PROFILE

■ TRANSPORTATION

Beaches	23 Miles
Inland Empire	17 Miles
Los Angeles	35 Miles
San Diego	98 Miles

■ CORRIDORS

CA SR-91, CA SR-57

■ DISTANCE TO AIRPORTS

John Wayne Orange County	19 Miles
Long Beach Airport	29 Miles
LA/Ontario International Airport	31 Miles
Los Angeles International Airport	45 Miles

■ PORTS

Long Beach	37 Miles
Los Angeles	41 Miles

■ YORBA LINDA PARKS AND AMENITIES

- 33 Parks
- Black Gold Golf Club
- Checkers Dog Park
- Historic Downtown Yorba Linda
- Over 100 miles of multi-use trails
- Savi Ranch Shopping Center
- Yorba Linda Town Center (Coming Fall 2018)
- Yorba Linda Veterans Memorial

■ EDUCATION PROFILE

Access to Placentia-Yorba Linda Unified School District, consisting of 21 Elementary Schools, 6 Middle Schools, 5 High Schools, a Continuation High School, an Independent Study High School, a Home School, and one Special Education School.

Total Public Schools located within Yorba Linda	13
Total Private Schools located within Yorba Linda	7

■ NEARBY COLLEGES AND UNIVERSITIES

- California State University, Fullerton
- Chapman University
- Cypress Community College
- Fullerton Community College
- University of California, Irvine

■ EDUCATIONAL ATTAINMENT (Population 25+)*

High School Diploma	95.4%
Bachelor's Degree	48.7%

* Southern California Association of Governments, Profile of Yorba Linda, May 2017

“Yorba Linda offers businesses access to an active and expanding market in a business-friendly environment. Listed as one of the best places to live by CNN Money Magazine, Yorba Linda continues to attract new residents making it one of Orange County's fastest growing communities.”

- Yorba Linda Chamber of Commerce



Photographer: Larry Cohn

QuickFacts

San Clemente city, California; Huntington Beach city, California; California

QuickFacts provides statistics for all states and counties, and for cities and towns with a population of 5,000 or more.

Table

ALL TOPICS	San Clemente city, California	Huntington Beach city, California	California
Population, Census, April 1, 2010	63,522	189,992	37,253,956
PEOPLE			
Population			
Population estimates, July 1, 2017, (V2017)	65,267	201,874	39,536,653
Population estimates base, April 1, 2010, (V2017)	63,482	181,037	37,254,518
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	2.8%	5.7%	6.1%
Population, Census, April 1, 2010	63,522	189,992	37,253,956
Age and Sex			
Persons under 5 years, percent	▲ 5.0%	▲ 4.8%	▲ 6.3%
Persons under 18 years, percent	▲ 22.4%	▲ 19.5%	▲ 22.9%
Persons 65 years and over, percent	▲ 16.3%	▲ 15.8%	▲ 13.9%
Female persons, percent	▲ 49.7%	▲ 50.0%	▲ 50.3%
Race and Hispanic Origin			
White alone, percent	▲ 81.4%	▲ 74.6%	▲ 72.4%
Black or African American alone, percent (a)	▲ 0.7%	▲ 1.4%	▲ 6.5%
American Indian and Alaska Native alone, percent (a)	▲ 0.2%	▲ 0.5%	▲ 1.5%
Asian alone, percent (a)	▲ 3.7%	▲ 11.9%	▲ 15.2%
Native Hawaiian and Other Pacific Islander alone, percent (a)	▲ 0.8%	▲ 0.4%	▲ 0.5%
Two or More Races, percent	▲ 4.8%	▲ 4.8%	▲ 3.9%
Hispanic or Latino, percent (b)	▲ 17.9%	▲ 19.3%	▲ 39.1%
White alone, not Hispanic or Latino, percent	▲ 73.2%	▲ 63.1%	▲ 37.2%
Population Characteristics			
Veterans, 2013-2017	3,478	10,516	1,661,433
Foreign born persons, percent, 2013-2017	12.1%	16.6%	27.0%
Housing			
Housing units, July 1, 2017, (V2017)	X	X	14,176,670
Owner-occupied housing unit rate, 2013-2017	65.7%	58.3%	54.5%
Median value of owner-occupied housing units, 2013-2017	\$849,300	\$686,700	\$443,400
Median selected monthly owner costs -with a mortgage, 2013-2017	\$3,267	\$2,693	\$2,206
Median selected monthly owner costs -without a mortgage, 2013-2017	\$768	\$577	\$542
Median gross rent, 2013-2017	\$1,775	\$1,748	\$1,358
Building permits, 2017	X	X	114,780
Families & Living Arrangements			
Households, 2013-2017	24,565	76,709	12,888,128
Persons per household, 2013-2017	2.64	2.60	2.96
Living in same house 1 year ago, percent of persons age 1 years+, 2013-2017	87.9%	88.4%	86.2%
Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	17.2%	22.8%	44.0%
Computer and Internet Use			
Households with a computer, percent, 2013-2017	94.5%	93.4%	90.2%
Households with a broadband internet subscription, percent, 2013-2017	90.3%	87.2%	82.8%
Education			
High school graduate or higher, percent of persons age 25 years+, 2013-2017	94.5%	92.4%	82.5%
Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	48.7%	42.3%	32.6%
Health			
With a disability, under age 65 years, percent, 2013-2017	3.6%	5.6%	6.9%
Persons without health insurance, under age 65 years, percent	▲ 8.7%	▲ 9.1%	▲ 8.1%

Economy			
In civilian labor force, total, percent of population age 16 years+, 2013-2017	64.3%	68.6%	63.0%
In civilian labor force, female, percent of population age 16 years+, 2013-2017	58.4%	60.7%	67.1%
Total accommodation and food services sales, 2012 (\$1,000) (c)	136,171	634,833	90,830,372
Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	186,679	561,072	248,963,692
Total manufacturers shipments, 2012 (\$1,000) (c)	313,961	D	612,303,164
Total merchant wholesaler sales, 2012 (\$1,000) (c)	810,680	10,353,671	666,652,188
Total retail sales, 2012 (\$1,000) (c)	670,220	2,606,684	481,600,461
Total retail sales per capita, 2012 (c)	\$10,330	\$12,868	\$12,866
Transportation			
Mean travel time to work (minutes), workers age 16 years+, 2013-2017	29.1	28.9	28.8.
Income & Poverty			
Median household income (in 2017 dollars), 2013-2017	\$101,843	\$88,079	\$67,169
Per capita income in past 12 months (in 2017 dollars), 2013-2017	\$54,133	\$45,697	\$33,128
Persons in poverty, percent	▲ 6.4%	▲ 8.9%	▲ 13.3%
BUSINESSES			
Businesses			
Total employer establishments, 2016	X	X	922,477 ¹
Total employment, 2016	X	X	14,600,349 ¹
Total annual payroll, 2016 (\$1,000)	X	X	888,643,923 ¹
Total employment, percent change, 2015-2016	X	X	1.9% ¹
Total nonemployer establishments, 2016	X	X	3,277,416
All firms, 2012	8,633	22,860	3,648,449
Men-owned firms, 2012	4,663	12,431	1,852,580
Women-owned firms, 2012	3,060	7,768	1,320,085
Minority-owned firms, 2012	2,001	5,872	1,619,857
Nonminority-owned firms, 2012	6,454	16,218	1,619,107
Veteran-owned firms, 2012	787	2,044	252,377
Nonveteran-owned firms, 2012	7,676	19,802	3,176,341
GEOGRAPHY			
Geography			
Population per square mile, 2010	3,394.9	7,103.0	239.1
Land area in square miles, 2010	18.71	28.75	155,779.22
FIPS Code	0665084	0638000	08

About datasets used in this table

Value Notes

- 1. Includes data not distributed by county.

▲ Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the QI left of each row in TABLE view to learn about sampling error.

The vintage year (e.g., V2017) refers to the final year of the series (2010 thru 2017). *Different vintage years of estimates are not comparable.*

Fact Notes

- (a) Includes persons reporting only one race
- (b) Hispanics may be of any race, so also are included in applicable race categories
- (c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

Value Flags

- .
- Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the interval of an open ended distribution.
- D Suppressed to avoid disclosure of confidential information
- F Fewer than 25 firms
- FN Footnote on this item in place of data
- NA Not available
- S Suppressed; does not meet publication standards
- X Not applicable
- Z Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

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- [American Community Survey](#)
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QuickFacts

Placentia city, California; Yorba Linda city, California; California

QuickFacts provides statistics for all states and counties, and for cities and towns with a *population of 5,000 or more*.

Table

ALL TOPICS	Placentia city, California	Yorba Linda city, California	California
Population, Census, April 1, 2010	50,533	64,234	37,253,956
PEOPLE			
Population			
Population estimates, July 1, 2017, (V2017)	52,157	68,229	39,636,853
Population estimates base, April 1, 2010, (V2017)	50,917	64,169	37,254,518
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	2.4%	6.3%	6.1%
Population, Census, April 1, 2010	50,533	64,234	37,253,956
Age and Sex			
Persons under 5 years, percent	▲ 5.8%	▲ 5.2%	▲ 6.3%
Persons under 18 years, percent	▲ 23.3%	▲ 23.8%	▲ 22.9%
Persons 65 years and over, percent	▲ 13.8%	▲ 16.4%	▲ 13.9%
Female persons, percent	▲ 51.0%	▲ 60.9%	▲ 50.3%
Race and Hispanic Origin			
White alone, percent	▲ 72.1%	▲ 73.6%	▲ 72.4%
Black or African American alone, percent (a)	▲ 1.3%	▲ 1.2%	▲ 8.5%
American Indian and Alaska Native alone, percent (a)	▲ 0.7%	▲ 0.2%	▲ 1.6%
Asian alone, percent (a)	▲ 17.8%	▲ 18.7%	▲ 15.2%
Native Hawaiian and Other Pacific Islander alone, percent (a)	▲ 0.2%	▲ 0.1%	▲ 0.5%
Two or More Races, percent	▲ 3.6%	▲ 4.6%	▲ 3.9%
Hispanic or Latino, percent (b)	▲ 38.8%	▲ 16.2%	▲ 39.1%
White alone, not Hispanic or Latino, percent	▲ 40.0%	▲ 60.4%	▲ 37.2%
Population Characteristics			
Veterans, 2013-2017	2,032	3,103	1,661,433
Foreign born persons, percent, 2013-2017	24.2%	19.1%	27.0%
Housing			
Housing units, July 1, 2017, (V2017)	X	X	14,178,670
Owner-occupied housing unit rate, 2013-2017	64.3%	82.6%	54.5%
Median value of owner-occupied housing units, 2013-2017	\$585,800	\$792,700	\$443,400
Median selected monthly owner costs -with a mortgage, 2013-2017	\$2,540	\$3,163	\$2,206
Median selected monthly owner costs -without a mortgage, 2013-2017	\$599	\$760	\$542
Median gross rent, 2013-2017	\$1,662	\$1,921	\$1,358
Building permits, 2017	X	X	114,780
Families & Living Arrangements			
Households, 2013-2017	16,408	21,972	12,888,128
Persons per household, 2013-2017	3.16	3.07	2.96
Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	87.8%	89.5%	66.2%
Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	38.0%	24.4%	44.0%
Computer and Internet Use			
Households with a computer, percent, 2013-2017	94.4%	95.9%	80.2%
Households with a broadband Internet subscription, percent, 2013-2017	89.9%	92.9%	82.6%
Education			
High school graduate or higher, percent of persons age 25 years+, 2013-2017	86.1%	95.4%	82.5%
Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	38.1%	53.2%	32.6%
Health			
With a disability, under age 65 years, percent, 2013-2017	4.2%	4.1%	5.9%
Persons without health insurance, under age 65 years, percent	▲ 8.8%	▲ 4.9%	▲ 8.1%

Is this page helpful? Yes No

Economy			
In civilian labor force, total, percent of population age 16 years+, 2013-2017	67.6%	64.4%	63.0%
In civilian labor force, female, percent of population age 16 years+, 2013-2017	61.4%	57.7%	57.1%
Total accommodation and food services sales, 2012 (\$1,000) (c)	74,534	83,514	90,830,372
Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	218,917	136,163	248,953,592
Total manufacturers shipments, 2012 (\$1,000) (c)	756,993	714,102	512,303,184
Total merchant wholesaler sales, 2012 (\$1,000) (c)	329,508	775,130	668,652,186
Total retail sales, 2012 (\$1,000) (c)	358,104	665,204	481,800,481
Total retail sales per capita, 2012 (c)	\$8,891	\$8,469	\$12,665
Transportation			
Mean travel time to work (minutes), workers age 16 years+, 2013-2017	28.5	32.9	28.8
Income & Poverty			
Median household income (in 2017 dollars), 2013-2017	\$68,501	\$123,952	\$67,169
Per capita income in past 12 months (in 2017 dollars), 2013-2017	\$34,530	\$50,988	\$33,128
Persons in poverty, percent	▲ 8.8%	▲ 3.8%	▲ 13.3%
BUSINESSES			
Businesses			
Total employer establishments, 2016	X	X	922,477 ¹
Total employment, 2016	X	X	14,600,349 ¹
Total annual payroll, 2016 (\$1,000)	X	X	866,643,923 ¹
Total employment, percent change, 2015-2016	X	X	1.9% ¹
Total nonemployer establishments, 2016	X	X	3,277,415
All firms, 2012	4,841	7,472	3,548,449
Men-owned firms, 2012	2,199	4,127	1,852,580
Women-owned firms, 2012	1,869	2,377	1,320,085
Minority-owned firms, 2012	2,272	2,300	1,819,857
Nonminority-owned firms, 2012	2,350	4,864	1,819,107
Veteran-owned firms, 2012	252	594	252,377
Nonveteran-owned firms, 2012	4,363	6,612	3,176,341
GEOGRAPHY			
Geography			
Population per square mile, 2010	7,693.8	3,296.9	239.1
Land area in square miles, 2010	6.57	19.46	155,779.22
FIPS Code	0657626	0686932	06

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About datasets used in this table

Value Notes

- 1. Includes data not distributed by county.

▲ Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Q: left of each row in TABLE view to learn about sampling error.

The vintage year (e.g., Y2017) refers to the final year of the series (2010 thru 2017). *Different vintage years of estimates are not comparable.*

Fact Notes

- (a) Includes persons reporting only one race
- (b) Hispanics may be of any race, so also are included in applicable race categories
- (c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

Value Flags

- Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the interval of an open ended distribution.
- D Suppressed to avoid disclosure of confidential information
- F Fewer than 25 firms
- FN Footnote on this item in place of data
- NA Not available
- S Suppressed; does not meet publication standards
- X Not applicable
- Z Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

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Households earn more than the national average each year. Household expenditures average 85,994 per year. The majority of earnings get spent on Shelter, Transportation, Food and Beverages, Health Care, and Utilities.

\$94,281

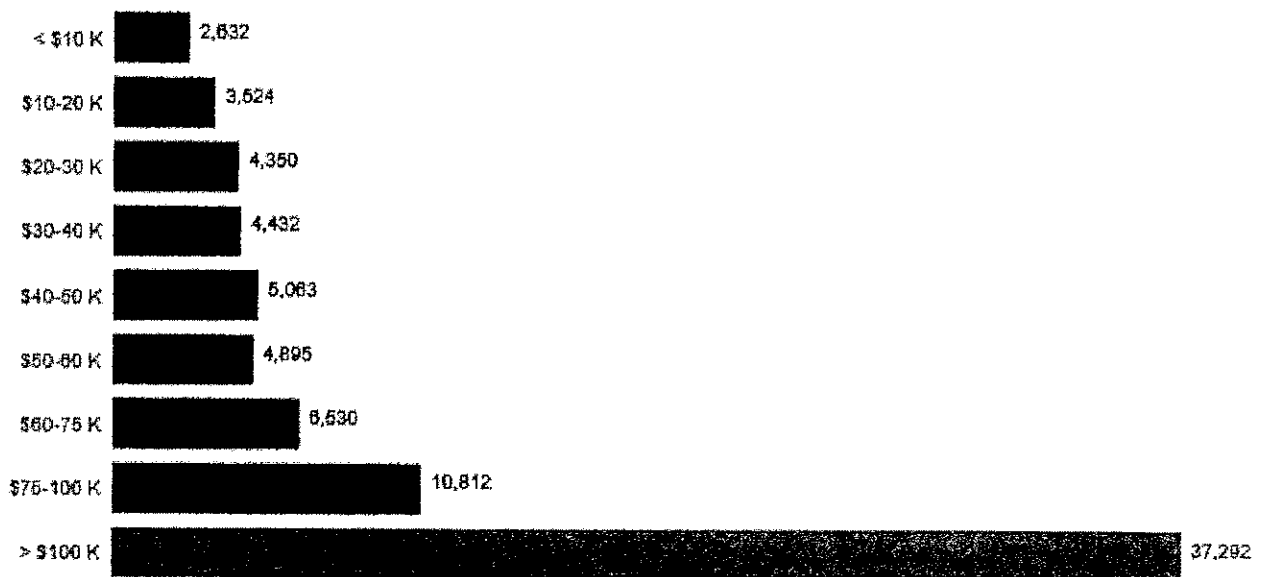
Median Household Income

7% more than the county

31% more than the state

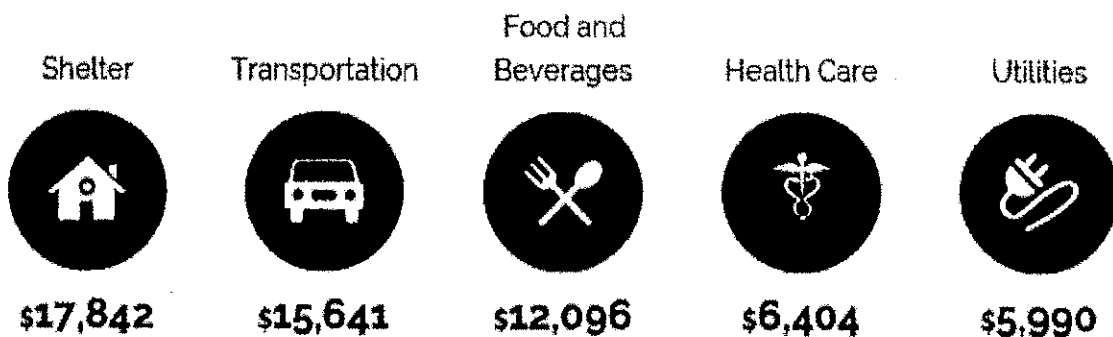
56% more than the nation

Income Distribution



How do people spend most of their money?

PER HOUSEHOLD



85,994

PEPANNRES

Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017
2017 Population Estimates

Versions of this table are available for the following years:
2017
2016
2015
2014
2013
2012
2011

183 482 of 482	Geography	April 1, 2010		Population Estimate (as of July 1)							
		Census	Estimates Base	2010	2011	2012	2013	2014	2015	2016	2017
	Holtville city, California	5,939	5,936	5,952	6,004	6,020	6,039	6,276	6,384	6,439	6,597
	Hughson city, California	6,640	6,640	6,656	6,711	6,852	6,995	7,188	7,334	7,415	7,498
	Huntington Beach city, California	189,992	191,037	191,342	193,184	194,563	197,588	200,188	201,300	201,004	201,874
	Huntington Park city, California	58,114	58,118	58,132	58,392	58,650	58,897	59,106	59,161	58,962	58,822
	Huron city, California	6,754	6,745	6,753	6,753	6,763	6,781	6,794	6,818	6,939	7,311
	Imperial city, California	14,758	14,733	14,841	15,223	15,618	16,189	16,767	17,027	17,185	17,550
	Imperial Beach city, California	26,324	26,324	26,388	26,638	26,867	27,086	27,121	27,339	27,424	27,418
	Indian Wells city, California	4,959	4,958	4,983	5,044	5,095	5,146	5,203	5,266	5,333	5,404
	Indio city, California	76,036	79,116	79,638	81,088	82,373	83,526	85,341	87,170	88,468	89,793
	Industry city, California	219	217	214	206	204	206	208	205	208	204
	Inglewood city, California	109,673	109,673	109,710	110,647	111,139	111,288	111,246	111,154	110,800	110,598
	Ione city, California	7,918	7,913	7,745	7,550	7,319	6,964	6,975	6,999	7,034	7,827
	Irvine city, California	212,375	212,043	213,435	220,454	229,456	236,574	247,804	256,186	266,385	277,453
	Irwindale city, California	1,422	1,418	1,418	1,418	1,418	1,417	1,422	1,427	1,434	1,461
	Isleton city, California	804	804	805	811	816	820	827	833	839	845
	Jackson city, California	4,651	4,672	4,658	4,622	4,606	4,596	4,610	4,659	4,696	4,740
	Jurupa Valley city, California	(X)	95,005	95,825	97,274	98,495	99,643	100,278	101,669	103,440	106,028
	Kerman city, California	13,544	13,567	13,637	13,892	14,314	14,338	14,373	14,453	14,566	14,932
	King City city, California	12,874	12,874	12,906	13,025	13,163	13,245	13,548	13,863	13,910	14,055
	Kingsburg city, California	11,382	11,397	11,409	11,511	11,602	11,689	11,709	11,775	11,804	12,002
	La Cañada Flintridge city, California	20,246	20,246	20,268	20,362	20,455	20,519	20,514	20,501	20,484	20,413
	Lafayette city, California	23,893	23,794	23,882	24,308	24,608	25,071	25,474	25,832	26,191	26,440
	Laguna Beach city, California	22,723	22,730	22,767	22,997	23,141	23,266	23,279	23,302	23,244	23,147
	Laguna Hills city, California	30,344	30,212	30,259	30,649	30,740	30,887	30,838	31,511	31,504	31,318
	Laguna Niguel city, California	62,979	62,985	63,131	63,834	64,262	64,638	65,270	65,512	65,382	66,334
	Laguna Woods city, California	16,192	16,046	16,072	16,221	16,323	16,387	16,369	16,360	16,300	16,200
	La Habra city, California	60,239	60,287	60,393	61,000	61,382	61,667	61,893	61,961	61,797	62,486
	La Habra Heights city, California	5,325	5,316	5,323	5,356	5,393	5,409	5,416	5,426	5,413	5,403
	Lake Elsinore city, California	51,821	53,418	53,744	55,227	56,231	57,927	60,357	62,222	64,088	66,411
	Lake Forest city, California	77,264	77,448	77,574	78,380	78,888	79,306	79,911	82,236	83,337	84,293
	Lakeport city, California	4,753	4,753	4,756	4,717	4,687	4,769	4,771	4,786	4,754	4,762
	Lakewood city, California	80,048	80,054	80,068	80,470	80,823	81,075	81,173	81,238	81,235	80,967
	La Mesa city, California	57,065	57,013	57,157	57,892	58,203	58,690	59,004	59,872	59,955	60,021
	La Mirada city, California	48,527	48,523	48,543	48,750	48,948	49,084	49,170	49,303	49,257	49,095
	Lancaster city, California	156,533	156,643	156,854	158,230	158,576	159,457	160,128	160,378	160,289	160,316
	La Palma city, California	15,568	15,526	15,550	15,893	15,790	15,886	15,868	15,959	15,801	15,722

Geography	April 1, 2010		Population Estimate (as of July 1)							
	Census	Estimates Base	2010	2011	2012	2013	2014	2015	2016	2017
La Puente city, California	39,816	39,827	39,849	40,071	40,253	40,414	40,502	40,568	40,437	40,322
La Quinta city, California	37,467	37,468	37,681	38,171	38,553	39,192	39,830	40,305	40,874	41,304
Larkspur city, California	11,926	11,929	11,943	12,050	12,113	12,228	12,341	12,444	12,430	12,396
Lathrop city, California	18,023	18,023	18,137	18,772	19,090	19,608	20,015	20,801	22,086	22,781
La Verne city, California	31,063	31,121	31,138	31,291	31,441	31,766	32,368	32,585	32,508	32,461
Lawndale city, California	32,769	32,769	32,783	32,942	33,093	33,201	33,256	33,289	33,186	33,078
Lemon Grove city, California	25,320	25,318	25,385	25,626	25,981	26,172	26,474	26,636	26,863	27,108
Lemoore city, California	24,531	24,531	24,539	24,495	24,564	24,888	25,076	25,529	25,747	25,355
Lincoln city, California	42,819	42,932	43,110	43,795	44,289	45,082	45,803	46,382	47,086	47,674
Lindsay city, California	11,768	11,746	11,764	12,664	12,793	12,964	13,137	13,180	13,250	13,303
Live Oak city, California	8,392	8,466	8,465	8,558	8,376	8,392	8,407	8,438	8,741	8,774
Livermore city, California	80,988	81,397	81,593	82,635	83,970	85,613	87,201	88,374	89,682	90,295
Livingston city, California	13,058	13,011	13,062	13,389	13,431	13,484	13,761	13,846	13,958	14,140
Lodi city, California	62,134	62,134	62,280	62,817	63,180	63,290	63,792	64,401	64,695	65,884
Loma Linda city, California	23,261	23,287	23,353	23,537	23,555	23,718	23,790	23,997	24,128	24,196
Lomita city, California	20,256	20,259	20,271	20,389	20,539	20,658	20,694	20,746	20,727	20,707
Lompoc city, California	42,434	42,440	42,334	42,245	43,184	43,518	44,026	44,083	43,723	43,542
Long Beach city, California	462,257	462,235	462,559	465,032	467,929	469,297	470,713	471,967	470,852	469,460
Loomis town, California	6,430	6,419	6,437	6,628	6,587	6,650	6,698	6,702	6,756	6,809
Los Alamitos city, California	11,449	11,404	11,421	11,529	11,609	11,654	11,691	11,885	11,855	11,603
Los Altos city, California	28,976	29,001	29,076	29,479	29,856	30,064	30,326	30,691	30,755	30,743
Los Altos Hills town, California	7,922	8,043	8,064	8,148	8,275	8,358	8,453	8,476	8,571	8,580
Los Angeles city, California	3,792,521	3,792,724	3,796,060	3,824,592	3,859,267	3,891,783	3,922,668	3,953,459	3,981,116	3,999,759
Los Banos city, California	35,972	35,967	36,074	36,410	36,572	36,707	36,948	37,308	37,649	39,183
Los Gatos town, California	29,413	29,444	29,529	29,878	30,233	30,517	30,770	30,737	30,756	30,724
Loyalton city, California	769	766	761	732	722	714	702	706	699	706
Lynwood city, California	69,772	69,766	69,615	69,734	70,728	71,340	71,427	71,668	71,294	71,099
McFarland city, California	12,707	12,707	12,725	12,796	12,382	12,459	13,617	13,995	14,546	15,093
Madera city, California	61,416	61,416	61,524	61,893	62,442	62,846	63,416	63,969	64,545	65,508
Malibu city, California	12,645	12,635	12,644	12,704	12,776	12,838	12,875	12,905	12,901	12,877
Mammoth Lakes town, California	8,234	8,234	8,231	8,290	8,238	8,070	8,102	8,030	8,116	8,132
Manhattan Beach city, California	35,135	35,135	35,134	35,275	35,429	35,527	35,585	35,647	35,777	35,924
Manteca city, California	67,096	67,276	67,677	69,246	70,956	71,871	73,287	75,192	76,935	79,268
Martinez city, California	1,154	1,154	1,155	1,164	1,172	1,181	1,187	1,190	1,191	1,197
Merina city, California	19,718	19,718	19,748	19,909	20,210	20,347	20,787	21,175	21,732	22,145
Martinez city, California	35,824	36,036	36,171	36,533	36,883	37,193	37,549	38,108	38,272	38,373
Marysville city, California	12,072	12,072	12,094	12,099	12,121	12,165	12,179	12,171	12,222	12,413
Maywood city, California	27,395	27,395	27,402	27,518	27,619	27,705	27,737	27,759	27,677	27,586
Mendota city, California	11,014	11,148	11,176	11,354	11,382	11,381	11,378	11,406	11,418	11,438
	77,519	77,519	78,080	79,867	81,292	83,358	84,875	86,799	88,465	90,595

Geography	April 1, 2010		Population Estimate (as of July 1)							
	Census	Estimates Base	2010	2011	2012	2013	2014	2015	2016	2017
Menifee city, California										
Menlo Park city, California	32,026	32,019	32,088	32,496	32,901	33,107	33,322	33,512	34,079	34,357
Merced city, California	79,958	79,957	79,147	79,804	80,400	80,919	81,393	82,106	82,630	83,081
Millbrae city, California	21,532	21,537	21,579	21,867	22,164	22,529	22,729	22,851	22,812	22,716
Mill Valley city, California	13,903	13,905	13,924	14,072	14,178	14,333	14,415	14,422	14,405	14,355
Millpitas city, California	66,790	66,815	66,743	67,183	69,005	70,108	73,726	77,611	77,957	78,106
Mission Viejo city, California	93,305	93,112	93,259	94,128	94,832	96,252	96,924	96,877	96,519	96,016
Modesto city, California	201,165	203,119	203,344	204,207	205,406	206,535	208,250	209,938	212,035	214,221
Monrovia city, California	36,580	36,590	36,599	36,775	36,932	37,085	37,184	37,290	37,181	37,061
Montague city, California	1,443	1,443	1,444	1,431	1,413	1,395	1,392	1,393	1,395	1,406
Montclair city, California	36,664	36,664	36,769	37,330	37,520	38,021	38,325	38,574	38,910	39,276
Montebello city, California	62,500	62,490	62,508	62,975	63,264	63,454	63,537	63,626	63,415	63,192
Monterey city, California	27,810	27,697	27,921	28,295	28,838	28,713	28,680	28,847	28,732	28,639
Monterey Park city, California	60,269	60,228	60,237	60,531	60,786	60,968	61,042	61,152	61,117	61,044
Monte Sereno city, California	3,341	3,372	3,386	3,418	3,484	3,506	3,537	3,550	3,572	3,578
Moorpark city, California	34,421	34,517	34,647	34,941	35,073	35,221	35,580	36,139	36,618	36,802
Moraga town, California	16,016	16,008	16,061	16,319	16,497	16,780	17,021	17,243	17,463	17,630
Moreno Valley city, California	193,366	193,312	194,279	196,726	198,479	200,529	202,216	203,325	205,090	207,226
Morgan Hill city, California	37,882	37,905	38,015	38,811	39,509	41,060	42,106	42,988	44,446	45,037
Morro Bay city, California	10,234	10,234	10,246	10,284	10,373	10,458	10,508	10,589	10,628	10,635
Mountain View city, California	74,066	74,020	74,270	75,184	76,684	78,155	79,349	80,477	80,963	81,438
Mount Shasta city, California	3,394	3,394	3,392	3,354	3,313	3,266	3,276	3,280	3,280	3,302
Murrieta city, California	103,466	103,606	104,123	105,330	106,551	107,482	108,191	109,571	111,719	113,326
Napa city, California	76,915	77,117	77,229	77,824	78,395	78,989	79,703	80,045	80,111	79,774
National City city, California	58,582	58,560	58,634	59,089	59,468	59,888	60,271	60,885	61,160	61,363
Needles city, California	4,844	4,836	4,847	4,891	4,915	4,925	4,950	4,967	4,985	5,007
Nevada City city, California	3,068	3,067	3,070	3,093	3,085	3,085	3,061	3,141	3,136	3,136
Newark city, California	42,573	42,573	42,640	43,056	43,815	44,174	44,748	45,310	45,841	47,531
Newman city, California	10,224	10,263	10,277	10,539	10,601	10,658	10,747	10,878	11,113	11,361
Newport Beach city, California	85,186	85,219	85,358	86,168	86,706	87,101	86,958	86,882	86,842	86,160
Norco city, California	27,063	27,063	27,094	27,229	27,332	26,914	26,887	26,198	26,688	26,761
Norwalk city, California	105,549	105,549	105,570	106,011	106,210	106,410	106,540	106,544	106,314	106,084
Novato city, California	61,904	61,872	61,982	62,712	63,296	64,242	65,002	65,592	66,139	66,980
Oakdale city, California	20,675	20,736	20,819	20,960	21,251	21,495	21,816	22,188	22,649	23,150
Oakland city, California	390,724	390,822	391,571	396,480	401,906	407,567	413,933	418,929	421,566	425,195
Oakley city, California	35,432	35,432	35,684	36,631	37,243	38,222	39,205	39,781	40,737	41,714
Oceanside city, California	167,086	166,992	167,555	169,599	171,334	172,976	174,180	175,126	175,473	176,193
Ojai city, California	7,461	7,461	7,476	7,515	7,546	7,583	7,607	7,613	7,598	7,582
Ontario city, California	163,924	163,921	164,391	165,856	166,868	167,396	168,459	170,513	172,955	175,841
Orange city, California	136,416	136,432	136,794	138,329	139,299	139,964	139,480	140,811	140,746	140,560
	9,078	9,072	9,081	9,524	9,546	9,552	9,547	9,577	9,587	9,604

Geography	April 1, 2010		Population Estimate (as of July 1)							
	Census	Estimates Base	2010	2011	2012	2013	2014	2015	2016	2017
Orange Cove city, California										
Orinda city, California	17,843	17,751	17,816	18,128	18,351	18,699	18,998	19,267	19,536	19,730
Oroville city, California	7,281	7,331	7,373	7,447	7,398	7,446	7,487	7,489	7,544	7,656
Oroville city, California	15,546	18,696	18,674	18,585	18,616	18,712	18,914	18,938	18,989	19,121
Oxnard city, California	197,899	197,969	198,512	200,101	201,416	203,246	205,076	206,908	208,303	210,037
Pacific city, California	37,234	37,304	37,371	37,845	38,374	38,776	39,140	39,362	39,314	39,087
Pacific Grove city, California	15,041	15,039	15,085	15,241	15,404	15,498	15,567	15,634	15,675	15,698
Palmdale city, California	152,750	152,765	152,999	154,186	155,228	156,947	157,326	157,619	157,472	157,519
Palm Desert city, California	48,445	48,460	48,693	49,284	49,843	50,445	51,017	51,663	52,182	52,932
Palm Springs city, California	44,552	44,538	44,772	45,236	45,757	46,214	46,703	47,187	47,646	48,142
Palo Alto city, California	64,403	64,409	64,576	65,432	66,258	66,800	67,031	66,904	67,490	67,178
Palos Verdes Estates city, California	13,438	13,438	13,439	13,495	13,539	13,579	13,595	13,609	13,598	13,544
Paradise town, California	26,218	26,199	26,177	26,067	26,160	26,242	26,351	26,387	26,503	26,682
Paramount city, California	54,098	54,098	54,119	54,386	54,693	54,996	55,085	55,163	55,004	54,909
Parlier city, California	14,484	14,508	14,529	14,630	14,726	14,827	14,941	15,095	15,164	15,250
Pasadena city, California	137,122	137,139	137,170	137,826	138,428	139,699	140,027	141,601	142,279	142,647
Patterson city, California	20,413	20,499	20,521	20,607	20,733	20,900	21,203	21,451	21,777	22,124
Perris city, California	68,386	68,560	69,001	70,469	71,331	72,436	73,667	74,829	76,284	77,679
Petaluma city, California	57,941	57,941	58,020	58,265	58,785	59,415	59,842	60,411	60,693	60,870
Pico Rivera city, California	62,942	62,948	62,967	63,285	63,667	63,768	63,653	63,923	63,732	63,522
Piedmont city, California	10,687	10,686	10,706	10,816	10,958	11,100	11,246	11,370	11,407	11,378
Pinole city, California	18,380	18,330	18,381	18,541	18,728	18,913	19,094	19,267	19,353	19,364
Pismo Beach city, California	7,655	7,660	7,663	7,694	7,782	7,858	7,902	8,118	8,186	8,237
Pittsburg city, California	63,264	63,259	63,535	64,592	65,618	66,762	68,103	69,383	70,900	72,141
Placencia city, California	50,533	50,917	51,008	51,558	51,947	52,235	52,262	52,375	52,343	52,157
Placerville city, California	10,389	10,389	10,378	10,339	10,353	10,472	10,586	10,679	10,723	10,996
Pleasant Hill city, California	33,162	33,102	33,189	33,489	33,808	34,147	34,476	34,776	34,954	34,987
Pleasanton city, California	70,285	70,273	70,393	71,190	72,227	74,179	77,635	79,391	82,467	83,007
Plymouth city, California	1,005	987	985	977	970	966	964	972	964	993
Point Arena city, California	449	449	449	447	448	449	449	449	451	453
Pomona city, California	149,058	149,030	149,096	149,788	150,856	151,276	152,405	152,561	152,697	152,939
Porterville city, California	54,165	57,323	57,437	57,888	58,072	58,241	58,344	59,083	59,059	59,146
Port Hueneme city, California	21,723	21,723	21,712	21,762	21,842	22,148	22,092	22,395	22,323	22,327
Portola city, California	2,104	2,104	2,093	2,080	2,013	1,960	1,933	1,915	1,938	1,930
Portola Valley town, California	4,353	4,353	4,360	4,414	4,474	4,524	4,584	4,613	4,622	4,611
Poway city, California	47,811	47,806	47,961	48,666	49,084	49,480	49,774	50,018	60,080	50,041
Rancho Cordova city, California	64,776	64,805	65,080	66,007	66,803	67,823	69,513	70,756	72,273	73,563
Rancho Cucamonga city, California	165,269	165,372	166,250	168,047	170,205	171,138	173,615	174,646	176,213	177,452
Rancho Mirage city, California	17,218	17,166	17,245	17,395	17,524	17,665	17,825	17,956	18,122	18,306

Geography	April 1, 2010		Population Estimate (as of July 1)							
	Census	Estimates Base	2010	2011	2012	2013	2014	2015	2016	2017
Rancho Palos Verdes city, California	41,843	41,660	41,675	42,046	42,269	42,414	42,488	42,540	42,470	42,364
Rancho Santa Margarita city, California	47,853	47,865	47,929	48,380	48,687	49,160	49,213	48,187	49,006	48,793
Red Bluff city, California	14,076	14,076	14,092	14,069	14,068	14,036	13,998	14,097	14,171	14,287
Redding city, California	89,861	89,861	89,903	90,187	90,421	90,796	91,192	91,045	91,308	91,794
Redlands city, California	68,747	68,667	68,813	69,359	69,728	69,924	70,364	70,797	71,196	71,554
Redondo Beach city, California	66,748	66,921	66,940	67,255	67,576	67,804	67,892	68,023	68,109	67,908
Redwood City city, California	76,815	76,827	77,044	78,050	79,347	81,225	82,960	85,476	86,479	86,686
Reedley city, California	24,194	24,228	24,341	24,712	24,817	24,981	25,385	25,536	25,569	25,620
Rialto city, California	99,171	99,160	99,391	100,684	101,473	101,784	102,307	102,781	103,171	103,562
Richmond city, California	103,701	103,267	103,668	104,964	106,182	107,276	108,130	109,221	109,832	110,040
Ridgecrest city, California	27,618	27,616	27,689	27,931	28,333	28,638	28,680	28,735	28,735	28,860
Rio Dell city, California	3,368	3,368	3,372	3,394	3,367	3,367	3,368	3,374	3,405	3,408
Rio Vista city, California	7,360	7,367	7,392	7,456	7,565	7,734	8,031	8,318	8,640	9,009
Ripon city, California	14,297	14,297	14,338	14,499	14,633	14,718	14,916	15,095	15,460	15,677
Riverbank city, California	22,678	22,678	22,769	23,129	23,270	23,455	23,677	23,965	24,374	24,740
Riverside city, California	303,871	303,985	305,571	309,726	312,770	316,079	318,352	321,179	324,336	327,728
Rocklin city, California	56,974	57,117	57,462	58,434	58,998	59,670	60,132	61,001	62,733	64,836
Rohnert Park city, California	40,971	40,818	40,880	41,018	41,125	41,396	42,180	42,384	42,669	42,838
Rolling Hills city, California	1,860	1,860	1,860	1,869	1,882	1,891	1,890	1,889	1,889	1,882
Rolling Hills Estates city, California	8,067	8,060	8,065	8,107	8,163	8,206	8,221	8,243	8,241	8,226
Rosemead city, California	53,764	53,771	53,809	54,082	54,337	54,549	54,816	54,855	54,584	54,554
Roseville city, California	118,788	119,164	119,809	122,653	124,424	126,801	128,456	130,118	132,873	135,329
Ross town, California	2,415	2,426	2,429	2,449	2,460	2,483	2,496	2,495	2,489	2,480
Sacramento city, California	466,488	466,394	467,382	471,170	474,804	478,927	483,629	488,952	494,894	501,901
St. Helena city, California	5,814	5,816	5,824	5,868	5,885	5,937	5,964	6,049	6,133	6,196
Salinas city, California	150,441	150,498	150,820	152,571	154,197	155,477	156,336	156,960	157,618	157,596
San Anselmo town, California	12,336	12,305	12,318	12,421	12,465	12,607	12,651	12,646	12,618	12,580
San Bernardino city, California	209,924	209,961	210,182	211,816	212,969	213,690	214,200	215,350	216,018	216,995
San Bruno city, California	41,114	41,067	41,115	41,554	42,164	42,643	43,059	43,292	43,241	43,299
San Buenaventura (Ventura) city, California	106,433	107,234	107,476	108,440	109,236	109,622	109,869	110,093	110,404	110,790
San Carlos city, California	28,406	28,383	28,430	28,782	29,184	29,497	29,806	29,974	29,963	30,499
San Clemente city, California	63,522	63,482	63,603	64,302	64,727	64,989	65,123	65,340	65,411	65,267
Sand City city, California	334	334	335	338	340	345	379	380	363	387
San Diego city, California	1,307,402	1,301,948	1,306,176	1,320,638	1,338,975	1,358,207	1,379,123	1,391,040	1,408,882	1,419,516
San Dimas city, California	33,371	33,376	33,386	33,643	33,710	33,836	34,434	34,471	34,384	34,326
San Fernando city, California	23,645	23,646	23,656	23,774	23,834	24,162	24,485	24,812	24,750	24,714
San Francisco city, California	805,235	805,193	805,770	816,294	830,406	841,270	853,258	866,320	876,103	884,363
San Gabriel city, California	39,718	39,647	39,661	39,857	40,037	40,150	40,193	40,250	40,470	40,514
	24,270	24,258	24,299	24,466	24,549	24,632	24,724	24,870	25,007	25,161

Geography	April 1, 2010		Population Estimate (as of July 1)							
	Census	Estimates Base	2010	2011	2012	2013	2014	2015	2016	2017
Sanger city, California										
San Jacinto city, California	44,189	44,199	44,410	44,977	45,418	45,909	46,333	46,762	47,442	48,254
San Joaquin city, California	4,001	3,994	3,998	4,002	4,009	4,015	4,015	4,025	4,031	4,043
San Jose city, California	945,942	952,574	955,255	971,352	985,722	1,003,735	1,016,708	1,027,560	1,031,942	1,035,317
San Juan Bautista city, California	1,862	1,851	1,859	1,871	1,890	1,909	1,919	1,939	1,967	1,979
San Juan Capistrano city, California	34,593	34,427	34,432	34,900	35,173	35,618	35,890	36,061	36,081	36,064
San Leandro city, California	84,950	84,952	85,118	85,970	87,115	88,237	89,386	90,563	90,807	90,553
San Luis Obispo city, California	45,119	45,164	45,204	45,408	45,911	46,332	46,573	47,115	47,438	47,541
San Marcos city, California	83,781	83,657	83,972	85,109	87,012	89,653	92,665	93,537	95,346	96,196
San Marino city, California	13,147	13,107	13,110	13,173	13,228	13,278	13,315	13,367	13,356	13,327
San Mateo city, California	97,207	97,207	97,425	98,622	100,023	101,585	102,973	103,754	104,603	104,748
San Pablo city, California	29,139	29,512	29,485	29,544	29,845	30,140	30,430	30,784	31,061	31,156
San Rafael city, California	57,713	57,694	57,803	58,261	58,522	59,096	59,275	59,252	59,131	59,070
San Ramon city, California	72,148	71,423	71,614	72,236	72,987	73,701	74,484	75,260	75,810	75,931
Santa Ana city, California	324,628	324,796	325,427	328,571	331,222	334,638	334,398	334,472	334,953	334,136
Santa Barbara city, California	88,410	88,375	88,486	88,730	89,520	90,369	91,144	91,622	91,915	92,101
Santa Clara city, California	116,468	116,497	116,838	117,984	119,546	120,822	122,304	125,274	126,697	127,134
Santa Clarita city, California	176,320	204,186	204,299	205,557	206,703	207,600	208,740	209,848	210,349	210,888
Santa Cruz city, California	59,946	59,945	60,591	61,480	62,040	62,846	63,289	64,238	64,545	65,021
Santa Fe Springs city, California	16,223	16,221	16,282	16,514	16,751	17,030	17,417	17,936	18,039	17,980
Santa Maria city, California	99,553	99,595	99,714	100,440	101,393	102,392	103,404	104,876	106,302	107,014
Santa Monica city, California	89,736	89,742	89,782	90,578	91,532	92,305	92,404	92,787	92,603	92,306
Santa Paula city, California	29,321	29,270	29,335	29,789	29,979	30,170	30,435	30,442	30,368	30,313
Santa Rosa city, California	167,815	167,824	168,062	169,205	170,205	171,875	173,842	174,873	175,320	175,269
Santee city, California	53,413	53,416	53,647	54,566	55,475	56,267	56,970	57,535	57,876	58,113
Saratoga city, California	29,926	30,004	30,096	30,392	30,759	31,040	31,086	31,028	30,997	30,805
Sausalito city, California	7,061	6,962	6,959	7,021	7,056	7,127	7,177	7,179	7,162	7,141
Scotts Valley city, California	11,580	11,574	11,584	11,633	11,675	11,772	11,864	11,948	11,962	11,945
Seal Beach city, California	24,168	24,077	24,116	24,347	24,507	24,599	24,581	24,556	24,492	24,326
Seaside city, California	33,025	33,025	33,103	33,389	33,840	34,070	34,105	34,441	34,402	34,150
Sebastopol city, California	7,379	7,392	7,401	7,471	7,523	7,594	7,646	7,674	7,686	7,666
Selma city, California	23,219	23,365	23,450	23,580	23,919	24,305	24,379	24,497	24,739	24,782
Shafter city, California	16,988	17,112	17,173	17,467	17,233	17,325	17,677	18,446	19,086	19,608
Shasta Lake city, California	10,184	10,184	10,146	10,099	10,097	10,109	10,115	10,098	10,113	10,190
Sierra Madre city, California	10,917	10,917	10,920	10,972	11,020	11,059	11,094	11,112	11,074	11,038
Signal Hill city, California	11,016	11,016	11,019	11,069	11,165	11,317	11,457	11,509	11,657	11,622
Simi Valley city, California	124,237	124,243	124,495	125,156	125,524	126,179	126,611	126,589	126,518	126,878
Solana Beach city, California	12,867	12,867	12,900	13,024	13,139	13,248	13,317	13,413	13,446	13,444
Soledad city, California	25,738	25,738	26,032	26,416	26,503	25,829	25,314	24,968	25,672	26,273

Geography	April 1, 2010		Population Estimate (as of July 1)							
	Census	Estimates Base	2010	2011	2012	2013	2014	2015	2016	2017
Solvang city, California	6,245	6,223	5,233	6,262	6,316	6,369	6,485	6,702	6,776	6,909
Sonoma city, California	10,948	10,652	10,665	10,711	10,816	10,887	10,987	11,034	11,073	11,108
Sonora city, California	4,903	4,904	4,898	4,887	4,818	4,816	4,806	4,808	4,820	4,857
South El Monte city, California	20,116	20,116	20,125	20,230	20,323	20,409	20,429	20,778	20,917	20,987
South Gate city, California	94,396	94,417	94,463	94,702	94,797	94,941	95,072	95,983	95,692	95,430
South Lake Tahoe city, California	21,403	21,402	21,417	21,385	21,307	21,379	21,542	21,758	21,797	21,978
South Pasadena city, California	25,619	25,627	25,636	25,762	25,879	25,967	26,009	26,038	25,967	25,888
South San Francisco city, California	63,632	63,664	63,752	64,542	65,742	66,421	67,021	67,406	67,397	67,429
Stanton city, California	38,186	37,827	37,909	38,266	38,446	38,635	38,601	38,762	38,741	38,528
Stockton city, California	291,707	291,726	292,497	296,208	297,162	297,743	301,373	304,723	307,270	310,496
Suisun City city, California	28,111	28,095	28,142	28,325	28,542	28,755	29,168	29,391	29,496	29,639
Sunnyvale city, California	140,081	140,060	140,502	143,944	146,767	148,411	150,120	151,865	153,797	153,656
Susanville city, California	17,947	17,943	17,724	17,270	16,603	15,618	15,525	16,256	14,863	15,326
Sutter Creek city, California	2,501	2,521	2,517	2,499	2,476	2,469	2,480	2,500	2,532	2,575
Taft city, California	9,327	9,286	9,265	9,290	8,933	8,939	8,906	9,489	9,385	9,425
Tehachapi city, California	14,414	14,420	14,368	14,342	13,841	13,313	13,259	13,045	12,518	12,630
Tehama city, California	418	418	418	418	417	414	414	415	418	422
Termeola city, California	100,097	100,048	100,755	102,748	104,470	106,289	108,926	111,418	112,873	114,327
Temple City city, California	36,558	36,560	36,561	36,757	36,834	36,003	36,039	36,194	36,412	36,367
Thousand Oaks city, California	126,683	126,480	126,754	127,452	127,898	128,528	129,004	129,098	129,038	128,995
Tiburon town, California	8,962	8,947	8,959	9,038	9,085	9,178	9,216	9,216	9,191	9,165
Torrance city, California	145,438	145,259	145,300	146,038	146,693	147,185	147,460	147,830	147,187	146,758
Tracy city, California	82,922	83,353	83,569	84,319	84,824	85,006	85,864	87,064	89,290	90,889
Trinidad city, California	367	367	367	366	361	359	357	356	359	360
Truckee town, California	16,160	16,164	16,168	16,169	16,089	16,093	16,243	16,271	16,370	16,553
Tulare city, California	69,278	69,312	69,463	69,883	60,781	61,102	61,662	62,183	62,608	63,856
Tulelake city, California	1,010	1,010	1,012	1,005	995	988	987	991	989	994
Turlock city, California	68,549	68,619	68,768	69,217	69,748	70,319	70,970	71,909	72,751	73,556
Tustin city, California	75,540	75,316	75,491	76,301	77,730	78,314	80,377	80,352	80,540	80,498
Twentynine Palms city, California	25,048	25,048	25,104	25,381	25,642	25,724	25,805	25,928	25,993	26,542
Ukiah city, California	16,076	16,088	16,030	16,028	15,929	15,875	15,899	15,872	15,886	16,036
Union City city, California	69,516	69,516	69,631	70,643	71,762	72,694	73,642	74,445	75,568	75,343
Upland city, California	73,732	73,713	73,693	74,517	75,038	75,328	75,710	76,159	76,552	76,999
Vacaville city, California	92,428	92,422	92,682	93,290	93,781	94,170	95,605	96,612	98,313	100,032
Vallejo city, California	115,942	115,943	115,196	116,827	117,799	118,789	119,913	120,887	121,376	122,105
Vernon city, California	112	112	112	113	113	113	113	114	113	113
Victorville city, California	115,903	115,921	116,322	118,009	120,040	120,968	121,418	121,817	122,096	122,441
Villa Park city, California	5,812	5,822	5,831	5,888	5,925	5,955	5,951	5,948	5,928	5,895
Visalia city, California	124,442	124,452	124,816	125,726	126,629	127,590	128,805	129,735	131,096	133,010

Geography	April 1, 2010		Population Estimate (as of July 1)							
	Census	Estimates Base	2010	2011	2012	2013	2014	2015	2016	2017
Vista city, California	93,834	93,501	93,734	94,756	95,798	95,731	97,582	100,236	101,420	101,568
Walnut city, California	29,172	29,177	29,211	29,504	29,910	30,003	30,044	30,106	30,061	30,199
Walnut Creek city, California	64,173	64,165	64,338	64,880	65,630	66,933	67,835	68,853	69,332	69,773
Wasco city, California	25,545	25,552	25,689	25,864	25,510	25,960	26,264	26,246	26,418	26,994
Waterford city, California	8,456	8,456	8,465	8,500	8,551	8,593	8,699	8,771	8,858	8,947
Watsonville city, California	51,199	51,204	51,279	51,626	51,960	52,509	53,073	53,664	53,910	54,098
Weed city, California	2,967	2,967	2,982	2,981	2,938	2,883	2,714	2,547	2,651	2,716
West Covina city, California	106,098	106,113	106,156	106,843	107,329	107,653	107,824	107,969	107,936	107,598
West Hollywood city, California	34,399	34,398	34,415	34,587	34,758	35,246	35,645	36,047	36,735	37,080
Westlake Village city, California	8,270	8,303	8,307	8,357	8,420	8,466	8,479	8,490	8,464	8,440
Westminster city, California	89,701	89,613	89,789	90,792	91,397	91,832	91,806	91,856	91,809	91,564
Westmorland city, California	2,225	2,230	2,235	2,258	2,264	2,267	2,272	2,269	2,277	2,284
West Sacramento city, California	48,744	48,744	48,853	49,143	49,616	50,080	51,779	52,564	53,059	53,512
Wheatland city, California	3,456	3,504	3,514	3,519	3,527	3,510	3,512	3,735	3,773	3,842
Whittier city, California	85,331	85,313	85,339	85,723	86,157	86,561	86,774	87,040	86,989	86,838
Wildomar city, California	32,176	32,220	32,434	32,952	33,308	33,745	35,248	35,477	36,103	36,932
Williams city, California	5,123	5,123	5,140	5,143	5,148	5,171	5,147	5,159	5,207	5,349
Willits city, California	4,888	4,877	4,874	4,834	4,831	4,817	4,824	4,830	4,854	4,875
Willows city, California	6,166	6,166	6,152	6,146	6,093	6,079	6,082	6,032	6,047	6,041
Windsor town, California	26,801	26,795	26,819	26,909	27,036	27,216	27,343	27,450	27,580	27,548
Winters city, California	6,824	6,624	6,622	6,837	6,879	6,909	6,937	7,018	7,152	7,273
Woodlake city, California	7,279	7,279	7,302	7,320	7,355	7,605	7,635	7,634	7,629	7,649
Woodland city, California	55,468	55,476	55,547	55,744	56,281	56,732	57,376	58,404	59,102	60,012
Woodside town, California	5,287	5,283	5,292	5,357	5,422	5,482	5,534	5,567	5,581	5,564
Yorba Linda city, California	64,234	64,169	64,407	65,679	66,419	66,972	67,565	67,755	68,296	68,229
Yountville city, California	2,933	2,933	2,947	2,973	2,958	2,963	2,990	2,992	3,002	2,924
Yreka city, California	7,765	7,765	7,792	7,745	7,649	7,561	7,545	7,558	7,570	7,600
Yuba City city, California	64,925	65,834	65,650	65,419	65,382	65,667	65,888	66,290	66,429	66,880
Yucaipa city, California	51,367	51,371	51,508	52,020	52,384	52,676	52,882	53,146	53,343	53,683
Yucca Valley town, California	20,700	20,700	20,747	20,928	21,067	21,130	21,397	21,625	21,629	21,748

Note:

The estimates are based on the 2010 Census and reflect changes to the April 1, 2010 population due to the Count Question Resolution program and geographic program revisions. See Geographic Terms and Definitions at <http://www.census.gov/programs-surveys/popes/guidance-geographies/terms-and-definitions.html> for a list of the states that are included in each region and division. All geographic boundaries for the 2017 population estimates series except statistical area delineations are as of January 1, 2017. The Office of Management and Budget's statistical area delineations for metropolitan, micropolitan, and combined statistical areas, as well as metropolitan divisions, are those issued by that agency in July 2015. An "(X)" in the 2010 Census field indicates a locality that was formed or incorporated after the 2010 Census. For population estimates methodology statements, see <http://www.census.gov/programs-surveys/popes/technical-documentation/methodology.html>.

The 6,222 people in Bedford city, Virginia, which was an independent city as of the 2010 Census, are not included in the April 1, 2010 Census enumerated population presented in the county estimates. In July 2013, the legal status of Bedford changed from a city to a town and it became dependent within (or part of) Bedford County, Virginia. This population of Bedford town is now included in the April 1, 2010 estimates base and all July 1 estimates for Bedford County. Because it is no longer an independent city, Bedford town is not listed in this table. As a result, the sum of the April 1, 2010 census values for Virginia counties and independent cities does not equal the 2010 Census count for Virginia, and the sum of April 1, 2010 census values for all counties and independent cities in the United States does not equal the 2010 Census count for the United States. Substantial geographic changes to counties can be found on the Census Bureau website at <http://www.census.gov/gov/reference/county-changes.html>.

Suggested Citation:

Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017

Source: U.S. Census Bureau, Population Division

Release Dates: For the United States, regions, divisions, states, and Puerto Rico Commonwealth, December 2017. For counties, municipios, metropolitan statistical areas, micropolitan statistical areas, metropolitan divisions, and combined statistical areas, March 2018. For cities and towns (incorporated places and minor civil divisions), May 2018.

I Want to...

Residents

Government

Business

Visitors

Services

A-Z Index

Available Commercial Properties

Bids & RFPs

Business Improvement Districts

Business Lookup

Chamber of Commerce

Demographics

Business & Industry Info

Community Profile

Economic Development

Film Permits

Licenses Permits & Code

OGRMDZ

Planning Services

Resources for Business

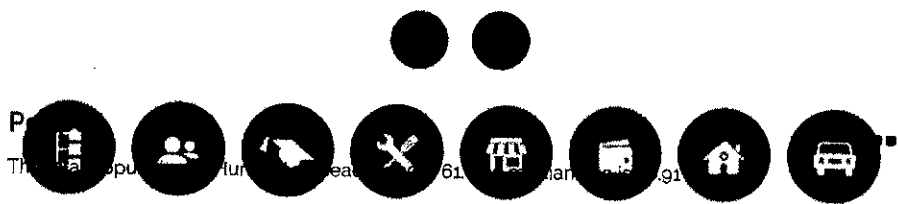
Sustainable Business Certification

home > business > demographics > community-profile

Share

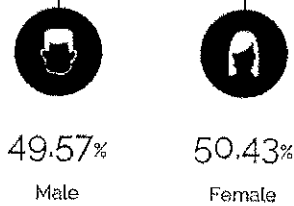
Demographics - Community Profile

Huntington Beach, CA [Change Geography](#)

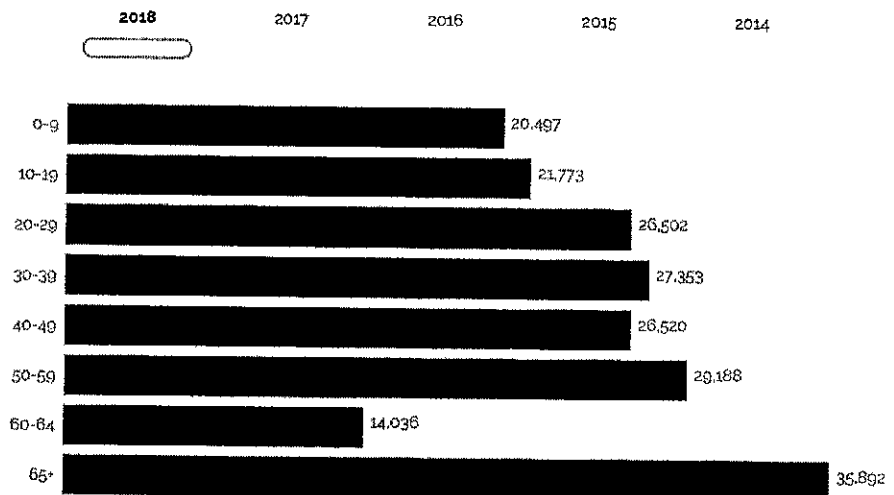


201,761

Total Population



Age Distribution



Median Age

44

People

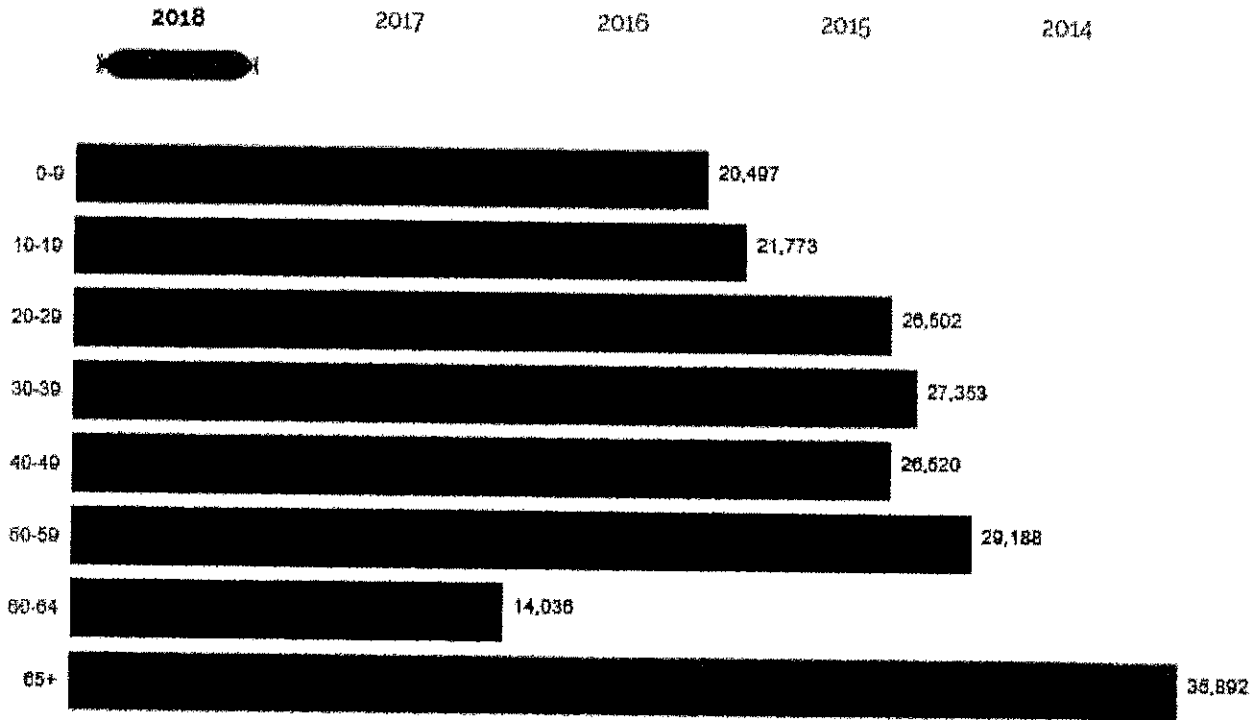
The total population of Huntington Beach is 201,761. The median age is 40.91

201,761

Total Population

49.57% Male
50.43% Female

Age Distribution



Median Age

41

Educational Attainment

The majority of the population in Huntington Beach has a bachelor degree, and 52.66% have a college degree.



< Grade 9
3.61%



Grade 9-12
4.44%



High School
15.78%



Some College
23.51%



Assoc Degree
9.65%



Bach Degree
27.46%



Grad Degree
15.55%



offer Associate's Degree or Certificate

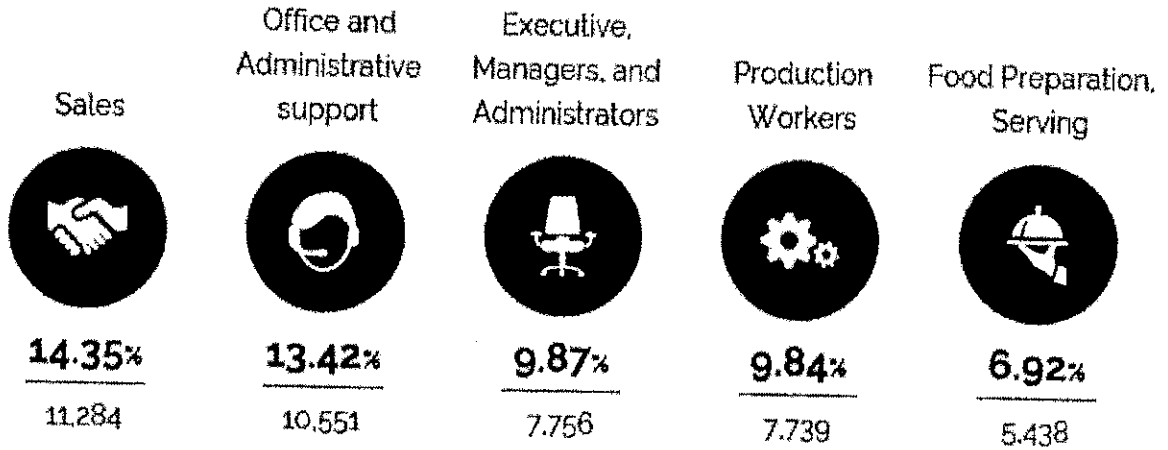


offer Bachelor's Degree or Higher

Change (1 year)

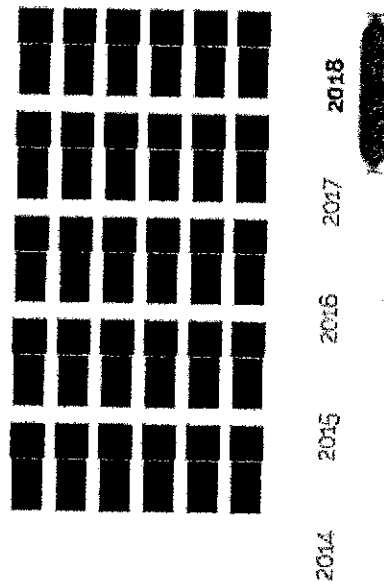
Talent

Where are the top jobs by occupation?



Total Employees

78,610



The work distribution of total employees in Huntington Beach is:

40%
Blue Collar



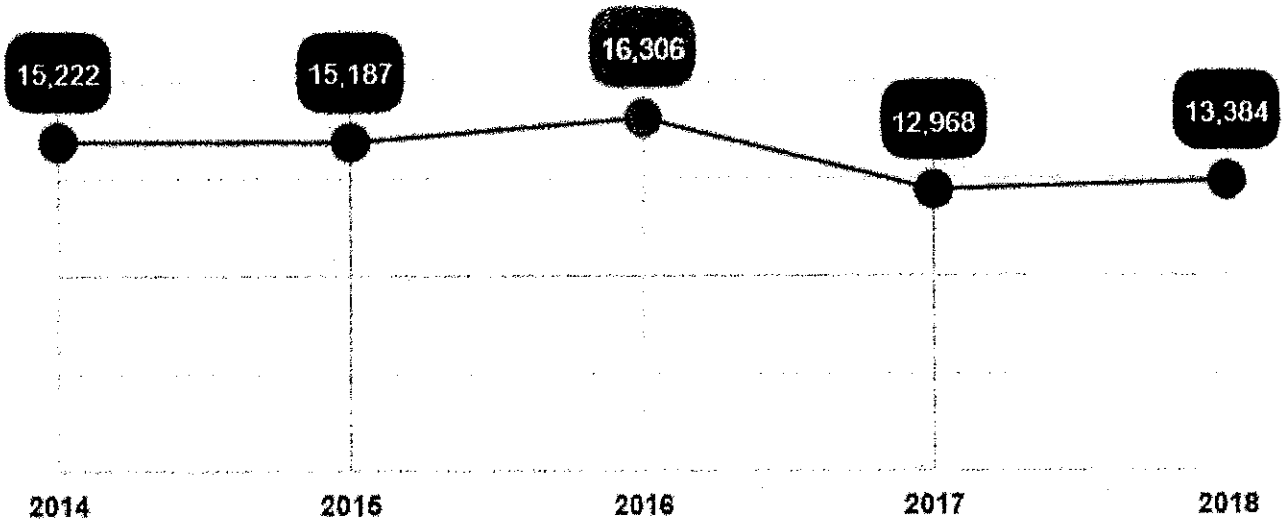
59%
White Collar





13,303
Jobs

429
Establishments



3



Accommodation and Food Services

10,001
Jobs

625
Establishments

4



Health Care and Social Services

6,987
Jobs

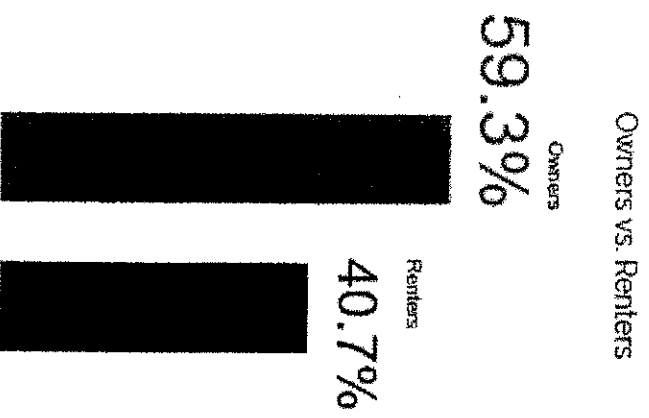
1,223
Establishments

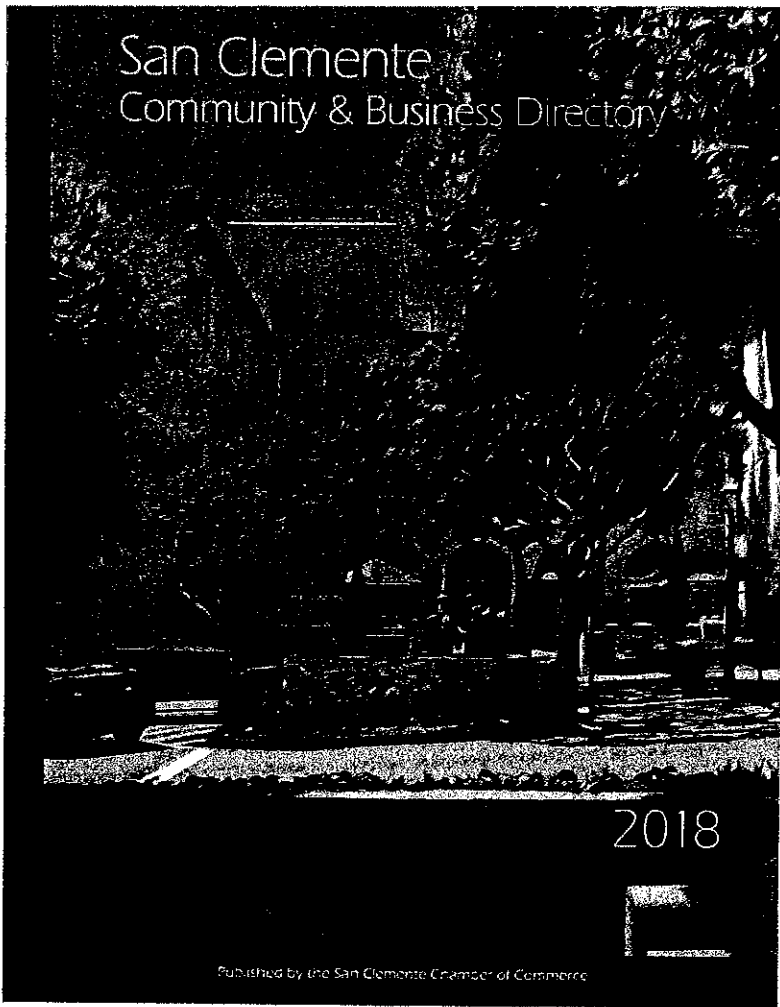
How many employees do businesses in Huntington Beach have?



Housing


There are 46% more households who own their homes than there are renters.





CONTENTS


2018 San Clemente Community Business Resource Guide

2 OUR CHAMBER	12 STORY OF A SURF TOWN
4 CHAMBER ANNUAL SPECIAL EVENTS CALENDAR	16 IMPORTANT COMMUNITY CONTACTS
6 SEVEN SECRETS OF THE SPANISH VILLAGE BY THE SEA	17 BUSINESS RESOURCE GUIDE
	38 BUSINESS DIRECTORY

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Local Public Liaison
Vic Chamberlain
Member At-Large
Chris de San Clemente
Communications Officer
Christy de San Clemente
Member At-Large
Lorenza de San Clemente
Member At-Large
Amanda Fitch
Member At-Large
Ed Fook
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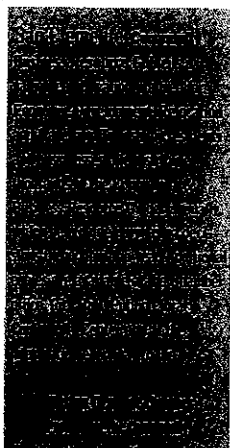
CEO PRESIDENT
Liam Fitch

CHAMBER LOOKS AHEAD

The San Clemente Chamber of Commerce has embraced the 2018 year with an extensive strategic plan to further inform market and promote our members, thus creating business growth and prosperity. To follow is a highlight of just a few of your Chamber's 2018 program of work campaign which includes: Creating a Strong Local Economy; Promoting the Community; Providing Networking Opportunities & Business Contacts; Representing the Interests of Businesses with Government and Political Action, such as electing candidates to office.

MISSION STATEMENT

To protect the free enterprise system, champion business, strive for a healthy economy and a better quality of life in our community.



Community Business Resource Guide

Produced by the San Clemente Chamber of Commerce

One of the key benefits the San Clemente Chamber of Commerce offers to you, our valued member, is inclusion in our 2018-2019 Membership Directory.

The Chamber has the honor to present to you our new publication that is there, constantly working for you!

Our hope is that you will utilize this resource first when looking for local sources for products and services, and patronize these local businesses whenever possible. When you do use a Chamber Member, let them know you saw their listing in this Community Business Resource Guide. Members helping members in the main reason the Chamber exists, and you will find it is just good business to do business with fellow members.

Your Chamber will continue to work to attract new businesses and to retain those businesses now serving the area. It is through this dedication that we can assist you with business development and growth. We look forward to serve you.



Sincerely,
Liam Fitch
San Clemente Chamber of Commerce
Chief Executive Officer

Listing by business category
Listing by business name (alphabetical)

Local Chambers: A Best Resource

Top Assets to Gain Competitive Edge

In these tough economic times, small businesses need to tap the resources that are available in their communities to weather the storm. They need to look no further than their local chambers for help.

Local chambers advocate for small businesses at the local, regional, state, and national levels. Every day, they work to keep government at bay so that you can focus on running your business. They also introduce you to potential customers through business referral programs, market your business online and in their directories, and offer special discounts through various affinity programs such as insurance, shipping, and office supplies.

Local chambers are a one-stop shop for business information, including market access information for small businesses thinking about expanding, economic profiles of the community, workforce statistics, contact information for government officials, and regional trend studies.

Small business tool kits, which are found on your local chamber's Web site, can help with developing business, marketing, and communications plans as well as finding capital. If you're thinking about expanding your business, the local chamber should be your first call.

Local chambers are one of the best places to make business connections. After-hour networking programs and networking luncheons on topics relevant to business help you stay in the game and gain a competitive edge. In addition, membership in your local chamber can greatly enhance your company's brand.

A national study titled *The Real Value of Joining a Local Chamber of Commerce*, conducted by The Schapiro Group, an Atlanta-based marketing research firm, suggests the following:

- When consumers know that a business is a member of the local chamber, they are 44% more likely to think favorably of it.
- Consumers who are told that a business is a chamber member are 51% more likely to be highly aware of it and 57% more likely to think positively of its local reputation.
- Consumers are 63% more likely to buy goods and services in the future from a company that they believe is a member of the local chamber of commerce.

In addition, when business decision makers believe that a business is a chamber member, they are 37% more likely to think favorably of the business, 51% more likely to be highly aware of it, 58% more likely to think positively of its local reputation, and 59% more likely to buy goods and services from it.

With numbers like this, run-don't-walk to your local chamber and get engaged with its program of work. A strong chamber symbolizes a strong community—both benefit from each other.

SAN CLEMENTE CHAMBER OF COMMERCE Annual EVENTS

FEBRUARY

ANNUAL MEETING OF MEMBERS
Thursday, February 15, 2018
6:00 p.m. - 9:00 p.m.
at Bella Collina Towne & Golf Club
Annual meeting of members, installation of officers and awards ceremony.



MARCH

SAN CLEMENTE MIXOLOGIST COMPETITION
Thursday, March 22, 2018
3:00 p.m. - 5:00 p.m.
at The Stock Carline
A competition among area restaurant bar tenders to see who has the best tasting original drink.



APRIL

STATE OF THE CITY
Thursday, April 5, 2018
12:00 p.m. - 1:00 p.m.
at Bella Collina Towne & Golf Club
San Clemente Mayor will address attendees on the accomplishments and progress going on throughout the City.

SAN CLEMENTE MICRO-BREW FEST
Saturday, April 14, 2018
12:00 p.m. - 5:00 p.m.
at Left Coast Brewing Co.
Enjoy an array of Micro Brews sampling from all over southern California, food provided by various food trucks and live entertainment.



AUGUST

FIESTA MUSIC FESTIVAL
Sunday, August 12, 2018
9:00 a.m. - 7:00 p.m.
on Avenida Del Mar
Three stages of continuous live music, non-profit food & game booths, exhibits, business expos, arts & crafts show, salsa challenge & more!



OCTOBER

SEAFEST
Sunday, October 7, 2018
9:00 a.m. - 3:00 p.m.
at San Clemente Pier
Chowder Cook-off, Arts & Crafts Show, Business Exposition, Surf Contest and more.



NOVEMBER

TASTE OF SAN CLEMENTE
Friday, November 2, 2018
6:00 p.m. - 10:00 p.m.
at The Casino San Clemente
A elegant evening of wine and food tasting, silent auction and live entertainment.



CITY OF SAN CLEMENTE CODE COMPLIANCE GEOGRAPHIC MAP

Beginning February 15th the City of San Clemente will have dedicated Code Compliance staff assigned to specific geographic areas within the city. By transitioning efforts towards proactive code enforcement, there is greater need for Code Compliance staff to not only get to know specific areas and their code enforcement issues, but also work with commercial, neighborhood, and homeowners' associations towards proactive enforcement goals.

This map shows the three staff assignment areas for the regular weekday staff, as well as the swing shift focus area. The main staff assignments areas are monitored on the west days during regular business hours. The swing shift area is monitored on the west days during irregular work hours. The primary responsibility is to respond to late night calls all over the City, focusing enforcement efforts within high impact activity areas. For general information use the e-mail addresses below.

- Staff Assignment Area 1 ccarea1@san-clemente.org
- Staff Assignment Area 2 ccarea2@san-clemente.org
- Staff Assignment Area 3 ccarea3@san-clemente.org
- Swing Shift Focus Areas ccswingshift@san-clemente.org

To report an issue or violation call the 24-hour Code Compliance Hotline: (949) 366-4705 or go to our webpage at www.san-clemente.org/complaints

SAN CLEMENTE

Seven Secrets of the Spanish Village by the Sea

Some of the secrets are hidden in plain sight. Others take a little detective work. They're all worth discovering.

All right, let's start with your obvious question:

"Why does San Clemente call itself the 'Spanish Village by the Sea'? We get the 'by the sea' part. But it's clearly not Spain. And it's too big to be a village." That's a very good question. Here's the surprising answer:

San Clemente Secret #1: Ole's Outrageous Dream.



When a city is named 'San Clemente,' it's natural to conjure up images of Spanish explorers... the California missions... and Father Junipero Serra.

But unlike San Clemente's next-door-neighbor, San Juan Capistrano, whose mission was founded in 1776, the area where San Clemente sprouted up was mostly deserted beaches, lake sides and rolling coastal hills until the 1920s. And it might have stayed that way for decades longer, save for the beach life of a visionary developer named Ole Hanson.

Fresh from a stint as mayor of Seattle, Hanson homed in on a seaside location midway between San Diego and Los Angeles. His wild vision? A 'Spanish Village by the Sea,' designed to attract urbanites ready to flee the city. He named the town San Clemente after nearby San Clemente Island.

Decades before such a thing became common in Orange County, Hanson assembled an architectural review board, securing the town's Spanish Colonial Revival look for coming construction. (By the 1940s, Mr. Hanson had passed away—and the strict standards faded away.) Mr. Hanson brought several public facilities to the lodging town. Most of them are still local landmarks: The Beach Club at North Beach, San Clemente Community Center and Max Berg Park.

But the erstwhile mayor wasn't quite done yet. He also built himself a charming Spanish style home on a hill above the Pier. Today, Casa Romantica serves as a cultural center—and a suitably romantic site for weddings.

(Secret tip: You can still find a number of historic Ole Hanson homes—featuring white stucco walls and red tile roofs—scattered around central San Clemente.)

San Clemente Secret #2: At Water's Edge.

San Clemente's beaches meander along the coast for more than five miles, from Poche Beach straddling Dana Point to the north, to Cotton's Point abutting Trestles beach in San Diego County. The best way to find the right spot for a day at the beach is walk the Beach Trail, running about two miles from North Beach south to Calafia Beach.

North Beach is a buzzy, happening spot with ample parking and easy beach access. Heading down the beach trail you'll pass by Dije Court Beach, called '204's' locale (it sits just below mile post 204 on the rail tracks). It's favored by locals and surfers. (Please note: This may not be the spot to spend a busy day of sunbathing. Seawater swallows up the narrow span of sand at every high tide. Traveling this stretch you'll also cruise by El Portal, Mariposa and Linda Lane before reaching a classic California beach scene:

San Clemente Pier and San Clemente City Beach. Here, an Amtrak train stops a couple of times a day. (People on the train get it all the related, playful sun-worshipers. People on the beach wave at the train before jumping back into the waves.)

The 1200-foot wooden fishing pier hosts a bar, restaurant, and snack shop. Leaning on the railing, you can cast your line into the water—or cast your eyes toward the endlessly rolling sea. Watch sailboats, and you might catch a magical glimpse of migrating whales, local dolphins, and, floating on air, the more common site of seagulls, pigeons and pelicans.

Back on the beach, enjoy sunbathing, swimming and surfing. A concession stand and restroom facilities are right here, too. This is the heart of the action for many locals and visitors. Arrive on one of many near-perfect days and you might not want to leave.

(Secret tip: Sunset at the outdoor lounge on the pier with your favorite beverage in hand as you feel the vibration of the waves rush past the pier pilings and watch the sun sink into the Pacific. Is not to be missed.)

Now let's get back on the beach trail and travel south to another regular hang-out for families, teenagers and surfers: Trestles Beach.

Walking on from there, the crowds thin a bit. Just a few minutes walk and you'll be at Lauran's. (For locals, it's Local Winds.) If you prefer a more mellow beach experience, it's a fine place to find yourself.





(Secret tip: walking along the south side of the beach trail here, you can sometimes hear the waves echoing off the sandstone cliff walls. Close your eyes, open your ears and cheer! It's quite hypnotic.)

All right, open your eyes, move your feet, head past Riviera Beach, and reach the end of the trail at Calafia Beach. There's a parking lot and concession stand where you can find a snack, walk over the tracks, down the steps, and grab yourself a piece of sand at San Clemente State Beach.

While you're at the end of the beach trail, there's more to explore. Take off your shoes (and socks) and stroll along the water's edge further south to our final stop, Cotton's Point. Another popular surfing spot, it's also home to La Casa Pacifica. (AKA the Western White House for several years in the 1970s.) If you're looking to relocate, it's been on the market with an asking price of \$75,000,000.

(Secret tip: if you're into coastal camping, reserve a site at San Clemente State Beach Campgrounds, on the bluff above the beach.)

8 SAN CLEMENTE CHAMBER OF COMMERCE | www.sccchamber.com

San Clemente Secret #3: The Power of our People.

Other than the tempting beaches and temperate weather, what makes San Clemente the place to be? Our people, of course. Sure, we have our share of local notables: Professional surfer Kolohe Andino, NFL football player Brian de la Puente, Race car driver Connor De Phillippi, Olympic gold medal-winning volleyball legend Karch Kirby, Film director (San Johnson), and professional skateboarder Ryan Shestak.

Is it coincidence that so many of our local celebrities are athletes? Probably not. Take surfing, for instance. San Clemente is perennially ranked as one of the top surfing spots on earth. Our surf culture is legendary. From surfing legends to surfboard shapers to the San Clemente High School surfing program—winner of a wave pool full of local, state and national surfing titles.

But San Clemente isn't famous for grit and glamour. People love living and working here because it's a beautiful, easy place to be. Our city doesn't emit the vibe of a typical, touristy beach town. Instead, San Clemente exudes an irresistible feeling of place that's all its own.

Plus a sense of community that is genuine—and palpable.

San Clemente Secret #4: A Charmed Lifestyle.

Once upon a time, San Clemente was a friendly, if slightly sleepy beach town. Those drowsy days are gone. While it's still very friendly, it's far from sleepy.

Case in point: Avenida Del Mar, downtown San Clemente's central shopping and dining district. Interspersed among antique stores, gift shops and other retailers are a number of first-rate restaurants and wine bars. The action also spreads in both directions on El Camino Real.

Across town, discover a whole different vibe at Talaga Village Center, with everything from grocers to salons, restaurants—even a French Wine bar. The City has many large shopping plazas, a movie theater and dozens of independent retailers. But the biggest, most-anticipated arrival is the Outlets at San Clemente. Siting on a prime coastal property, some major names in retail and fashion will be a local and regional draw.

San Clemente Secret #6: Hidden Treasures.

Here are a few local secrets to seek out that even some locals haven't discovered:

Live theater in a tiny playhouse. A converted residence, the Intimate Cabrillo Playhouse offers live theater downtown, just a block off Avenida Del Mar.

Party up to the bar. San Clemente is home to California's only sports bar offering satellite wagering for horse races.

Walk on the wild side. The beach trail isn't the only great place to walk in town. Lace up your hiking shoes and explore miles upon miles of hill trails offering great exercise and beautiful scenery (and abundant wildlife, so be aware of your surroundings). Trail map available at Community Center downtown.

Driftwood, surf and serenity. Though not technically part of San Clemente, Trestles Beach is a world-class surfing spot drawing top surfers from around the world. You can get there by walking south on the beach from

Calafia, or a bit closer on a paved trail off Cristoforo Road.

Business is brewing. A pair of breweries in one of our business parks each has a taproom where you can sip some beguiling micro-beers. Over 21 only, please.

(Secret tip: The talk to Trestles is worth the trip. The scene here is calming, meditating, even a bit otherworldly.)

San Clemente Secret #7: West of the 5, East of the 5, all around town.

The 5 Freeway divides the city of San Clemente. On the ocean side of the freeway, going down the coast, you'll find the neighborhoods of North San Clemente, Central San Clemente, and Southwest San Clemente. Obviously, all of these areas are extremely close to—or right on—the beach.

On the larger, inland side, you'll find Forest Ranch, The Coast, Marblehead, Rancho San Clemente, Tanager, and Southeast San Clemente. Some people say the weather's a tad warmer just a couple of miles from the coast. Whatever your preference, you'll be within the boundaries of a highly ranked local school district.

In summary, each community has its own unique character and region of living fans. Our vote? Decide for yourself. (Or call a local realtor to seek and you will find just about any sort of neighborhood vibe, housing size or style. From compact beach bungalows to spacious tract homes, from condos of all shapes and sizes to sprawling estates.

(Secret tip: Get a free community map from the Chamber of Commerce. Drop by our offices at call 949-492-1131. Then discover the many secrets of our Spanish Village by the Sea.)

— Bob Wagner, Hum Business Coaching



10 SAN CLEMENTE CHAMBER OF COMMERCE | www.sccchamber.com

The bottom line on shopping: You don't have to leave town to find just about anything you want. But what if you've had your fill of shopping? A big part of San Clemente's year-round appeal is our annual festivals and other special occasions. There's the Cowan Festival, The Street Festival, The Micro-Brewed, San Clemente Seaside, Annual Mileage Competition, Plus a Farmer's Market, old-fashioned Carnival, and numerous city-sponsored events.

Oh, and there's one more thing San Clemente offers that you won't find just anywhere: Access. You're within easy reach by car (and, to many places, by commuter rail or Amtrak) to iconic destinations including Disneyland, Angels Baseball, Mighty Ducks Hockey, Hollywood, San Diego, year-round outdoor spots in the San Bernardino Mountains, and the great California desert.

(Secret tip: Step out of the rush and linger over a coffee drink or glass of wine on Avenida Del Mar. Feel the tension drain from your body as you relax into San Clemente's "fade-back energy.")

San Clemente Secret #5: The World's Best Climate.

What's so hot about San Clemente's weather? For one thing, it's not very hot. Often referred to as the world's best climate, the sun makes an appearance well over 300 days each year. While the ocean temperatures don't rise to bath water level like Florida, the Gulf of Mexico or Hawaii, the humidity here doesn't rise much either.

A mild, dry Mediterranean climate encourages us to head outside of year long. And the coastal influence usually keeps temperatures cooler than just a few miles inland. How dry is it? Rain averages around ten inches per year. (Point of reference: Seattle gets nearly 40 inches—Miami receives more than 60.)

On the other hand, San Clemente doesn't just offer the ultimate climate for surfing, sunbathing, jogging and backyard barbecues. We've also created an exceptional climate for business. San Clemente champions local business. A thriving partnership between the Chamber of Commerce, city government and local business owners stresses hanging onto a small town feel—while creating big opportunities for business.

Speaking of our Chamber of Commerce, it's one of only 99 S-size rated chambers in the

United States—putting it in the upper 1%! The Chamber is in business to support the growth and success of our local entrepreneurs, shopkeepers, restaurants, service professionals and manufacturers.

Why do people enjoy doing business in San Clemente? For some of the same reasons as they like living here. Geography helps, too: Situated strategically between Los Angeles and San Diego, San Clemente is a very convenient place to do business. We have both modern office parks and light industrial space. We're

also within striking distance of two of America's largest, most dynamic cities. To find out more about doing business in San Clemente, contact the Chamber of Commerce and request a welcome package.

(Secret tip: Some people say the best time to visit is in the spring. April and May are usually sunny and mild. Surprisingly, when Jaws rolls around, the fog tends to roll in, too. Around here, it's called "June gloom.")



www.sccchamber.com | SAN CLEMENTE CHAMBER OF COMMERCE 9

SAN CLEMENTE THE WORLD'S BEST CLIMATE

San Clemente, "the Spanish Village by the Sea," champions business and offers an exceptional quality of life. Our community strikes an ideal balance between a welcoming small town feel and a vibrant economic hub.

Located on the California Coast, midway between Los Angeles and San Diego at the southern tip of Orange County, San Clemente is famous for its excellent beaches, great surfing, scenic fishing pier and breathtaking coastal views.

Its mild weather has earned San Clemente the accolade of "The Best Climate in the World" by San Clemente's own Chamber of Commerce. Our business and its an enviable quality of life.

So what distinguishes San Clemente from other cities? Admittedly, somewhat of a mystery. The frenzy of typical big cities.

With approximately 65,000 residents, our town is large enough to offer a vibrant shopping, dining and cultural activities to make it easy to enjoy. But there is an energy here that you have to be able to appreciate.

Born in the 1930s, San Clemente's trademark Spanish Colonial Revival architecture includes a variety of historic cottages, houses, shops, local businesses, restaurants and businesses, as well as private residences. But you'll also find modern shops and restaurants adjacent to our thriving residential neighborhoods, which run the gamut from seaside bungalows to sprawling estates. View mansions, golf courses, and a new and new outlet mall conveniently situated right off the freeway.

San Clemente offers pair of attractive business parks perfect for everything from tech start-ups to corporate headquarters. Businesses of all sizes enjoy San Clemente's easy access to freeways, toll roads and airports.

To get a taste of San Clemente's small town charm, walk along Ave. Del Mar, lined with boutiques, galleries, day spas, cafes and more. Heading down to the beach, the pier bowl area presents a breathtaking panorama of the beach. Happy people relax on the sand—and a scenic 2200-foot long fishing pier is flanked by tall palms and a park setting right by the beach.

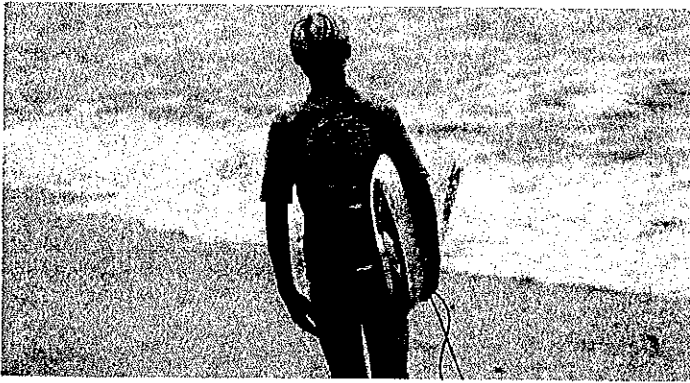
The "Jewel of San Clemente" is the wonderful Spanish Colonial revival house, completed in 1928, once the home of the city founder Ole Hanson and his family. Today, we call it Casa Romantica. Listed on the National Register of Historic Homes.

And don't forget Casa Pacifica, which served as the Western White House. While the grounds are not accessible, you can catch a glimpse of it as you walk south on the beach.

So take a little time to immerse yourself in the beautiful and inviting coastal city of San Clemente. But we hope to visit you once you've soaked up the world's best climate. You may not want to leave.

— Bob Wagner, Hum Business Coaching

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The Story of a "Surf Town"

By Steve Pezman

There are several versions of how surfing first appeared on the California coast, the most popular being by Hawaiian Beach Boy George Freeth in 1907, imported by Henry Huntington to ride waves at the terminus of Huntington's rail spur running from downtown L.A. to Redondo Beach. By the early 1920s, maybe several dozen Californians had been exposed to and picked up the sport riding solid redwood plank surfboards in the style of those built and left here by Freeth, and again a decade or so later by Duke Kahanamoku at the Corona del Mar side of the Newport Bay entrance. By the late 20s, a handful of small surf clans had grown roots at several breaks along the coast. The CDM crew being one. In 1934 the entrance jetties to Newport Harbor were extended which more or less killed that break. The displaced crew formed an expedition and drove south in search of a new wave to call home, tipped to a quarter-mile stretch of soft rolling peaks at the base of sandstone cliffs, which turned out to be San Onofre. It is said they camped there for three days, surfed

all the breaks (which were perfect for their equipment), played their guitars, drank all their wine, and slept in a grass shack left there by an early Hollywood production company. Not surprisingly, after that, they more or less moved in.

By the latter 1930s, surfers from all over southern California were driving to "Notre," forming a social order around riding waves, camping at the foot of the bluffs, playing their music, drinking jug wine, relaxing in the sun, shopping wooden planks with drawknives and saw horses on the sand, feeling like kings in the remote atmosphere of that private world. A highly specialized surf culture rivaling Waikiki began growing roots there. Around that time a few surfers moved to San Clemente, primarily to be close San Onofre. One was surf club co-founder Barney Wilkes, a handsome free spirited dentist. Barney and his buddies began to clone a Hawaiian vibe there inspired by the Waikiki Beach Surf culture: grass shacks, guitar and like musk, loas, and all types of wave riding from straight surfing, to tandem,

even using outrigger canoes on the gently rolling combers. That Hawaiian style infusion became one of the earliest manifestations of what would eventually be labeled and marketed as the surfing "lifestyle."

Prior to the start of WWII, the Department of the Navy acquired Rancho Santa Margarita, including San Onofre beach, to become an amphibious warfare training ground, named Camp Pendleton. The new Department of Navy designation meant the end of overnight beach camping at Notre. Grateful to at least be allowed continued access, the crew retreated each night to camp at "The Hole," a section of beach at the base of similarly sculpted bluffs at the end of Califa Street, toward the south end of San Clemente. The guys would leave San-O late afternoon, role out their sleeping bags tucked into wind protected hollows along the base of the bluffs, harvest the then ample abalone and lobster and fish from the sea for dinner. After that, they'd gather around the fire, the lucky ones entertaining their lady friends, many of who beached and surfed as well. That influx of displaced Notre habitués became San Clemente's first surfing beachhead.



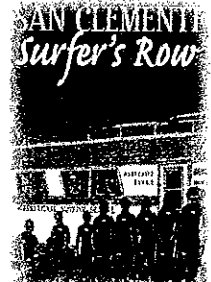
Throughout the late 30s, 40s, and into the 50s, San Clemente's bucolic lifestyle and the class-A waves nearby began attracting more and more surfers to settle there, minutes instead of hours away from their favorite place to be. This before the freeway, living in town meant being young, or retired, or unemployed, or locally engaged. Around that time, the surfboard building business was establishing its first footholds as the numbers of surfers continued to grow. Making surfboards was something surfers could find to do without leaving the beach town lifestyle.

The first surf shop in south Orange County was built in 1954 by Hobie Alter and his father, on Hobie Alter Highway in Dana Point. Del wanted to get rid of the balsam shavings and fiberglass mess in his beachfront Laguna garage. It became the first building constructed to house surfboard manufacture and retail, essentially a simple glass windowed showroom with a garage workspace to the side and rear. Hobie Surfboards became a Mecca for surfers who would drive hours each way just to smell the fiberglass resin fumes and run their hands

over the contoured rails on the boards stacked upright in the showroom racks. As demand for Hobie's boards grew beyond his production capability, opportunistic Dale Velzy from Manhattan Beach, a one-of-a-kind surfer, board builder, merchant seaman, hotrod guy, cowboy hero, ping pong hustler, first to put his logo on the boards he made and sold, and the first to rent a shop to sell them out of, saw the chance to serve Hobie's overflow and moved his part of Velzy & Jacobs Surfboards from Venka Beach to Camino Real at the north end of San Clemente. It was a move from which the town has never recovered.

Easily one of the most influential surfers in the history of the sport, Dale was all natural charm, dipping with skill and scam and little worry about the details of running a business. Unlike his surf shop partner to the north, Hag Jacobs, Dale operated like a RT. Barnum character, with a half-pint of vodka sticking out of one back pocket, his cash register in the other. Like a magnet, Dale drew surfers of various skills, talents, and colors from Hawaii and all corners of California surfdom to his roost in San Clemente, to shape, glass, sand, and surf. The more detached ones slept up in the balsam loft atop where they like-minded surfer vagabonds who, at that moment, were involved with Dale or just passing through.

By now, the more powerful breaks that lay just to the north of San Onofre surf beach, Cotton's Point and the Trestles (named for the railroad trestles over the marshes just south of Cotton's where stream outlets formed rocky shoals that, in turn, formed



surfable peeling waves that provided long fast rides), were the main attraction for the hot surfers. At the same time, San Onofre had taken on the role of a family surf beach, comprised of 1,500 San Onofre Surf Club members who enjoyed exclusive access rights granted to the Club by the Marines, with a five-year-plus wait list for membership. When the surf wasn't that good after a long drive to Trestles, the disappointed rogues might just slide down the beach to San O to chat up the club member's daughters.

By the late 1950s, San Clemente had become regarded as a "surf town" in that it had consistent rideable surf and played a role in the sport. Surfers drove through it on the way to and from Trestles, San O, and all points north and south. The through traffic of various surf wagons, van, sedans w/trunk racks, old hearse, bread trucks, board carrying vehicles of every type and manner stopped for food and gas, to whistle at girls, tease marines about their haircuts, and their presence began to be felt. The amount of money spent by surfers in town began to become noticeable as well. Not all were well heeled. More than once a nervous storekeeper would chase off a carload of hungry blond-headed kids that emerged from their Woody wagon donning overcoats on a hot summer day.



As time went by, more surfers actually called San Clemente home. Benny and Kate Merrill moved their family there from the South Bay. Benny, their daughter Linda, an early "gilt" surfer, and son Tom, were all notable members of the clan, Linda being the first girl to make the cover of Surfer Magazine, which was founded by another San Clemente resident and pioneer surf film maker, John Severson in 1960. By the late 60s, surfboards were being manufactured locally at several locations. Good surf was nearby and the town's own waves were recognized as maybe not world class, but plenty fun enough. For the younger surfers who couldn't yet drive or bum rides a few miles south, they could walk or bike to the town's sandbar peaks that shifted seasonally with the tides and swell direction.

Velzy and Jacobs, San Clemente's first surf shop's time span in town ran from 1957 to 1962. It was Dale's tax servicing habits that undid him and though the IRS closed his shop, he maintained a significant role in the sport as a shaper and innovative design guru for surfboards, racing paddleboards, surfboard fins, and as a foam core blank designer for Gordon "Grubby" Clark's Clark Foam, supplier of shapeable foam surfboard cores, developed by Hobie and Grubby in Laguna Canyon. The foam cores they insisted replaced balsa as the standard core material in 1959. For forty-years Grubby lived on Beach Road and ran his foam factory off Crown Valley in Laguna Niguel. Hobie and the Hoffman broth-

ers (purveyors of colorful printed fabrics to the surf clothing industry during its 70s to 90s boom years) were his neighbors. Ex-San Clemente lifeguard and "Endless Summer" producer Bruce Brown lived on the edge of Dana Point bluff. Beach Road and environs had its own cut. Some surf industry wags from other surf towns "labeled the entire zone the Dana Point Mafia.

As the surfers in town continued growing in number and prominence, and started getting married and having families, their kids grew up to become second generation surfers, started early by their dad's, living close to the waves, becoming skilled at an age earlier than when their parents learned to swim. By the 80s, the local Junior High and High School surf clubs were dominant in their competition leagues. By the 90s, the off campus clubs had become part of the school's official sports programs. Today, it is third and even fourth generation boys and girls who are continuing to fly San Clemente flags in school surf leagues all along the coast.

These days, professional surfing is a reality, if only lucrative for a few of the aspirants. While early San Clemente surf pros from the 80s and early 90s really had no recourse after high school other than to work their way up through minor league surf contests and seek a few years of clothing sponsorship, perhaps learn to shape, today's chosen few are in the big leagues. Kaihoe Andino, 21-year-old son of father/local 80s hero Dino, has recently

added a \$1.5 million dollar S.C. home in the desirable southwest segment that he rents for \$6,000 per month, to an investment portfolio that already included a fourplex, one unit in which Kaihoe lives while renting out the other three. In the same generation, the three SC High Class of '06 pro-surfing Gudauskas brothers long ago bought a three bedroom home together in town. Jackie's son Josh Baxter, a non-academic, but a standout 80s long boarder like his father in the 60s, owns and operates a popular summer surf school at San Onofre. For the most part, the Long brothers, the Beshens, Mike Parsons, Jimmy Hogan, Matt Archibald, and all other significant San Clemente surf family members that deserve mention are inventive, progressive, and too many to acknowledge them all.

The current surfboard builders include Stewart, Noll, Icons, BC, Hobie, Weber, Senant, Cole, Badem, T. Patterson, Brawner... each with a following. Much the same as naming notable surfers, totally inclusive board builder lists are dangerous to attempt.

The Surf Ghetto, the name for the warden of small surfboard factories in the hollow at San Clemente's north end no doubt makes the San Clemente Chamber of Commerce cringe. But it is just such enclaves where the sport has thrived. Industrial space, cheap rents, proximity to the beach, and a large number of potential surf customer nearby are criteria that create these orbs. Surfers tend to support local

surfboard craftsmen that they become familiar with as youngsters and remain loyal to as fathers. San Clemente has a number of well-regarded shapers, glassers, and surfboard brands within its city limits. Densely populated nearby bedroom communities help support these largely one-at-a-time hand craftsmen with a unique grasp of just what it is that makes a surfboard work. Like everything else, board design is a constantly changing fashion item and the favored sons tend to trend in and out like the tide.

Back in the early '60s, when Velzy's classic outpost folded, one of the shapers he had hired up from San Diego, who had started in young film maker Bruce Brown's first surf movie, made with a bequest from Dale's right rear pocket, Del Cannon, opened his own surfboard shop under that name on Camino Real at the south end of town, nearer to Trestles. In the later 60s Del would move on to the Big Island to skipper his own sport fishing boat. By the 70s and into the 80s, the growing population, both local and in general, attracted more surfboard brands to locate in San Clemente. New ones are always in gestation.

By the 1980s, as an elder of the clan, Dale Velzy continued on by producing finely crafted collectible wooden replicas, each worth more than a month's output of his boards back in the late 1950s. By then, he was headquartered at his lady friend Fran's home

behind Kimberly's Flowers in south San Clemente. Velzy held court there. His hotrods were parked in the lot next door. The good ones were made even more alluring covered with tarps. Visiting his garage shaping room was a treasured ritual for out of town surf dignitaries though it required avoiding his fierce backyard duck who charged and bit unsuspecting surfboard clients. Weekends, the cowboy in Dale cooked for large parties at Trish Hoffman's stables back in San Juan. This guy knew no limits.

Dale passed away on May 5th, 2005. His memorial gathering attracted several thousand to Doherty State Park from all over the State and the World. The approach of the Southern California Hot Rods Club struck out along Coast Highway from South Laguna to Doherty, finally filling an entire parking lot to honor Dale. His cowboy/horse and Hollywood celebrity buddies were both in noticeable attendance. It was entertainers, movie stars, sports heroes, heavy duty god-figures from one culture intermingling with others they maybe did or didn't know of from other realms. The paddle-out to put his ashes in the water was comprised of the most classic and eclectic gathering of surfing notables from all generations and areas of surfing ever gathered in one place. Once in position, it measured a quarter-mile across with everyone holding hands. Dale's cousin, Righteous Brother Bill Medley sang "Desperado" to end

the "official" ceremony.

In 1971 Trestles and San Onofre Surf Beach became a California State Park, urged to become so by then President Nixon and further greased by influential San-O Club members who had some of their own. The crowds that surfed those beaches, no longer restrained by the Marines or Club Member quotas, have surged to over 200,000 surfers a year. San Clemente waves, as well, are more than ever heavily surfed. Together, as a State of California recreational resource, surfing ranks number one out of all other coastal zone uses in total experience value provided versus cost to provide (or R.O.I.). The once sleepy little berg of San Clemente ranks as one of the more notable surf towns in the world in terms of consistently producing the highest level of competitive surfing talent and serving as headquarters for the sport's media in the US, and for surfing related non-profit institutions. None-the-less, for this berg it's all still pretty much about the same thing: a fine place for surfers to live and work because it's close to good waves.

Steven Pezman, San Clemente CA
Previously employed at Surfer Magazine Steve and Debbie Pezman founded and have published The Surfer's Journal from offices in San Clemente since 1992.

IMPORTANT COMMUNITY CONTACTS

POLICE & FIRE EMERGENCY 911
OC Sheriff's Dept. Dispatch
 Non-Emergency 949-770-6011
 Police Services-Sheriff 949-361-8225
 Highway Patrol 949-487-4000
 OC Fire Authority 714-573-6000
 Fire Stations (50)(59)(60) 714-573-6000

GOVERNMENT
 City Council - City Manager: five city council members elected at large for two-year terms; mayor elected by city council

CITY OF SAN CLEMENTE

City Hall / City of San Clemente
 100 Avenida Presidio 949-361-8200
 Animal Shelter 949-492-1617
 Beaches/Parks/Recreation 949-361-8264
 Beach Ocean Hotline 714-433-6400
 Business Licensing 949-361-6166
 City Clerk 949-361-8345
 City Council 949-361-8322
 City Manager 949-361-8322
 City Treasurer 949-361-8341
 City Parking Permits 949-361-8315
 Code Enforcement 949-366-4705
 Graffiti Hot Line 949-369-8385
 Lawn Bowling 949-369-188
 Marine Safety 949-361-8286
 Parking Division 800-351-4412
 Planning Division 949-361-8183
 Public Works Engineering Div. 949-361-8100
 Recycling 949-498-9436
 San Clemente Info Line 949-361-8366
 Signal/Lights/Street Maintenance 949-361-8317
 Surf Report, SC Pier 949-492-1012
 Trash - CMAA/Inc 877-728-0446
 Utilities Billing 949-361-8315
 Water/Wastewater 949-366-1553
 Voter Registration 714-567-7600
 Weather Report 949-496-2210
 City Website www.san-clemente.org
 City E-mail cityhall@san-clemente.org

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 205 Ave. Del Mar 800-275-8777
 208 Ave. Vaquero 800-275-8777
 903 Calle Negocio 949-369-9392

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Caballito Playhouse
 202 Avenida Caballito 949-492-0465
Camp Revolution US Marine Corps
 Information 760-725-4111
Casa Romantica Cultural Center & Gardens
 415 Ave. Granada 949-498-2139
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Department of Motor Vehicles
 2727 Via Cascajal 800-777-0133
Farmers Market on Sundays
 Ave. Del Mar from Sam-Lon 949-361-9735
Library 242 Ave. Del Mar 949-492-3493
San Clemente Downtown Business Association
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Senior Center - Dorothy Visser
 117 Avenida Victoria 949-498-3322
SC Historical Society 949-492-9664
Surfing Heritage Foundation
 110 Calle Iglesia 949-388-0213

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Ocean Bluffs Beach Club
 100 Ave. Pico 949-361-8207
San Clemente Municipal Golf Course
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San Clemente Palms Skatopark
 241 Ave. La Palia 949-361-8264
San Clemente State Beach 949-492-3156
State Parks Information
 Reservations 800-444-7275
San Mateo Creek (Camp) 949-361-2531
San Onofre State Bluffs
 Campground 949-492-4872
The Donna O'Neil Land Conservancy 949-489-9773

NEWSPAPERS

Orange County Register 714-796-7000
San Clemente News 949-589-9990
San Clemente Times 949-368-7700
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American Red Cross 714-481-5300
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Orange County Sheriff's Dept. www.ocsd.org 714-628-7054
Orange County Department of Education www.ocde.net 714-966-4000
Capistrano Unified School District www.capsd.org 949-234-9200
Federal Emergency Management Agency www.fema.gov 510-627-7100
Governor's Office of Emergency Services www.oes.ca.gov 916-845-8510
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 www.susanholtan.com

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 San Juan Capistrano, CA 92675 (949) 493-0888
 www.hillandpines.com

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www.shimeowsitday.com

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San Clemente, CA 92673 (949) 496-0123
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Mike@LomonacoCoast.com
www.lomonacoCoast.com

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San Clemente, CA 92673 (949) 481-3111
www.OrangeCountyNewbornPhotographers.com

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San Clemente, CA 92673 (949) 481-7013
www.a2zleakdetection.com

Bill Metzger Plumbing
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San Clemente, CA 92673 (949) 492-3558
www.billmetzgerplumbing.com

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7831 Calle Trespalacio, Ste. B
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www.greenwallplumbing.com

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San Clemente, CA 92672 (949) 283-5849
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www.dunkindonuts.com

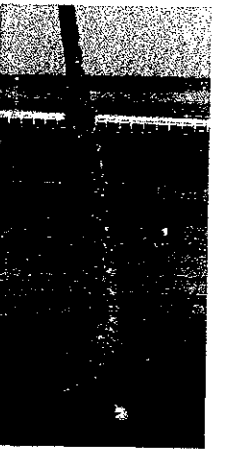
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100 West Avenida Pico
San Clemente, CA 92672 (949) 538-5310
www.ellmerst.com

Korallife
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San Clemente, CA 92673 (949) 325-0487
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Italian Cravings
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BeachFire Bar & Grill
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www.beachfire.com

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San Clemente, CA 92672 (949) 388-7331
www.hhscottons.com

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San Clemente, CA 92672 (949) 492-7829
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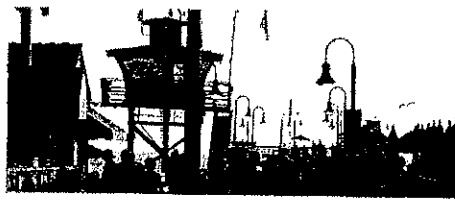
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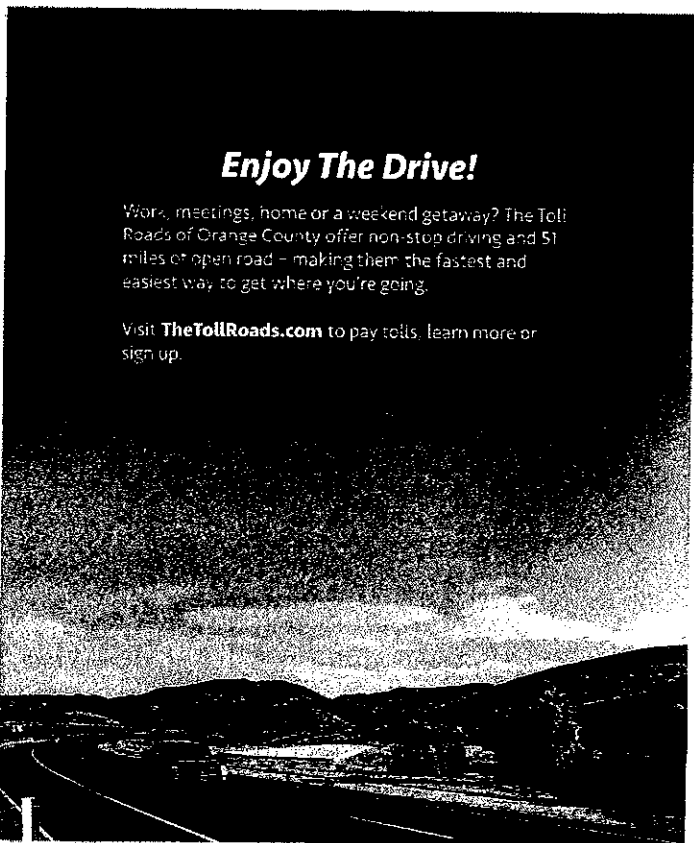
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The Chamber...

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The Chamber receives hundreds of calls and requests each month from people looking for various products and services. Chamber members in good standing are referred.

► **Provides Complimentary Business Resource Guide Advertising**
Members receive two COMPLIMENTARY listings in the Business Directory section of the Community Business Resource Guide, circulated 10,000. The guide is distributed annually.

Gives You Complimentary Legal Aid

The Chamber's group legal services provide free legal consultation to Chamber members. Legal advice and consultation is available by phone or in person, by appointment, once a year.

Values Your Opinion in Legislative Issues

The Chamber serves as the voice of business in political legislation and hosts panel discussions featuring government representatives, to whom which you may express your views. Even if you can't personally attend, the Chamber is always there on your behalf for pro-business legislation.

www.sccchamber.com

Keeps You Informed

Through its monthly publication *Envision* is all members. The "San Clemente Current," the Chamber keeps you informed about upcoming Chamber events and business issues. Additionally, the Chamber has emergency from business labor law petitions to business start-up info. Whether it's statistics, information on schools, churches, directors for clubs and organizations, local and state information, or the largest employers in the area, the Chamber's got it or knows how to get it.

Offers a Member to Member Discount Program

The power of membership can directly affect your bottom line. Through the "Member to Member" discount program, members offer fellow members discounts. You can create new customers by taking part in this program - and it's COMPLIMENTARY!

Showcases Your Products

The Business Expositions allow members to market their products and services to the public and other members, thus creating potentially hundreds of new clients.

Gives You Increased Business Credibility

Through displaying your membership plaque proudly, you are assuring your customers you are a business supporting the largest business organization designed to promote healthy business in the area.

Offers Complimentary Business Counseling

The San Clemente Chamber of Commerce has partnered with SCORE, Consultants to America's Small Business. SCORE offers free and confidential advice to small business owners through face-to-face counseling.

Lets You Contribute to Our Direction

Your Chamber is a "get involved" organization. Members take part in Councils and Committees, including: Legislative and Transportation Councils, Special Events, Business Council, Economic Development & Ambassadors.

Markets Your Business on the Internet

Just by being a member, your business will be listed on-line at the Chamber's premiere web site www.sccchamber.com. Visitors click your listing, they will be linked to your business website. Advertising opportunities are also available.

- **Hot Deals** - offer coupons and special deals; fellow members may well be your best customers.
- **Job Postings** - submit your own job openings.
- **Events** - add your events to our online event calendar.

Views 73,172 Views 218,246 (Average Per Month)

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Often, when a customer has a complaint, they contact the Chamber of Commerce first. If a customer has a complaint about a Chamber member, our staff makes every effort to keep the problem on a local level by referring the complaint directly to the member. If a complaint is received about a non-member, the Chamber will not become involved. Instead, the customer is referred to the proper consumer agency. By serving as an intermediary between our members and consumers, we help members establish and maintain a positive business image.

SOCIAL NETWORKING

Members are invited to join the Chamber's online Professional Networking Groups and Meetup/Logging Service.

Other Chamber Benefits

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Fact sheet

CMS finalizes Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System changes for 2019 (CMS-1695-FC)

Nov 02, 2018 | Hospitals, Physicians, Policy

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CMS finalizes Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System changes for 2019 (CMS-1695-FC)

On November 2, 2018, the Centers for Medicare & Medicaid Services (CMS) finalized changes that removes unnecessary and inefficient payment differences between certain provider and supplier types so patients can have more affordable choices and options. The final rule with comment period updates and revises policies under the Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System.

The polices in the calendar year (CY) 2019 OPPS and ASC Payment System final rule with comment period will further advance the agency's priority of creating a patient-centered healthcare system by

achieving greater price transparency, and significant burden reduction so that hospitals and ambulatory surgical centers can operate with better flexibility and patients have access to the tools they need to become active healthcare consumers.

This fact sheet discusses the major provisions of the final rule with comment period. The final rule with comment period (CMS-1695-FC) can be downloaded from the *Federal Register* at: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-24243.pdf>.

Increasing Choices and Encouraging Site Neutrality

The final rule with comment period contains a number of policies that reduce payment differences between hospitals and ambulatory surgical centers so that patients may better benefit from high quality care at lower costs, while receiving care that is provided safely and is clinically appropriate.

Method to Control for Unnecessary Increases in Utilization of Outpatient Services

CMS is exercising its authority to utilize a method to control unnecessary increases in the volume of covered hospital outpatient department services by applying a Physician Fee Schedule (PFS) -equivalent payment rate for the clinic visit service when provided at an off-campus provider-based department (PBD) that is paid under the OPPS. The clinic visit is the most common service billed under the OPPS. Currently, Medicare and beneficiaries often pay more for the same type of clinic visit in the hospital outpatient setting than in the physician office setting.

This policy would result in lower copayments for beneficiaries and savings for the Medicare program in an estimated amount of \$380 million for 2019, the first year of a two year phase-in we are utilizing to implement this policy. For an individual Medicare beneficiary, current Medicare payment for the clinic visit furnished in an excepted off-campus PBD is approximately \$116 with \$23 being the average beneficiary copayment. The policy to adjust this payment to the PFS equivalent rate would reduce the OPPS payment rate for the clinic visit to \$81 with a beneficiary copayment of \$16 (based on a two year

phase-in), thus saving beneficiaries an average of \$7 each time they visit an off-campus department in CY 2019.

ASC Covered Procedures List

The ASC Covered Procedures List (CPL) is a list of covered surgical procedures that are payable by Medicare when furnished in an ASC. Covered surgical procedures are those procedures that are separately paid under the OPPS, would not be expected to pose a significant risk to beneficiary safety and would not typically be expected to require active medical monitoring and care at midnight following the procedure. Under current policy, covered surgical procedures include those described by certain Common Procedural Terminology (CPT) codes that are within the surgical code range and other codes that directly crosswalk or are clinically similar to CPT codes within the surgical code range.

For CY 2019, CMS is finalizing the proposal to include additional CPT codes outside of the surgical code range that directly crosswalk or are clinically similar to procedures within the CPT surgical code range on the CPL. As a result, CMS is finalizing its proposal to add twelve cardiovascular codes to the ASC CPL and adding five additional codes as a result of stakeholder comments the agency received. Additionally, CMS reviewed all procedures added to the ASC CPL within the past three years to reassess recent experience with the procedures in the ASC and to determine whether such procedures should continue to be on the ASC CPL. CMS is not finalizing any changes to the ASC CPL as a result of that review.

High Cost/Low Cost Threshold for Packaged Skin Substitutes

CMS is finalizing the proposal to continue our policy established in CY 2018 to assign skin substitutes to the low cost or high cost group. In addition, CMS presented several payment ideas to change how skin substitute products are paid under the OPPS and solicited comments on these ideas to be used for future rulemaking.

New Technology Payment Policy for Low-Volume Services

CMS is finalizing the proposal that services assigned to New Technology Ambulatory Payment Classifications (APCs) with fewer than 100 claims annually would be paid under one of several alternative payment methodologies. Specifically, CMS is finalizing the proposal to use up to four years of data to calculate the geometric

mean, the median, and the arithmetic mean and to adopt through rulemaking the method that should be used to establish payment for the new technology service for the upcoming year, both for purposes of assigning the service to a new technology APC and ultimately, to a clinical APC. The goal of this policy is to promote transparency and predictability in the payment rates for these low-volume new technology procedures and to mitigate wide variation from year to year for such services.

Device Intensive Policy

In order for a procedure to be device intensive, the device cost associated with that procedure must exceed a certain threshold of the total cost of the procedure, among other criteria. In the ASC setting, the device portion of the payment for a device-intensive procedure is based on costs reported under the OPPS. For CY 2019, CMS is finalizing the proposal to lower the device threshold from forty (40) percent to thirty (30) percent. This will allow procedures that use relatively high-cost devices to be better recognized in the OPPS and ASC setting.

Device Pass-through Applications

There were seven device pass-through applications that were reviewed for the CY 2019 final rule with comment period. CMS is approving the *remedē*® System Transvenous Neurostimulator for device pass-through payment status for CY 2019.

Policy to Apply 340B Drug Payment Policy to Nonexcepted Off-Campus Provider-Based Departments (PBDs)

Section 340B of the Public Health Service Act (Section 340B) allows participating hospitals and other providers to purchase certain covered outpatient drugs at discounted prices from manufacturers. CMS reexamined the appropriateness of the Average Sale Price (ASP) plus 6 percent payment methodology for 340B drugs in the CY 2018 OPPS/ASC final rule with comment period. Beginning January 1, 2018, Medicare pays an adjusted amount of ASP minus 22.5 percent for separately payable, nonpass-through drugs and biologicals that are acquired through the 340B Program by outpatient departments, including excepted off-campus PBDs of a hospital. In the CY 2019 OPPS/ASC final rule with comment period, CMS is finalizing a policy to pay ASP minus 22.5 percent for 340B-acquired drugs furnished by

non-excepted off-campus PBDs paid under the Physician Fee Schedule.

Meaningful Measures/Patients Over Paperwork

This final rule will reduce the number of measures ASCs and hospital outpatient departments are required to report under the Ambulatory Surgical Center Quality Reporting and Hospital Outpatient Quality Reporting Programs. These removals are arrived at after a careful and holistic review of all current, required quality measures. Measures are being finalized for removal after consideration under certain "removal factors": if they do not align with current clinical guidelines or practice, performance or improvement on a measure is not strongly linked to better patient outcomes, they are "topped out" (meaning that the overwhelming majority of providers are performing highly on them), or if their costs are greater than benefits in reporting. The removals are aimed at enabling providers to focus on tracking and reporting the measures that are most impactful on patient care. Overall, the final rule will eliminate a significant number of measures—a total of nine—ASCs and hospital outpatient departments are currently required to report.

Hospital Outpatient Quality Reporting (OQR) Program

The Hospital OQR Program is a pay-for-reporting quality program for services rendered in the outpatient hospital setting. The Hospital OQR Program requires hospitals to meet quality reporting requirements or receive a 2.0 percentage point reduction to the OPD fee schedule increase factor if they fail to meet these requirements. In the CY 2019 OPPS/ASC final rule, CMS is removing certain measures from the Hospital OQR Program. The removal of these measures is consistent with the CMS' commitment to using a smaller set of more meaningful measures and focusing on patient-centered outcomes measures, while taking into account opportunities to reduce paperwork and reporting burden on providers. However, CMS is not finalizing removal of two of the ten measures proposed for removal. In the CY 2019 OPPS/ASC final rule, CMS is finalizing policies to:

1. Update the Code of Federal Regulations to retain measures from a previous year's Hospital OQR Program measure set for subsequent years' measure sets.

2. Update the Code of Federal Regulations to use the regular rulemaking process to remove a measure for circumstances that do not raise specific patient safety concerns.
3. Update the Code of Federal Regulations to immediately remove measures as a result of patient safety concerns.
4. Remove one quality measure beginning with the CY 2020 payment determination and seven quality measures beginning with the CY 2021 payment determination. We note that we are not finalizing our proposals to remove the Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (OP-29) and the Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (OP-31) measures.
5. Extend the reporting period from one to three years for OP-32: Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy beginning with the CY 2020 payment determination and for subsequent years.
6. Update the Code of Federal Regulations the factors to be considered when removing measures from the program and codify measure removal policies.
7. Change the frequency of the Hospital OQR Program Specifications Manual release beginning with CY 2019 and for subsequent years such that they will be released once every twelve months with addenda as necessary – a modification from what was proposed.
8. Update requirements related to participation status, including removal of the Notice of Participation form for the for the CY 2020 payment determination.

Table 1: Hospital Quality Measures Being Removed from Hospital OQR Program

Measure Name	Removal Rationale
Chart-Abstracted Measures	
Median Time to ECG (OP-5)	The costs associated with the measure

outweigh the benefit of its continued use in the program.

Claims-Based Measures

Mammography Follow-up Rates (OP-9)

Measure does not align with current clinical guidelines or practice.

Thorax Computed Tomography (CT) Use of Contrast Material (OP-11)

Measure performance is "Topped-Out".

Simultaneous Use of Brain Computed Tomography (CT) and Sinus CT (OP-14)

Measure performance is "Topped-Out".

Web-based Tool Measures

The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into Their Qualified/Certified EHR System as Discrete Searchable Data (OP-12)

Performance or improvement on a measure is not strongly linked to better patient outcomes.

Tracking Clinical Results between Visits (OP-17)

Performance or improvement on a measure is not strongly linked to better patient outcomes.

Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use (OP-30)

The costs associated with the measure outweigh the benefit of its continued use in the program.

Federal Data Registry Preventative Care Measures

Influenza Vaccination Coverage
Among Healthcare Personnel (OP-27)

The costs associated with the measure outweigh the benefit of its continued use in the program.

Ambulatory Surgical Center Quality Reporting (ASCQR) Program

The ASCQR Program is a pay-for-reporting quality program that requires ASCs to meet quality reporting requirements, or receive a reduction of 2.0 percentage points in their annual payment update for failure to meet these requirements. In the CY 2019 OP/ASC final rule, CMS is removing certain measures from the ASCQR Program. The removal of these measures is consistent with the CMS' commitment to using a smaller set of more meaningful measures and focusing on patient-centered outcomes measures, while taking into account opportunities to reduce paperwork and reporting burden on providers. In the CY 2019 OP/ASC final rule, CMS is finalizing policies to:

1. Remove one quality measure beginning with the CY 2020 payment determination and one quality measure beginning with the CY 2021 payment determination. CMS is not finalizing proposals to remove the Mammography Follow-up Rates (ASC-9) and Thorax Computed Tomography (CT) Use of Contrast Material (ASC-11).
2. Extend the reporting period from one to three years for ASC-12: Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy beginning with the CY 2020 payment determination and for subsequent years.
3. Update the factors to be considered when removing measures from the program and update the Code of Federal Regulations to better reflect measure removal policies.

CMS is not finalizing its proposals to remove the following four ASCQR patient safety measures (1) (ASC-1) Patient Burns; (2) (ASC-2) Patient Falls; (3) (ASC-3) Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant; and (4) (ASC-4) All-Cause Hospital Transfer/Admission. CMS is retaining these measures in the ASCQR Program and suspending their data collection beginning with the CY

2021 payment determination until further action in rulemaking with the goal of updating the measures.

Table 2: Hospital Quality Measures Being Removed from ASCQR Program

Measure Name	Removal Rationale
Web-based Tool Measures	
Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps--Avoidance of Inappropriate Use (ASC-10)	The costs associated with the measure outweigh the benefit of its continued use in the program.
Federal Data Registry Preventative Care Measures	
Influenza Vaccination Coverage Among Healthcare Personnel (ASC-8)	The costs associated with the measure outweigh the benefit of its continued use in the program.

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

The PCHQR Program is a quality reporting program that began with the Fiscal Year 2014 program year. The PCHQR Program collects and publishes data from 11 PPS-exempt cancer hospitals (PCHs) on an announced set of quality measures. In the FY 2019 IPPS/LTCH PPS final rule (83 FR 41613), CMS announced that it would defer a final decision on its proposed removal of two NHSN measures from the PCHQR Program in order to conduct additional data analyses to assess measure performance based on new information provided by the Centers for Disease Control and Prevention (CDC). In the CY 2019 OPPS/ASC final rule, CMS is not finalizing the removal of these two NHSN measures. The specific measures are:

- Catheter-Associated Urinary Tract Infection Outcome Measure (CAUTI) (NQF #0138)

- Central Line-Associated Bloodstream Infection Outcome Measure (CLABSI) (NQF #0139)

Updates to OPSS Payment Rates

In accordance with Medicare law, CMS is updating OPSS payment rates by 1.35 percent. This update is based on the hospital market basket increase of 2.9 percent minus both a 0.8 percentage point adjustment for multifactor productivity (MFP) and a 0.75 percentage point adjustment required by law.

Partial Hospitalization Program (PHP) Rate Setting

The CY 2019 OPSS/ASC final rule updates Medicare payment rates for PHP services furnished in hospital outpatient departments and Community Mental Health Centers (CMHCs). The PHPs are structured intensive outpatient programs consisting of a group of mental health services paid on a per diem basis under the OPSS, based on PHP per diem costs.

Update to PHP Per Diem Rates

The CY 2019 OPSS/ASC final rule maintains the methodology established in CY 2017, which implemented a unified rate structure with a single PHP APC for each provider type for days with 3 or more services per day. In establishing the final rates for CY 2019, CMS used CY 2017 claims data to calculate the CMHC and hospital-based PHP (HB PHP) geometric mean per diem costs, consistent with existing regulations.

Proposed Update to the PHP APC Code Set

New, revised, and deleted CY 2019 Category I and III CPT codes were included in Addendum B of the CY 2019 OPSS/ASC proposed rule for the 2019 OPSS update. While PHP is a part of the OPSS, PHP providers may not have seen those proposed changes because CMS did not also include them in the PHP section of the proposed rule. As a result, the CY 2019 OPSS/ASC final rule includes proposals to delete six existing codes from the PHP allowable code set for CMHC APC 5853 and hospital-based PHP APC 5863, and to replace them with nine new codes starting January 1, 2019. We are soliciting comments on these proposals and seek to finalize our proposed actions in the CY 2020 OPSS/ASC final rule with comment period.

Updates to ASC Payment Rates

CMS historically updated ASC payment rates annually by the percentage increase in the Consumer Price Index for all urban consumers (CPI-U). In the CY 2018 OPPS/ASC proposed rule, CMS solicited recommendations and ideas on ASC payment system reform. For the CY 2019 OPPS/ASC proposed rule, in response to the comments received, CMS proposed to update ASC payment rates using the hospital market basket rather than the CPI-U for CY 2019 through CY 2023. We also sought comment on an alternative proposal to maintain CPI-U while collecting evidence to justify a different payment update, or adopting the new proposed payment update based on the hospital market basket permanently.

We are finalizing this proposal without modification. Using the hospital market basket, CMS is updating ASC rates for CY 2019 by 2.1 percent. The change is based on the hospital market basket increase of 2.9 percent minus a 0.8 percentage point adjustment for MFP. This change will help to promote "site-neutrality" between hospitals and ASCs and encourage the migration of services from the hospital setting to the lower cost ASC setting.

New Clinical Families of Services at Off-Campus Provider-Based Departments (PBDs) Excepted from Section 603 of the Bipartisan Budget Act of 2015

In CY 2019 OPPS/ASC proposed rule, CMS proposed a policy that off-campus PBDs excepted from Section 603 of the Bipartisan Budget Act of 2015 could continue to be paid at OPPS rates for items and services in each of 19 proposed "clinical families of services" if a PBD furnished and billed for a service in that clinical family of services prior to November 2, 2015. CMS is not finalizing this proposal in the CY 2019 OPPS/ASC final rule with comment period, but we will continue to monitor the expansion of services in excepted off-campus PBDs.

Combating the Opioid Crisis

In response to recommendations from the *President's Commission on Combating Drug Addiction and the Opioid Crisis*, to comply with the requirements of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and

Communities Act (P.L. 115-271), and to avoid any potential unintended consequences, under the Hospital Inpatient Quality Reporting (IQR) Program, CMS is finalizing the proposal to update the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient experience of care survey measure by removing the three recently revised pain communication questions. The removal of these questions is effective with October 2019 discharges, for the FY 2021 payment determination and subsequent years, earlier than proposed. As a related modification, CMS will not publicly report the three revised Communication About Pain questions.

In addition, the *President's Commission on Combating Drug Addiction and the Opioid Crisis* also recommended that CMS review its payment policies for certain drugs that function as a supply, specifically non-opioid pain management treatments. Payment for drugs that function as a supply in surgical procedures or diagnostic tests is packaged under the OPPS and ASC payment systems. In response to this recommendation as well as stakeholder requests and peer-reviewed evidence, for CY 2019, CMS is finalizing the proposal to pay separately at ASP plus 6 percent for non-opioid pain management drugs that function as a supply when used in a covered surgical procedure performed in an ASC.

CMS sought feedback in the proposed rule on whether other non-opioid alternatives for acute or chronic pain have evidence demonstrating that they lead to a decrease in opioid prescriptions and addiction and may, therefore, warrant separate payment under the OPPS and ASC payment systems. CMS will continue to analyze this issue as the agency implements section 6082 of the SUPPORT for Patients and Communities Act which requires review and adjustment of payments under the OPPS and ASC payment systems to avoid financial incentives to use opioids instead of non-opioid alternative treatments.

###

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Accreditation & Licensure

Hospitals that achieve accreditation and licensure are required to submit to formalized, comprehensive evaluations by on-site surveyors who assess compliance with health, quality and safety standards and regulations.

These surveys are conducted regularly and involve participation from the entire hospital organization.

Joint Commission Accreditation

All medical centers of MemorialCare are fully accredited by the Joint Commission.

Joint Commission accreditation means that a hospital voluntarily sought accreditation and met national health, quality, and safety standards. The Joint Commission conducts on-site surveys to review the hospital's medical and nursing care, physical condition, life safety program, special care units, pharmacy services, infection control practices, and other areas that affect patient care.



At MemorialCare, we understand how important reliable information is to you and your family when making healthcare decisions. Visit the [Joint Commission \(http://www.qualitycheck.org/consumer/searchQCR.aspx\)](http://www.qualitycheck.org/consumer/searchQCR.aspx) to learn more about quality and safety in healthcare.

Complaints or Concerns

Our hospitals are accredited by the Joint Commission (JC) and have been awarded its Gold Seal of Approval™. The Joint Commission serves to help ensure and monitor the quality outcomes and patient safety (<http://www.qualitycheck.org/consumer/searchQCR.aspx>) of patient care in hospitals, clinics and home care agencies. Our organization is committed to providing safe and quality care to all patients served.

We Would Like to Hear From You

If you feel the care provided has in any way compromised patient safety or failed to meet accepted quality of care standards, please do not hesitate to contact our Customer Service Representatives. We will endeavor to address your concerns as promptly as possible.

[Contact a MemorialCare Customer Service Representative \(/contact/email\)](#)

If after contacting us, you feel we still have not adequately addressed your concerns, please feel free to contact Joint Commission by either calling them at (630) 792-5000 or writing to JCAHO at:

Email:

[complaint@jcaho.org \(mailto:complaint@jcaho.org\)](mailto:complaint@jcaho.org)

Fax:

Office of Quality Monitoring
(630) 792-5636

Mail:

Office of Quality Monitoring
Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

If you have questions about how to file your complaint, you may contact the Joint Commission toll free, at (800) 994-6610, 8:30 to 5 p.m., Central Time, weekdays.

Licensure

All medical centers of MemorialCare are licensed by the State of California Department of Health Services.

The State of California requires hospitals to be licensed by the California Department of Health Services (DHS). An on-site survey is conducted to assess compliance with state and federal

regulations. The survey includes physical plant evaluation, kitchen and dietary services, patient care, pharmacy services, and other areas that affect patient care.

At MemorialCare, we understand how important reliable information is to you and your family when making healthcare decisions. Visit the [Public Health \(http://www.cdph.ca.gov/programs/LnC/Pages/LnC.aspx\)](http://www.cdph.ca.gov/programs/LnC/Pages/LnC.aspx) to learn more about quality and safety in healthcare.

CMS Standards

All medical centers of MemorialCare are recognized by CMS as meeting the Medicare standards.

The [Centers for Medicare and Medicaid \(CMS\) \(http://www.cms.gov/\)](http://www.cms.gov/) has developed Conditions of Participation (CoPs) that health care organizations must meet to participate in the Medicare and Medicaid programs. These standards are used to improve quality and protect the health and safety of beneficiaries. CMS also ensures that the standards of accrediting organizations recognized by CMS (through a process called "deeming") meet or exceed Medicare standards.

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Mission & Values

Mission

To improve the health and well being of individuals, families and our communities.

Vision

- Exceptional People.
- Extraordinary Care.
- Every Time.

Values

MemorialCare iABCs

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The iABCs referenced here are a statement of our values—Integrity,



Accountability, Best Practices, Compassion and Synergy. They remind us of our

commitment to the highest standard of patient care and the active communication of clinical outcomes.

Integrity

Always holding ourselves to the highest ethical standards and values. Doing the right thing, even when no one is watching.

Accountability

Being responsible for meeting the commitments we have made, including ethical and professional integrity, meeting budget and strategic targets, and compliance with legal and regulatory requirements.

Best Practices

Requires us to make choices to maximize excellence, and to learn from internal and external resources about documented ways to increase effectiveness and/or efficiency.

Compassion

Serving others through empathy, kindness, caring and respect.

Synergy

A combining of our efforts so that together we are more than the sum of our parts.

Our Brand Promise

The people of MemorialCare Health System are dedicated to the pursuit of best practice medicine. Our physicians and staff members study the best and most effective treatments and work to implement them at all our locations. The results are outcomes that frequently exceed state and national averages. For our patients and families, it means a superior choice of health care services.



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Awarded International Magnet Recognition

Organization: [Long Beach Medical Center \(/long-beach-medical-center\)](#), [Miller Children's & Women's Hospital Long Beach \(/miller-childrens-womens-hospital-long-beach\)](#)

Date: January, 2013

Awarded By: [American Nurses Credentialing Center through the American Nurses Association \(http://www.nursingworld.org/\)](#)

On January 16, 2013, Long Beach Memorial was granted Magnet® designation by the American Nurses Credentialing Center (ANCC). Long Beach Memorial joins the Magnet community — a select group of 395 health care organizations out of nearly 6,000 U.S. health care organizations internationally to receive this distinct honor.



[Watch video \(/events-education/video-gallery/magnet-designation-commitment-excellence\)](#)

What is Magnet Designation?

- Magnet® designation represents the highest level of national recognition to health care organizations that demonstrate sustained excellence in nursing care in a healthy, collaborative and professional work environment
- ANCC conducts thorough evaluations of hospitals seeking recognition, judging proficiency and leadership in five key areas that are considered global issues in nursing and health care:
- Visionary leadership - transforming the organization - to meet changing needs
- Empowered staff properly prepared to face all challenges
- Competent, dedicated and skilled nurses
- Continued innovation within staff knowledge, clinical practice and systemic improvements
- Outcomes measurement systems in place throughout the entire organization

To achieve Magnet recognition, Long Beach Memorial passed a rigorous and lengthy process that demanded widespread participation from leadership and staff. The process began with the submission of an electronic application, followed by written documentation demonstrating qualitative and quantitative evidence regarding patient care and outcomes. The scores from the written documentation fell within a range of excellence and an on-site visit was scheduled to thoroughly assess Long Beach Memorial. After this rigorous on-site review, the Commission on Magnet reviewed the completed appraisal report and voted to determine whether Magnet recognition was to be granted.

Long Beach Memorial is proud to be a Magnet-recognized organization, as the credential reinforces our dedication to quality patient and family centered care.

Magnet-recognized organizations consistently demonstrate

- Higher patient satisfaction with nurse communication, availability of help
- Receipt of discharge information
- Lower risk of 30-day mortality
- Lower rates of falls

Long Beach Memorial is dedicated to providing our patients with the highest quality care, and this credential is confirmation of our success in this endeavor.

REAL ESTATE APPRAISAL REPORT
Memorial Health Services etal v. City of San Clemente etal
Case No. 8:16-cv-00852 DOC-JCG
Judge David O. Carter
Report Completion Date 1/6/19

Scott D. Delahooke, MAI is a real estate appraiser who will testify about the Fair Market Value of the subject property and matters related thereto. The above-referenced case is an Inverse Condemnation action involving the property located at 654 Camino De Los Mares, San Clemente, California 92673 (also known as Assessor Parcel #675-072-19). The property, when it was open, was known as the *Saddleback Memorial Hospital Medical Center*. This property is being valued as a sole and separate Larger Parcel. The *First Amended Verified Petition and Complaint* was reviewed, along with discovery documents, deposition transcripts, market transactions and general market trend information. Mr. Delahooke's fee for testimony/deposition is \$550/hour.

Purpose of the Appraisal

The purpose of this appraisal is to estimate the Fair Market Value of the subject property both "before" and "after" the change in zoning noted in the *Complaint*, known as Ordinance 1616, which was adopted February 2, 2016. The uses permitted both "before" and "after" the date of adoption are summarized later in this report.

Additional Sources

Many individuals were interviewed during the course of this assignment, including those involved in the comparable transactions summarized herein. The following individuals provided information/reports which were relied upon by the undersigned in this assignment.

Additional Sources		
Name	Expertise	Contact Information
David Ishii	Health Care Industry Expert	1301 Cabrillo Avenue, #113 Torrance, California 90501 #310-480-8700
Josh Luke, PhD, FACHE	Professor/Health Care Industry Expert	4167 Sand Rock Circle Yorba Linda, California 92886 #714-686-4272

General Term Definitions

- Fair Market Value** The value estimates are based on the definition stated in U.S. v. Cartwright (1973) 411 U.S. 546, 551 (quoting Treasury Reg. s 20.2031-1(b)): *The fair market value is the price at which the property would change hands between a willing buyer and a willing seller, neither being under any compulsion to buy or to sell and both having reasonable knowledge of relevant facts.*
- “Before” Value** This assumes that the use change in the underlying zoning (RMF1 effective 2/2/16) did not exist, and that there were no known or anticipated plans by the City of San Clemente to change the zoning or General Plan in place that would impact buyers and sellers in the marketplace.
- “After” Value** This assumes the change in the zoning code applicable to the subject property has taken place, and that any buyers of the subject property would be subject to the uses allowed, including the requirements in place in both the Zoning Code and General Plan (an operational Emergency Room).

Final Value Opinions

Subject to the analysis incorporated in this report, and subject to the attached Assumptions and Limiting Conditions, the estimated Fee Simple Estate Fair Market Values of the subject as of the effective dates of value are:

VALUATION CONCLUSION SUMMARY	
Fair Market Value of Property-Before Condition	\$20,000,000
Fair Market Value of Property-After Condition	<u>(\$20,000,000)</u>
Diminution in Value Due to Change in Zoning	\$0

Support for these conclusions is presented later in this appraisal report. In addition to the summary information contained in this report, the appraiser has retained in his work file additional detailed information for each of the comparables summarized. This document conforms with the Appraisal Report format under Standard Rule 2 of the Uniform Standards of Professional Appraisal Practice, as well as the requirements noted in the *Federal Rules of Civil Procedure Rule 26*.

Special Valuation Note: The values noted above are as of the effective date of appraisal, which is the date the General Plan and Zone changes took effect (February 2, 1996). Determination of the appropriate date of value is to be made by the Court. If the Court determines the date of value should be the date of trial (the current date), in the opinion of the appraiser, the overall conclusion in this report would not change (that the Highest and Best Use of the property is “as improved” with a General Acute Care Hospital with emergency room), however the overall values would need to be adjusted upward to account for the improving market conditions/values which have been experienced in Southern California over the past three years.

Date of Valuation

The effective date of value in this assignment is February 2, 2016, the effective date of Ordinance 1616.

Interest Valued

At the request of the client, only the Fee Simple Estate rights of the subject property have been valued. The Fee Simple Estate is defined as “*Absolute ownership unencumbered by any other interest or estate, subject only to the limitations imposed by the governmental powers of taxation, eminent domain, police power and escheat.*” The Dictionary of Real Estate Appraisal, 6th Edition. On the date of value, the property was reportedly owned and occupied by the same entity, with no real estate lease being in place.

Scope of the Assignment

In compliance with the Uniform Standards of Professional Appraisal Practice, the Scope of the appraisal included property/market area inspection, collection of all appropriate information, market research to ascertain relevant comparable data, and analysis of that data to support the valuation conclusions herein presented. No limitations on the Scope of this assignment have been requested other than use of a historical/retrospective valuation date. The analysis in this report only applies to the real estate interests, *inclusive of the existing State license*.

Intended Use/Intended User

The intended users of the results of the appraisal assignment include the client (Christopher Mark Pisano, Esquire/Best, Best & Krieger, LLP) and all parties to the pending litigation for use in establishing Fair Market Value and potential damages, the intended use.

Sales/Property History

According to public records information, the subject property does not appear to have been involved in a recorded, market-based transfer over the past five years. The property (real estate) was purchased by the current owners in the beginning of 2005 for a reported \$15,100,000 (plus liabilities noted on Schedule 2.3, which was not provided in the documentation), which equates to \$206,849/licensed bed. This price reportedly included the real estate interest, owned equipment, inventory, intangibles and personal property.

Market Area Overview

The subject property is positioned in the City of San Clemente. This market area is positioned in the southern section of Orange County, just north of the Camp Pendleton Marine Base. To the west is the Pacific Ocean, while to the north and north/west are the cities of Dana Point and San Juan Capistrano. San Clemente is primarily accessible from the Interstate 5 Freeway. In general, property values have been increasing over the past five years. San Clemente is primarily a residential community, with most commercial businesses being oriented toward local residents.

Site Information

The subject site includes one Assessor Parcel which incorporates roughly 6.630 acres, or 288,800sf. The site is generally rectangular in shape, except in the south/eastern section. The frontage along Camino De Los Mares is roughly 703', while the overall depth is around 506'. The site has a gradual slope downward from Camino De Los Mares toward the Interstate 5 Freeway, which is along the southern property border. The site is served by typical utilities, including natural gas, electricity, water and sewer. Adjacent properties include a multi-tenant retail center to the west, the San Clemente Villas assisted living facility to the east, and medical office/commercial buildings across the street (north).

In the following table, zoning information for the subject property is summarized. This Scope of this assignment involves analyzing the Fair Market Value of the subject property "before" and "after" the change in zoning (Ordinance 1616) which became effective 2/2/16. As such, zoning information both "before" and "after" is summarized in the following table. The General Plan was amended to created consistency with the RMF1 classification and changes from the prior zoning designation.

Zoning Standards		
	“Before Condition”	“After Condition”
General Plan Designation	CC2	RMF
Zoning Classification	RC2	RMF1
Uses Permitted (Some Uses are Conditional)	Medical office, employment agencies, emergency (hospital type uses require a CUP).	Acute care hospital (with CUP), ancillary uses to hospital, including medical office and group counseling.
Uses Required	None	Emergency room.
Building Height (Maximum)	4 5/4 Stories	4 5/4 Stories
Development Density	2.00 FAR	2.0 FAR
Set-Backs	None	None
Lot Coverage	80%	80%
Parking Required	2 Spaces Per Patient Bed.	2 Spaces Per Patient Bed.

Improvement Information

In the “before” and “after” condition, the subject site is improved with a single story acute care hospital (there is a lower level storage area). The measured building area (excluding the storage level) is 62,957sf. The storage area is 4,388sf. There is also a 560sf building used for MRI testing. The property is licensed as a General Acute Care Hospital according to the Office of State Health Planning Department (OSHPD) and the California Department of Public Health (License #060000166, expiration date of 5/31/2019). The total capacity is 73 beds.

The foundation is concrete, the walls are a both wood and concrete framed, and the roof is wood framed and covered with hot mopped asphalt and tile. The entire building is covered by fire sprinklers and an alarm monitoring system. The exterior walls are generally painted stucco. All building systems are reportedly operational.

The building interior includes several sections/departments, which are summarized below:

- An emergency department, with nine exam rooms.
- An ICU ward with several rooms.
- A main lab room, and separate out-patient lab area.
- Three operating rooms.
- A sterilization room.
- Two x-ray rooms.
- A CAT scan area.
- A kitchen and cafeteria area.
- Staff areas, meeting rooms and administration offices.
- Multiple common area restrooms.
- A detached MRI building.

The patient rooms include four which are four-bed in design, some of which are three-bed in design, and most of which are one and two-bed in design. Each room reportedly has a private restroom. On the basement level, there is the heating/cooling plant, an electrical supply area, general storage and additional equipment. There is also an emergency back-up generator. The building was originally constructed around 1972, with reported additions/modifications in 1986 and in 1997 (emergency room, outpatient clinic and a ten bed expansion). The hospital was closed May 31, 2016. The onsite inspection was conducted on June 7, 2018. Some water damage along the northern building wall was noted during the inspection. The overall condition is average to good.

Onsite improvements include two onsite driveways from Camino De Los Mares, and a third access point off the adjacent property. The portions of the site outside the building footprint are generally paved with asphalt with concrete curbs and walkways, landscaping and parking lot improvements. There were a total of 241 parking spaces on the date of inspection, which equates to a total of 3.30 spaces per licensed bed. There is also a small care-takers building. There is a freeway visible sign.

Highest and Best Use

The Highest and Best Use analysis considers legally permissible, physically possible, financially feasible and maximally productive uses for the subject property. The general real estate market was improving around the date of value. The appraiser has reviewed numerous studies/reports provided through discovery, including:

San Clemente Ambulatory Care Center Prepared by the NexCore Group, and appears to have been completed in 2014. Includes a proposed four level 88,428sf building with surgery center and urgent care, as well as other out-patient services.

Strategic Planning Committee Meeting Dated 9/11/14, termed “Leap into the Future/Transforming Health Care in San Clemente”. The options considered included 1) Selling or leasing the hospital, 2) Convert to an alternative medical use (SNF, etc.), 3) Maintain ER and 4) Transform to ambulatory care campus.

Outpatient Med. Pav. Feasibility Study Dated 3/3/15, prepared by NexCore Group. The proposed four level building area is 88,494sf. The planned uses include a surgery center, urgent care, pharmacy and specialty medical services. The proposed construction budget is \$30,623,817. There are ground lease rate and tenant lease rate projections and comparables.

In addition, deposition transcripts from Karen Testman, CFO at Memorialcare, Tony Struthers, V.P. of Support Services, also at Memorialcare, and Stephen Geidt, the former Memorialcare CEO, were reviewed. Below, the Highest and Best Use for the subject property is summarized.

Highest and Best Use “As Vacant”: In the “before” condition, the site could be developed with medical office and employment agency use, with hospital type uses requiring a CUP. The site is of sufficient size to accommodate a range of uses, and is generally level in topography. There appears to be some subsidence along the freeway-proximate site boundary, so additional grading/compaction may be required. The range of uses would likely include medical office, with emergency care and hospital uses also being permitted with additional approvals.

In the “after” condition, any new development would need to include an Emergency Room, which due to State law needs to include some level of acute care hospital operation. Medical office and other medically-oriented uses are to be ancillary to hospital use, which would be the primary use.

Highest and Best Use “As Improved”: This portion of the Highest and Best Use considers the improvements existing on the date of value. If the existing improvements contribute value over and above the value of the site “as if vacant”, they represent the Highest and Best Use. This analysis assumes the existing 73-bed license in place on the date of value, which is still currently active, is in good standing. This

license is of significant importance to existing buyers in the marketplace.

Later in this report, the value of the subject site “as if vacant” assuming the pre-2016 zoning is in place is estimated. Sales of hospital-oriented facilities are summarized. Based on the market information which was collected, the existing building improvements in place on the date of value, which included a General Acute Care Hospital and Emergency Room, represent the Highest and Best Use of the property. According to Dr. Luke and Mr. Ishii, if the hospital were properly run it would generate between \$4,000,000 and \$10,000,000 in EBIDTA. This amount provides a sufficient return to the value of the real estate asset as well as the business operation. This conclusion is consistent with the testimony of Ms. Testman, who indicated that the decision to close the hospital was not due to it being “financially unviable” but rather because it was “operationally unviable” for Memorialcare.

Value of Property in “Before” Condition

The subject property involves one parcel improved with a General Acute Care Hospital facility. In the following sections, the value of the subject property in the “before” condition, disregarding zone change impacts, is presented. Each approach will be based on the unencumbered Fee Simple Estate rights of ownership.

Valuation Approach Note: Due to the lack of market rent comparables involving hospital property similar to the subject, an Income Approach has not been conducted.

Sales Comparison Approach: In the Market Data Approach or Sales Comparison Method, recently sold properties are compared with the subject for similarities and are adjusted for major differences. This Approach as used to estimate the value of real estate is based on the premise that an informed and prudent buyer would pay no more for a property than the cost of acquiring another property with the same utility. In the following table, sales of hospital properties from the general market area are summarized.

SUMMARY OF HOSPITAL PROPERTY SALE COMPARABLES

Sale	Location/APN	Site Area Zoning	Building Area Year Built LTBR	Facility Licensed Beds License Type	Buyer/Seller	Sale Date Document	Sale Price Sources	Price/Bed Price/SqFt
1	531 W. College Street Los Angeles, CA #5414-004-002,005,007	105,285sf C2-2D	89,137sf 1911 1.18	Pac. Alliance Med. Ctr. 128 General Acute Care	531 W. College LLC Societe Francaise De Bienfaisance Mutuelle	6/29/18 #0655356	\$33,000,000 CoStar/Pub.Rec. Broker	\$257,813 \$370.22
<p>Sale Comments: This property is located in the Chinatown submarket of Downtown Los Angeles. The building is two story, and on the date of sale required earthquake retrofit to remain a General Acute Hospital. The buyer in the short term plans to convert the building to an urgent care facility, but to conduct seismic upgrades in the future and convert the property back to a General Acute Hospital. There are roughly 122 open onsite parking spaces.</p>								
2	1650-1950 Mountain View Loma Linda, CA #0281-261-76	114,125sf RU	34,268sf 1984 3.33	Totally Kids Rehab Hosp 81 General Acute Care	Inland Lighthouse LLC G&E HC REIT II	8/10/17 #0325851	\$16,500,000 CoStar/Pub.Rec.	\$203,704 \$481.50
<p>Sale Comments: This property involves a number of one story buildings with open space. There are roughly 186 open onsite parking spaces. The buyer had a lease/option right. Verification was somewhat limited. The seller operated the Loma Linda Pediatric Specialty Hospital. The buyer operates Totally Kids Specialty Health clinic.</p>								
3	725-741 S. Orange Avenue West Covina, CA #8474-001-022/#8468-007-040	190,795sf R-C	43,354sf 1971 4.40	Doctor's Hospital of WC 46 SNE/Acute Care	West Covina Med. Ctr. Doctors Hosp.-W.C.	4/2/15 #0361594	\$17,000,000 CoStar/Pub.Rec.	\$369,565 \$392.12
<p>Sale Comments: This property involves two non-contiguous parcels, one of which is improved with a one and two story medical building, and other which is improved as an open parking lot. The total number of parking spaces is roughly 213 spaces. The property is proximate to the Interstate 10 Freeway.</p>								
4	1650-1950 Mountain View Loma Linda, CA #0281-261-76	114,125sf RU	34,268sf 1984 3.33	Loma Linda Ped. SH 71 General Acute Care	G&E HC REIT II D & J Holdings, LLC	3/31/11 #0129004	\$13,000,000 CoStar/Pub.Rec. Broker	\$183,099 \$379.36
<p>Sale Comments: This is the prior sale of Comparable #2. The transaction involved a sale/lease-back. The broker could not remember the lease rate/capitalization rate. He stated that the 2017 sale price was established in the 2011 lease-back agreement. The location is inferior to the subject. Market conditions improved after 2011.</p>								
<p>Subject Property 654 Camino De Los Mares San Clemente, CA #675-072-19</p>		288,800sf RC2	62,957sf 1972/1986/1997 4.59	Saddleback Hospital 73 General Acute Care Hosp	Saddleback Memorial MC San Clemente Med. Ctr.	2/1/05 #0078048	\$15,100,000 Discovery Docs. Buyer CFO	\$206,849 \$239.85

The indicated value for the subject property via the Sales Comparison Approach, assuming the existing license is considered part of the overall value, is:

Sales Comparison Approach Indicated Value			
Property Type	Unit of Measure	Indicated Value	Total
Acute Care Hospital	73 Beds	\$275,000/Bed	\$20,075,000
	62,957sf	\$300/sf	\$18,887,100
		\$325/sf	\$20,461,025
Estimated Value			\$20,000,000

The Cost Approach: The Cost Approach is a technique which can be of primary importance in the analysis of special purpose property or as a check on a project's feasibility and measure of Highest and Best Use. The procedure involves estimating the cost new of the improvements, deduction of all forms of accumulated depreciation (physical, functional and external) and addition of land value. The indicated value represents what a property is worth based on the component parts and their corresponding cost or value. In the following table, commercial land sales from the general market area are summarized.

COMMERCIAL LAND SALE SUMMARY

Sale	Location	Site Area	Zoning	Uses Allowed	Buyer Seller	Sale Date Document	Sale Price	Price/SqFt-Land
1	800 Freedom Way Aliso Viejo, California	167,705sf	BP-1/RVH	Offices/Banks Some Retail	Kaiser Foundation CT Guard. 4 Liberty	11/15/16 #0576315	\$9,228,065	\$55.03
Verified : Schuler (Broker). Interior site, purchased for medical office development. Not entitled at time of sale.								
2	1660 Barranca Parkway Irvine, California	154,505sf	5.1 IBC	Office/Retail R&D/Indust.	FSE 274, Inc. Braille Institute	8/12/15 #0420103	\$7,420,000	\$48.02
Verified : Gary Allen (Broker). Corner site, purchased to develop with hotel. Not entitled at time of sale.								
3	101 Avenida Calafia San Clemente, California	28,095sf	CC3	Office/Retail	101 Ave. Calafia LLC Calafia Partners LLC	8/3/15 #0400729	\$2,150,000	\$76.53
Verified : Orville (Broker). Corner site purchased to develop with an assisted living facility. Proximate to freeway off-ramp.								
4	35 Enterprise Aliso Viejo, California	223,465sf	PO/Prof. Office	Office/Bank R&D	Microvention, Inc. Parker-Summit VII	5/15/15 #0253844	\$15,408,000	\$68.95
Verified : Carol Trapani/Alison Kelly (Brokers). Corner lot. Purchased unentitled to develop with medical office space.								
5	18555-18575 Jamboree Road Irvine, California	326,700sf	5.1 IBC	Office/Retail R&D/Indust.	Boardwalk Off. Asso. GJFRHC	4/30/15 #0225382	\$27,000,000	\$82.64
Verified : Timothy Strader, Jr. (Broker). Corner site, fully entitled for office building. Strong traffic patterns. Just south of 405 Freeway.								
6	20372 SW Birch Street Newport Beach, California	128,030sf	SP7 Bus. Pk	Office/Retail	Nwpt. Heights Vent. Nwpt. Exec. Court	3/17/15 #0136145	\$6,600,000	\$51.55
Verified : Don Yahn (Broker). Interior site purchased to develop with medical office use. Unentitled at sale. Longer escrow period.								

Sale #3 needs to be adjusted downward due to its size and proximity to freeway on and off-ramps. Sale #5 also needs to be adjusted downward due to existing entitlements, location and high-density development rights in place on the date of purchase. The estimated land value "as if vacant" based on the zoning in place prior to the date of value is summarized below:

Estimated Land Value		
Site Area	Estimated Value	Total
288,800sf	\$50.00/sf	\$14,440,000
	\$55.00/sf	\$15,884,000
Estimated Value		\$15,000,000

To the land value estimate, the depreciated value of the improvements should be added. The appraiser has consulted the Marshall/Swift Cost Publication Handbook. The Cost Approach process is summarized in the following table.

Cost Note: The free-standing MRI building will be included as part of the hospital square footage.

Cost Approach Summary			
Improvement	Area	Cost New/Multipliers	Total Cost New
Hospital Building	63,517sf	\$289.00/sf+\$3.38/sf/1.05/1.23	\$23,984,576
Storage Area	4,388sf	\$64.00/sf+\$4.26/sf/1.03/1.25	\$385,638
Fencing (Chain Link)	1,700lf	\$25.75/lf/1.08/1.26	\$59,569
Parking/Landscaping	225,285sf	\$5.40/sf/1.08/1.23	\$1,616,050
Pole Sign			\$15,000
Total Cost New:			\$26,060,833
Comparative Cost Multiplier (1.000/1.074):			\$24,265,208
Indirects:			
Legal/Acct./Studies/Points/Fees (7%):			\$1,698,565
Dev. Profit (10% of Directs/Land):			\$3,926,521
Total Cost New:			\$29,890,294
Less-Depreciation (45 EL/30 EA = 45%):			<u>(\$13,450,632)</u>
Equals-Depreciated Cost New:			\$16,439,662
Plus-Land Value:			<u>\$15,000,000</u>
Indicated Cost Approach Value:			\$31,439,662
Say:			\$31,440,000

Reconciliation/Final Value Estimate-Before Condition: Two approaches to value were utilized, based on the existing building in place and continued operation as a General Acute Care Hospital with Emergency Room. The Sales Comparison Approach included four comparable sales. The value indicator was \$20,000,000. In the Cost Approach, six land sales were utilized to support the underlying site value. The depreciated improvement value was then estimated. The indicated Cost Approach value is \$31,440,000. The existing improvements appear to suffer from some obsolescence, which is difficult to directly measure in the marketplace (an adjustment was not applied). In this case, primary weight is placed on the Sales Comparison Approach. The Fair Market Value of the subject property in the “before” condition is estimated to be **\$20,000,000**.

Reconciliation/Final Value Estimate-After Condition: The value of the property in the “before” condition is \$20,000,000, which is \$5,000,000 higher than the value of the site “as if vacant” and available for development (considering the uses allowed under the prior zoning classification). This means that the existing

improvements, even considering they have some obsolescence, contribute approximately \$5,000,000 to the property overall. In the opinion of the appraiser, demolition of the existing improvements (which would reduce the overall property value) is not supported as being the Highest and Best Use of the property. The estimated Fair Market Value of the subject property in the “after” condition is the same as in the “before” condition, which is **\$20,000,000**.

Extraordinary Assumptions

The value conclusions noted in this document are subject to the following extraordinary limiting conditions:

1. The appraiser is not an environmental hazards expert. The appraiser has valued the subject property assuming no environmental contaminants are in place. Detection of these types of material is beyond the appraiser’s field of expertise.

Hypothetical Conditions

The only Hypothetical Condition utilized in this assignment is the assumption in the “before” value analysis that there was no pending zone change, nor was a zone change anticipated in the foreseeable future.

I have read the foregoing statement of valuation data and it fairly and correctly states my opinions and knowledge as to the matters previously summarized and presented.

1-6-19.



Dated

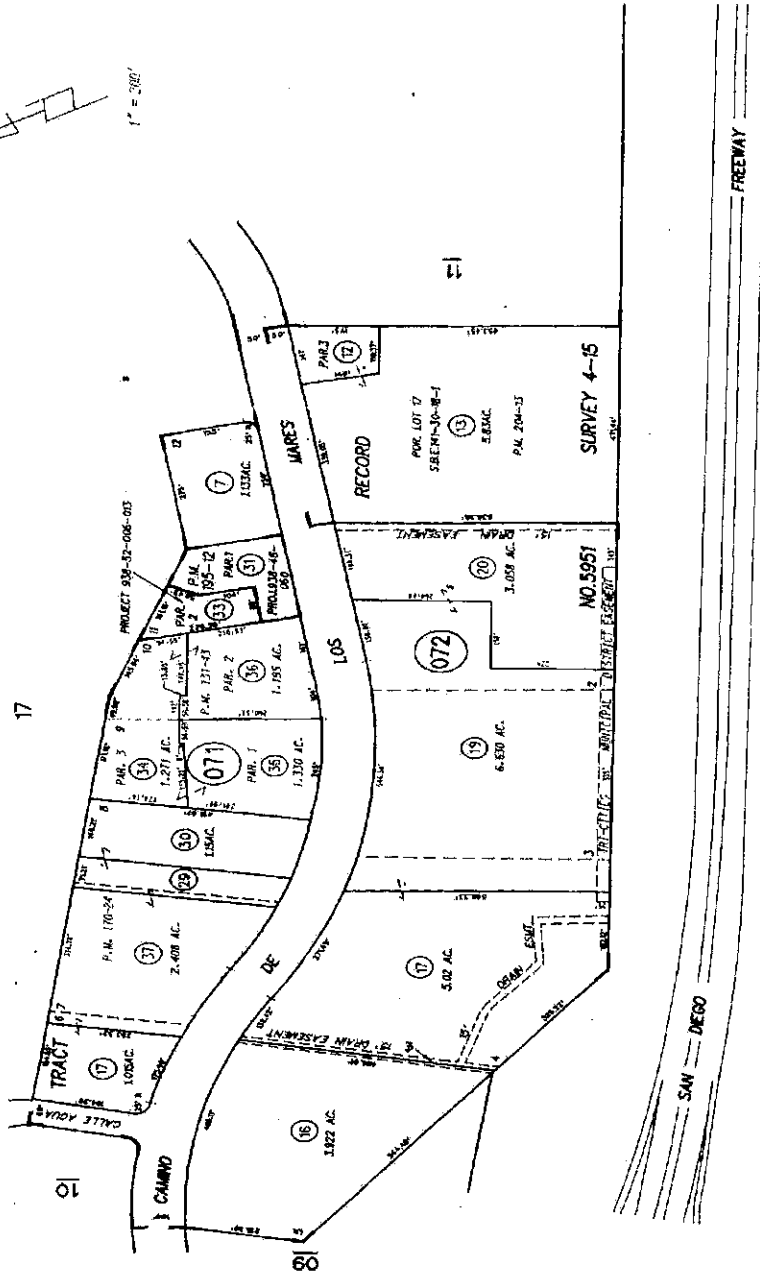
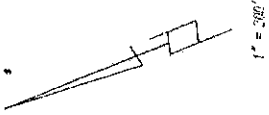
Scott D. Delahooke, MAI (AG002796 - 7/2/20)
The Delahooke Appraisal Company

SUBJECT SITE

PDR. SE 1/4, SEC. 19, T 8 S. R 7 W

THIS MAP WAS PREPARED FOR ORANGE COUNTY ASSESSOR DEPT. PARCELS DIV. TO SHOW THE LOCATION OF PARCELS TO ITS ACCURACY AND ASSUMES LIABILITY FOR OTHER USES. NOT TO BE REPRODUCED. ALL RIGHTS RESERVED.
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67



691-09

RECORD SURVEY 4-15
 TRACT NO. 5951 H.M. 260-40 TO 42 INC.
 PARCEL MAP P.M. 131-43, 170-24, 195-12

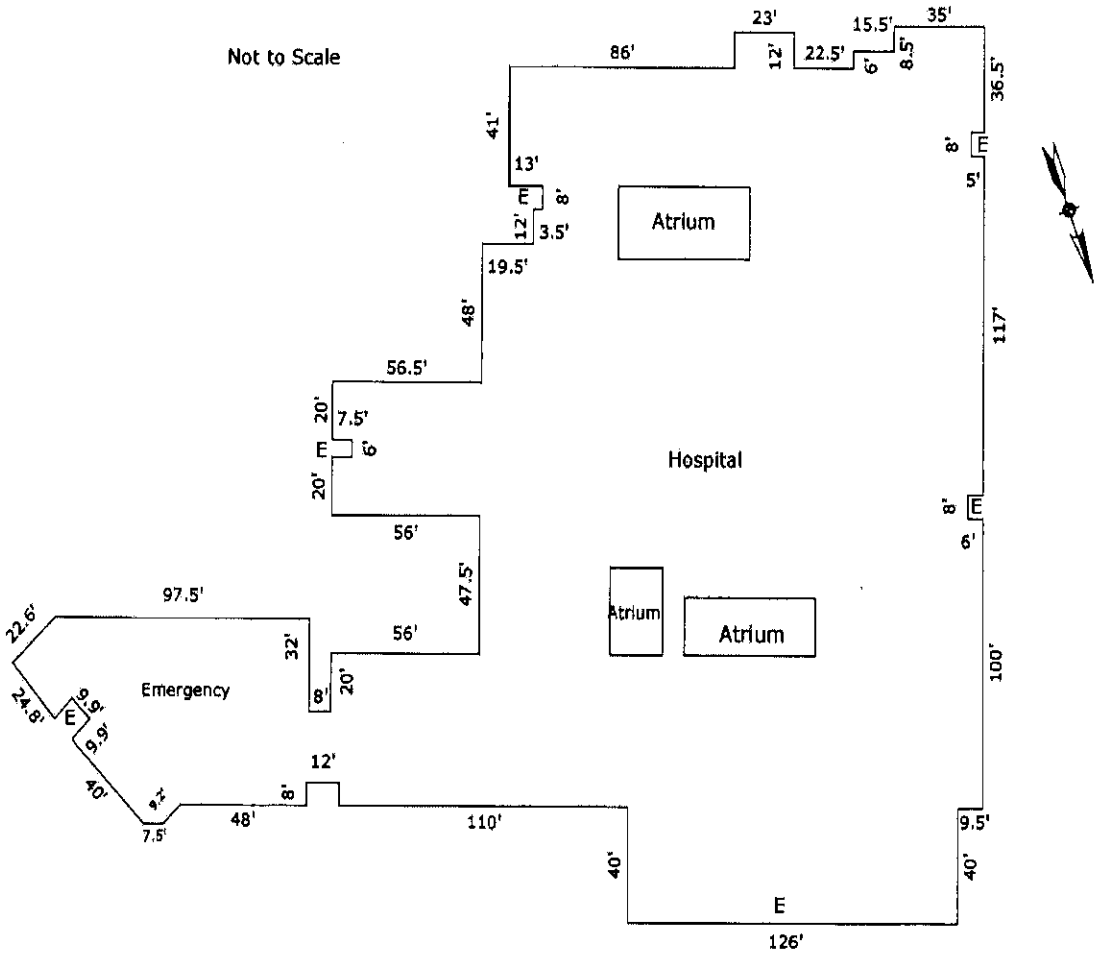
691-23

NOTE - ASSESSOR'S BLOCK & PARCEL NUMBERS SHOWN IN CIRCLES

ASSESSOR'S MAP BOOK 675, PAGE 07
 COUNTY OF ORANGE

MARCH 1970

SKETCH OF EXISTING IMPROVEMENTS



Camino De Los Mares

CERTIFICATION OF SCOTT D. DELAHOKE, MAI

I certify that, to the best of my knowledge and belief:

The statements of fact contained in this report are true and correct.

The reported analyses, opinions and conclusions are limited only by the reported Assumptions and Limiting Conditions and Hypothetical Conditions, and are my personal, impartial, and unbiased professional analyses, opinions and conclusions.

I have no present or prospective interest in the property that is the subject of this report, and I have no personal interest with respect to the parties involved. I have no bias with respect to the property that is the subject of this report or to the parties involved with this assignment. My engagement in this assignment was not contingent upon developing or reporting predetermined results.

I have performed no services, as an appraiser or in any other capacity, regarding the property that is the subject of this report within the three-year period immediately preceding acceptance of this assignment.

My compensation for completing this assignment is not contingent upon the development or reporting of a predetermined value or direction in value that favors the cause of the client, the amount of the value opinion, the attainment of a stipulated result, or the occurrence of a subsequent event directly related to the intended use of this appraisal.

The reported analyses, opinions and conclusions were developed, and this report has been prepared, in conformity with the requirements of the Code of Professional Ethics and Standards of Professional Practice of the Appraisal Institute, and also conform with the requirements of the Uniform Standards of Professional Appraisal Practice.

Carmen Steele provided research and verification assistance. I have made a personal inspection of the property that is the subject of this report.

As of the date of this report, I have completed the continuing education program for Designated Members of the Appraisal Institute. The use of this report is subject to the requirements of the Appraisal Institute relating to review by its duly authorized representatives. If this assignment involves historical or prospective valuation, this certification will be signed as of the date of report completion. The statements in this certification apply to both the date of value and the date of report completion.



Signed-Scott D. Delahooke, MAI
(AG002796 : Expires 7/2/2020)

1-6-19

Report Completion Date

ASSUMPTIONS AND LIMITING CONDITIONS

1. The appraiser assumes no responsibility for matters of a legal nature affecting the property appraised or the title thereto, nor does the appraiser render any opinion as to the title, which is assumed to be good and marketable. The property is appraised as though under responsible ownership.
2. No survey has been made of the property and it is assumed that the improvement is well within the lot lines and in accordance with local zoning and building ordinances. This fact can only be ascertained by an engineering survey, which is beyond the appraiser's area of expertise.
3. Any sketch in the report may show approximate dimensions and is included to assist the reader in visualizing the property.
4. All information furnished by others are from reliable sources and are assumed to be true and correct. No responsibility is assumed for errors or omissions nor for information not disclosed by others which might otherwise affect the value estimate.
5. The appraiser assumes that there are no hidden or unapparent conditions of the property, subsoil or structures, which would render it more or less valuable. The appraiser assumes no responsibility for such conditions, or for engineering, which might be required to discover such factors. The appraiser can only report items which could be seen during the property inspection. The appraiser used due diligence in inspecting the property, however if access was limited for any reason the appraiser cannot be responsible for items which were hidden or unapparent due to the limited access.
6. The appraiser shall not be required to give testimony or appear in court by reason of this appraisal, unless prior arrangements have been made therefore. The client shall advise appraiser as to testimony required. If the appraiser is to provide expert testimony on behalf of the client, the client shall provide the appraiser with legal representation and pay for such legal representation as may be required.
7. Possession of this report does not carry with it the right of publication, nor may it or any part thereof, be used by anyone but the applicant without the previous written consent of the appraiser. The appraiser has no accountability, obligation or liability to any third party. If the client gives this report, or a copy of this report, to a third party, this limit of appraiser liability should be fully explained and communicated. The report must always be observed in its entirety.

8. Neither all nor any part of the content or the report or copy thereof (including the conclusions as to the property value, the identity of the appraiser, professional designations, reference to any professional appraisal organizations, or the firm with which the appraiser is connected) shall be used for any purposes by anyone but the client specified in the report, the mortgagee or its successors and assigns, mortgage insurers, consultants, professional appraisal organizations, any state or federally approved financial institutions any department, agency or instrumentality of the United States or any state or the District of Columbia, without the previous written consent of the appraiser; nor shall it be conveyed by anyone to the public through advertising, public relations, news, sales or other media, without the written consent and approval of the appraiser. The appraiser assumes no obligation, liability or accountability to any third party. If this report is placed in the hands of anyone but the client, the client shall make such party aware of all of the assumptions and limiting conditions of this assignment.
9. The allocation of the total valuation in this report between land and improvements applies only under the existing utilization of the site. The separate valuations for land and improvements must not be used in conjunction with any other appraisal and are not valid if so used.
10. No search was made for insect infestation or rot in existing structures if any.
11. On all appraisals subject to satisfactory completion, repairs or alterations, the appraisal report and value conclusions are contingent upon completion of the improvements in a workmanlike manner.
12. In this appraisal assignment, the existence of potentially hazardous material used in the construction or maintenance of the building, such as the presence of urea formaldehyde foam insulation and/or existence of toxic waste (which may or may not be present on the property) was not observed by the appraiser nor does the appraiser have any knowledge of the existence of such materials on, in, or near the property. The appraiser, however, is not qualified to detect such substances. The existence of urea-formaldehyde insulation or other potentially hazardous waste material may have an effect on the value of the property. The client is urged to retain an expert in this field, if needed.
13. In April of 1992, the United States Congress passed landmark legislation known as the "Americans with Disabilities Act". It has unique and strong requirements on all property owners which is retroactive. At some point in the future, all buildings must provide adequate access to persons with disabilities. Due to the design of some structures, this could become extremely expensive and potentially alter property value. The appraiser is not an expert in architecture and can make no claims regarding the subject property's compliance with this act.

14. The appraised value is based on the assumption all required licenses, certificates of occupancy, permits/conditional use permits or other operating approvals are in place and can be renewed in the future allowing reasonable property operation. In the event the subject site has been improved with legal, non-conforming structures, the appraiser assumes all such structures have been implemented with proper permits.
15. If the client or any third party brings legal action against the appraiser and the appraiser prevails, the party initiating such legal action shall reimburse the appraiser for any and all costs of any nature, including attorney's fees, incurred during such legal action.

SCOTT D. DELAHOKE, MAI
225 S. First Avenue, Suite #201
Arcadia, California 91006
(626)-445-0500

GENERAL EDUCATION

1981 University of Southern California, B.S., Business Administration
Finance & Business Administration Program

APPRAISAL EDUCATION

1980 Real Estate Valuation-Courses 101/201
University of Southern California
1983 Society of Real Estate Appraisers-Course R-2
1984 Society of Real Estate Appraisers-Course 202
1991 Comprehensive Appraisal Workshop-Appraisal Institute

TEACHING EXPERIENCE

Course 110 Appraisal Institute (Introduction to Appraisal)
Course 310 Appraisal Institute (Capitalization- Theory)
Course 510 Appraisal Institute (Capitalization-Application)
Seminars Lectured at multiple seminars on a range of topics.
Consultation Lectured at banking institutions on valuation principles.
Guest Lecturer USC Law School/UCLA Business School

APPRAISAL EXPERIENCE

Office Includes valuation of office projects ranging in size from 1,500 sq.ft. to over 200,000 sq.ft., and from low-rise to mid-rise complexes.
Retail Includes valuation of anchored and non-anchored centers ranging in size from 2,000 sq.ft. to over 150,000 sq.ft., with most being multi-tenant in use and from neighborhood to regional in design.
Industrial Includes valuation of single and multi-tenant industrial facilities, including incubator projects and business parks. Project sizes have ranged from 5,000 sq.ft. to over 150,000 sq.ft.
Apartment Includes valuation of apartment projects ranging in size from 10 to over 250 units including conversion issues and feasibility.
Residential Includes single family dwellings and residential subdivisions ranging in size from 10 sites to over 100 sites (both vacant and improved).
Vacant Land A wide range of vacant sites have been valued, including land zoned for commercial, industrial, multi-residential and residential use.

SPECIAL PURPOSE PROPERTIES

Bowling Centers
Service Stations
Private Schools
Food Processing Facilities
Self Storage Facilities
Hotel/Motel Valuation
Skilled Nursing Facilities

Car Wash Facilities
Religious Facilities
Mobile Home Parks
Historically Significant Properties
Airport Fixed Base Operations
Conservancy Land
Hospitals/Rehabilitation Facilities

REAL ESTATE INTERESTS VALUED

Fee Simple Estate-Income and Non-Income
Leased Fee Estate
Leasehold Estate
Partial Interests

CONSULTATION ASSIGNMENTS

Feasibility Analysis
Developer Consultation
Marketing Oversight

Loan Portfolio Analysis
Highest and Best Use Analysis
Entitlement Assistance

PARTIAL LIST OF CLIENTS

Financial Institution Clients

Pacific Western Bank
Chase Bank
Banco Popular-North America
East/West Bank
California State Bank
Wells Fargo Bank
General Bank
Inland Community Bank
Bank Audi of New York
Imperial Capital Bank
Broadway Federal, FSB
First Security Corporation
Southern California Bank
Capital Crossing Bank
Marathon National Bank
First Union National Bank
Kaiser Federal Bank

City National Bank
Citibank
Mercantile National Bank
Farmers & Merchants Bank
Comerica Bank
Luther Burbank Savings
Fidelity Federal Bank
US Bank
Silvergate Thrift & Loan
Foothill Independent Bank
First Professional Bank
First Federal Bank
Gilmore Bank
First Bank of Beverly Hills, FSB
Thai Farmers Bank
United Mizrahi Bank
Pacific Mercantile Bank

General Client Summary

University of Southern California	Pepperdine University
Metropolitan Mtg. & Securities, Inc.	GE Capital Corporation
George Elkins Mortgage Banking Company	Imperial Commercial Capital Corporation
Weyerhaeuser Financial Investments, Inc.	Int'l. Brotherhood of Electrical Workers
GMAC Mortgage	George Smith Partners
Deutsche Bank Securities	ARCS Commercial Mtg. Company
Bankers Insurance Group	Safeco Insurance Company
Teachers Insurance & Annuity Assoc.-America	Cobham/Sargent Fletcher Corporation
AES/Southland Corporation	Aetna Casualty Insurers
State Farm Insurance Company	The Travelers Insurance Company
Scottsdale Insurance	TransAmerica Financial Services
Star Insurance Company	North America Title Insurance Company
Kindercare Learning Centers, Inc.	Savers Property & Casualty Insurance
Community Housing Services	TransAmerica Title Insurance
CIM Group	Stewart Title Insurance Company
Pankow Companies	Kaiser Permanente
Ronald McDonald House	Presbytery of San Gabriel Valley
Orion Outdoor Media	Pacific Theaters
All-Saints Church-Pasadena	Affordable Housing Development Corp.
Marlborough School	Stock Building Supply

Public Agency Clients

L.A. Unified School District	Metropolitan Transit Agency
Federal Deposit Insurance Corporation	City of Glendale
City of El Monte	City of Pasadena
Housing/Urban Development	U.S. Department of Justice
City of Los Angeles	State of California
Perris Unified School District	Los Angeles C.R.A.
Val Verde Unified School District	City of South Pasadena
City of Palmdale	City of Santa Monica
City of South Pasadena	City of Cathedral City
City of San Juan Capistrano	City of Downey
City of Highland	City of Azusa

LITIGATION ASSIGNMENTS

Qualified Expert Witness:

County of Los Angeles, Superior Court
County of Orange, Superior Court
County of Riverside, Superior Court
County of Santa Clara, Superior Court
United States Bankruptcy Court,
Central District of California

Litigation Client Summary

O'Melveny & Myers	Briedenbach, Swainston, Crispo & Way
Myers, Nave, Riback, Silver & Wilson	Best, Best & Krieger
Cooksey, Toolen, Gage, Duffy & Woog	Buchalter, Nemer, Fields & Younger
Loeb & Loeb, LLP	Hornberger & Brewer
Jones, Bell, Abbott, Fleming & Fitzgerald	Hunter, Molloy & Salcido
Holland & Knight, LLP	Cahill, Davis & O'Neill
Gaglione, Dolan & Kaplan	Polk, Scheer & Prober
Palmieri, Tyler, Wiener, Wilhelm & Waldron	Woodruff, Spradlin & Smart
Reed & Brown	Hill, Wynne, Troop & Meisinger
Nossaman, LLP	Solomon, Grindle, Silverman & Spinella
Hughes, Hubbard & Reed	Peterson Law Group
Nigro, Karlin & Segal	Rosenfeld, Wolff, Aronson & Klein
Dubia, Erickson, Tenerelli & Russo	Hill, Farrer & Burrill
Demetriou, Del Gercio, Springer & Francis	Hahn & Hahn
Stringfellow & Associates	Oliver, Sandifer & Murphy
Paul, Hastings, Janofsky & Walker	Jones, Mahoney, Brayton & Soll
Lewis, D'Amato, Brisbois & Bisgaard	Rodi & Pollock
Blue & Schoor	Haight, Brown & Bonesteel
Hunt, Ortmann, Blasco, Palffy & Rosell	Jeffer, Mangels, Butler & Marmaro
Senn, Palumbo & Muelemans	Castro & Associates
Sullivan, Workman & Dee	Schrieffer, Nakashima & Downey
California Eminent Domain Law Group	Kendrick & Jackson
Kessler & Schneider	Gipson, Hoffman & Pancione
Richards, Watson & Gershon	DLA Piper, US
Richardson & Harman	Perona, Langer, Beck, Llande & Serbin
Wolf, Rifkin, Shapiro & Schulman	Price, Postel & Parma
Anglin, Flewelling, Rasmussen, Campbell & Trytten	Carpenter, Rothans & Dumont
Gresham, Savage, Nolan & Tilden	Cooksey, Toolen, Gage, Duffy & Woog

PROFESSIONAL DESIGNATIONS

Appraisal Institute

MAI Designation

PROFESSIONAL AFFILIATIONS

Past President-
Board of Directors-

Los Angeles Chapter, Appraisal Institute
Los Angeles Chapter, Appraisal Institute

STATE CERTIFICATION

State of California-

Office of Real Estate Appraisers-#AG002796

CASE SUMMARY/WITH DEPOSITION AND/OR TRIAL TESTIMONY			
2015	2016	2017	2018
OCTA v. Ceiley	Cal-Trans v. Orange St. Townhomes	SANDAG v. Malone	ACE v. Majestic
OCTA v. Kwak	ACE v. ARCO	Garcia v. Lee	Property Reserve v. Wray
City of Ontario v. JW Mitchell	MTA v. Sweetzer Plaza	ACE v. Lawrence Studios	ACE v. Rowland Ranch
Calleguas MWD v. Kunisawa	RCTC v. Maude-Corona	RCTC v. Watson Land	Acosta v. City of Long Beach
Cal-Trans v. Hana	Acosta v. Terrace View	RCTC v. Anaheim Investors	RCTC v. Maude Corona
MTA v. LRW Properties		Santa Ana v. McDonalds	
MTA v. Regent Commercial		Santa Ana v. Chavez	
MTA v. Wilshire Commercial			
OCTA v. Cobblestone			
RCTC v. 2410 Wardlow			
RCTC v. Maude-Corona			
Cornell adv. Cal-Trans			
RCTC v. EI Corona			