



PENCOENG
Client Success is Our Success

PROJECT NAME:

12041/12042 Falling Leaf

PROJECT LOCATION:

Garden Grove, CA

PENCO ENGINEERING JOB NUMBER:

15039

GARDEN GROVE PROJECT NUMBER:

na

ENCLOSED:

CERTIFIED PAYROLL FOR WEEKS ENDING

- **07/26/15 through 09/13/15**
- **CONTRACTOR FRINGE BENEFIT STATEMENT**
- **BEHIND EACH CERTIFIED PAYROLL IS A COPY OF PENCO ENGINEERING PAYROLL RECORDS THROUGH PAYCHEX**
- **LAST YOU WILL FIND ANY ADJUSTMENTS THAT MAY BE OWED**

INLAND EMPIRE

255 E. Rincon Street, Suite 114
Corona, CA 92879
951-736-2040 • Fax 951-736-5292

IRVINE

16842 Von Karman Avenue, Suite 150
Irvine, CA 92606
949-753-8111 • Fax 949-753-0775
www.pencoeng.com

SAN DIEGO

11440 West Bernardo Court, Suite 300
San Diego, CA 92127
858-753-1800 • Fax 858-753-1803

CONTRACTOR FRINGE BENEFIT STATEMENT

Project Name: 12041 & 12042 Falling Leaf Circle ALTA	Project Location: 12041/12042 Falling Leaf, Garden Grove, CA	Today's Date: 7/20/15
Contractor / Subcontractor Name: PENCO Engineering, Inc.	Business Address: 16842 Von Karman Avenue, Suite 150, Irvine, CA 92606	

In order that the proper Fringe Benefit rates can be verified when checking payrolls on the above contract, the hourly rates for fringe benefits, subsistence and/or travel allowance payment made for employees by the employer on the various classes of work are tabulated below. Please Include Apprentice Rates.

	Classification:	Effective Date:	Subsistence or Travel Pay:
	Party Chief	7/1/15	\$ _____
EMPLOYER PAID FRINGE BENEFITS	Health & Welfare \$ 2.54 _____ hr	Paid To: Name of Plan/Fund/Program: United Healthcare, Dept 841346, Los Angeles, CA Address: ACEC Life/Health Trust, Dept CH 14382, Palatine, IL 60055	
	Pension \$ N/A _____ hr	Paid To: Name of Plan/Fund/Program: John Hancock Address: P.O. Box 600, Buffalo, NY 14201-0600	
	Vacation/Holiday \$ 4.64 _____ hr	Paid To: Name of Plan/Fund/Program: Employee Address: _____	
	Training \$ 0.90 _____ hr	Paid To: Name of Plan/Fund/Program: State of California/Dept of Industrial Relations/ California Apprenticeship Council Address: P.O. Box 511283, Los Angeles, CA 90051	
	Other \$ _____ hr	Paid To: Name of Plan/Fund/Program: _____ Address: _____	

	Classification:	Effective Date:	Subsistence or Travel Pay:
	Chainman	7/1/15	\$ _____
EMPLOYER PAID FRINGE BENEFITS	Health & Welfare \$ 3.55 _____ hr	Paid To: Name of Plan/Fund/Program: United Healthcare, Dept 841346, Los Angeles, CA Address: ACEC Life/Health Trust, Dept CH 14382, Palatine, IL 60055	
	Pension \$ N/A _____ hr	Paid To: Name of Plan/Fund/Program: John Hancock Address: P.O. Box 600, Buffalo, NY 14201-0600	
	Vacation/Holiday \$ 2.71 _____ hr	Paid To: Name of Plan/Fund/Program: Employee Address: _____	
	Training \$ 0.90 _____ hr	Paid To: Name of Plan/Fund/Program: State of California/Dept of Industrial Relations/ California Apprenticeship Council Address: P.O. Box 511283, Los Angeles, CA 90051	
	Other \$ _____ hr	Paid To: Name of Plan/Fund/Program: _____ Address: _____	

Supplemental statements must be submitted during the progress of the work should there be an increase or change in rates. Use additional sheets as necessary. (Attach a copy of your most recent premium transmittal (including copy of check submitted) into each of the above plans/funds/programs or a letter from the above plans/funds/programs reflecting current payment status).

I certify under penalty of perjury that fringe benefits are paid to the approved plans, funds or programs as listed above.

Print Name and Title Gina Ortega, Accounting/HR Manager	Signature and Date (Wet Signature Required) 10-7-16
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U.S. Department of Labor
Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

PAYROLL



Rev. Dec. 2008

OMB No.: 1235-0008
Expires: 02/28/2018

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR OR SUBCONTRACTOR **PENCO ENGINEERING, INC.**

ADDRESS **16842 VON KARMAN AVENUE, SUITE 150
IRVINE, CA 92606**

PROJECT AND LOCATION **12041 & 12042 FALLING LEAF CIRCLE ALTA, GARDEN GROVE, CALIFORNIA**

PROJECT OR CONTRACT NO. **PENCO JN #15039**

PAYROLL NO. **1** FOR WEEK ENDING **07/26/2015**

NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) TYPE OF HOLDING OR EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
			M T		W TH		F S S						FICA	WITH-HOLDING TAX	STATE	SDI	OTHER		TOTAL DEDUCTIONS
			20	21	22	23	24	25	26										
JEREMY ADAMS 6579	10	PARTY CHIEF			1.00					1.00	\$65.87	\$153.69	\$219.01	\$138.76	\$122.54	\$18.68	\$62.26	\$581.25	\$1,494.05
RANDOLPH CALAWAY 2991	3	CHAINMAN			1.00					1.00	\$61.25	\$142.91	\$161.20	\$125.33	\$44.54	\$14.75	\$49.15	\$394.97	\$1,243.27
					2.00					2.00	40.83	\$1,638.24							

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 07/31/2015
PERIOD BEGIN 07/13/2015 PERIOD END 07/26/2015

EMPLOYEE NAME ID SSN STATE/FREQ STS LOCATION	EARNINGS DESCR	PAY RATE	HOURS CURRENT	AMOUNT CURRENT	HOURS YTD	AMOUNT YTD	DEDUCTIONS DESCR	AMOUNT CURRENT	AMOUNT YTD	TAXES DESCR	AMOUNT CURRENT	AMOUNT YTD	NET PAY CHECK NO
ADAMS, JEREMY 1167 XXX-XX-XXXX CA CA CA 26 S10/S10 400 44,6300 Hourly Last Check Date 07/31/2015	1 REGULAR 2 OVERTIME H HOLIDAY S SICK V VACATION 1P MED 125 DP DEN 125	669450	6980 800 400 800	307927 53556 17852 35704	114900 10600 4800 2400 7700	5049615 699697 207408 104586 340050 -2962 -13686	C9 CHECKING NE F1 24HR FITNES K1 401K LOAN RI REIMBURSE	288453 300 12058 -2000	4609629 4800 54261 -32000	FEDERAL OASDI MEDICARE CA STATE CA SDI	43801 25734 6018 24507 3736	639425 395600 92519 366914 57428	DIRDEF 000
TOTAL			8600	3096974								559380	

PENCO ENGINEERING INC - 5887

CHECK DATE 07/31/2015
PERIOD BEGIN 07/13/2015 PERIOD END 07/26/2015

07/30/2015
PAGE 7

EMPLOYEE NAME ID SSN STATE/FRQ STS LOCATION	EARNINGS DESCR	PAY RATE	CURRENT		YTD		DEDUCTIONS DESCR	CURRENT		YTD		TAXES DESCR	CURRENT		YTD		NET PAY CHECK NO	
			HOURS	AMOUNT	HOURS	AMOUNT		HOURS	AMOUNT	HOURS	AMOUNT		HOURS	AMOUNT	HOURS	AMOUNT		HOURS
K1 401K EE VP VIS 125			8900	-12452	140400	-192041		298811	4636690		103796		1551887					
EMPLOYEE TOTAL				402607 415059		6188577 6401306												

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 07/31/2015
PERIOD BEGIN 07/13/2015 PERIOD END 07/26/2015

07/30/2015
PAGE 8

EMPLOYEE NAME	EARNINGS DESCR	PAY RATE	CURRENT HOURS	YTD HOURS	DEDUCTIONS DESCR	TAXES DESCR	NET PAY CHECK NO
CALAWAY, RANDOLPH	1 REGULAR	7600	259388	117100	C9 CHECKING NE	FEDERAL	489105
	2 OVERTIME	511950	40956	10700	CS CHILDR SUPRT	OASDI	313149
	H HOLIDAY	800	27304	4800		MEDICARE	73236
	S SICK	800	-9829	2400		CA STATE	132795
	V VACATION	800	141600	6600		CA SDI	45456
	1P MED 125						
	DP DEN 125						
	K1 401K EE						
	VP VIS 125						
EMPLOYEE TOTAL		9200	317819	141600		FEDERAL	250366
			327648	4898735			
				5068392			
				248658			
				3844996			
				69161			
				74086			
				1053739			
				1654637			



RANDOLPH CALAWAY

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 07/26/15	2.00	34.13	(68.26)
Previously Paid Prevailing Wage OT WE 07/26/15	1.00	51.195	(51.20)
CORRECTED Prevailing Wage Straight Time WE 07/26/15	2.00	40.83	81.66
CORRECTED Prevailing Wage OT WE 07/26/15	1.00	61.25	<u>61.25</u>
			23.46
		Total	23.46
Deductions:			
		GROSS	23.46
Medicare			0.34
OASDI			1.45
Federal withholdings			2.35
Ca. withholdings			0.70
SDI			0.28
			<u>5.12</u>
Sub Total			<u>5.12</u>
	Net		<u><u>\$ 18.33</u></u>

STATEMENT OF NON-PERFORMANCE

Payroll Number: 2

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

NO PERSONS employed by PENCO Engineering, Inc. performed work on
(Name of submitting company)

the construction project known as 12041 & 12042 Falling Leaf Circle ALTA

for the payroll period commencing on the 27th day of July, 2015
(1st date of week) (month)

and ending on the 2nd day of August, 2015.
(last date of week) (month)



Signature of Authorized Person

10-7-16

Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 3

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

NO PERSONS employed by PENCO Engineering, Inc. performed work on
(Name of submitting company)

the construction project known as 12041 & 12042 Falling Leaf Circle ALTA

for the payroll period commencing on the 3rd day of August, 2015
(1st date of week) (month)

and ending on the 9th day of August, 2015.
(last date of week) (month)



Signature of Authorized Person

10.7.16

Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 4

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

NO PERSONS employed by PENCO Engineering, Inc. performed work on
(Name of submitting company)

the construction project known as 12041 & 12042 Falling Leaf Circle ALTA

for the payroll period commencing on the 10th day of August, 2015
(1st date of week) (month)

and ending on the 16th day of August, 2015.
(last date of week) (month)



Signature of Authorized Person

10-7-16

Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 5


I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

NO PERSONS employed by PENCO Engineering, Inc. performed work on
(Name of submitting company)

the construction project known as 12041 & 12042 Falling Leaf Circle ALTA

for the payroll period commencing on the 17th day of August, 2015
(1st date of week) (month)

and ending on the 23rd day of August, 2015.
(last date of week) (month)



Signature of Authorized Person

10.7.16

Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 6

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

NO PERSONS employed by PENCO Engineering, Inc. performed work on
(Name of submitting company)

the construction project known as 12041 & 12042 Falling Leaf Circle ALTA

for the payroll period commencing on the 24th day of August, 2015
(1st date of week) (month)

and ending on the 30th day of August, 2015.
(last date of week) (month)



Signature of Authorized Person

10-7-16

Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 7

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

NO PERSONS employed by PENCO Engineering, Inc. performed work on
(Name of submitting company)

the construction project known as 12041 & 12042 Falling Leaf Circle ALTA

for the payroll period commencing on the 31st day of August, 2015
(1st date of week) (month)

and ending on the 6th day of September, 2015.
(last date of week) (month)



Signature of Authorized Person

10-7-16

Date

U.S. Department of Labor
Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

PAYROLL



U.S. Wage and Hour Division
Rev. Dec. 2008

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NAME OF CONTRACTOR OR SUBCONTRACTOR **PENCO ENGINEERING, INC.** ADDRESS **16842 VON KARMAN AVENUE, SUITE 150 IRVINE, CA 92606** OMB No.: 1235-0008 Expires: 02/28/2018

PAYROLL NO. **8 - FINAL** FOR WEEK ENDING **09/13/2015** PROJECT AND LOCATION **12041 & 12042 FALLING LEAF CIRCLE ALTA, GARDEN GROVE, CALIFORNIA** PROJECT OR CONTRACT NO. **PENCO JN #45039**

NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT, OR ST,	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK			
				M	T	W	TH	F	S	S				FICA	WITH-HOLDING TAX	STATE	SDI	OTHER		TOTAL DEDUCTIONS		
				7	8	9	10	11	12	13												
JEREMY ADAMS 6579	10	PARTY CHIEF									8.00	\$65.87	\$878.24	\$285.01	\$179.60	\$149.55	\$21.13	\$77.19	\$712.48	\$1,641.76		
WILLIAMS BAEGA 7750	5	CHAINMAN									8.00	\$61.25	\$816.64	\$56.01	\$79.69	\$8.83	\$9.38	\$1.11	\$155.02	\$887.73		

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PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 09/25/2015
PERIOD BEGIN 09/07/2015 PERIOD END 09/20/2015

09/23/2015
PAGE 6

EMPLOYEE NAME ID SSN STATE/FREQ STS LOCATION	EARNINGS DESCR	PAY RATE	CURRENT HOURS	AMOUNT	YTD HOURS	AMOUNT	DEDUCTIONS DESCR	CURRENT AMOUNT	YTD AMOUNT	TAXES DESCR	CURRENT AMOUNT	YTD AMOUNT	NET PAY CHECK NO
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ADAMS, JEREMY
 1167 XXX-XX-XXXX CA CA CA
 26 S10/S10 400

1 REGULAR
 2 OVERTIME
 H HOLIDAY

669450

8400
 900
 800

374892
 60251
 35704

148400
 11700
 5600

6544261
 773337
 243112

C9 CHECKING NE
 F1 24HR FITNES
 K1 401K LOAN

317996
 300
 12058

5749344
 6000
 102493

FEDERAL
 OASDI
 MEDICARE

57002
 29111
 6808

808335
 496935
 116218

000
 DIRDEP

NEW YORK LLC

PHONE (800)829-4807

FAX (855)271-35

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 09/25/2015
PERIOD BEGIN 09/07/2015 PERIOD END 09/20/2015

EMPLOYEE NAME ID SSN STATE/FREQ STS LOCATION	EARNINGS DESCR	PAY RATE	CURRENT HOURS	AMOUNT	YTD HOURS	AMOUNT	DEDUCTIONS DESCR	CURRENT AMOUNT	YTD AMOUNT	TAXES DESCR	CURRENT AMOUNT	YTD AMOUNT	NET PAY CHECK NO
44.6300 Hourly Last Check Date 09/25/2015 EMPLOYEE TOTAL	S SICK				2400	104556	RI REIMBURSE	-2000	-40000	CA STATE	29909	462368	177250
	V VACATION				8500	375734				CA SD1	4226	72139	
	1P MED 125			-203		-3774							
	DP DEN 125			-819		-16942							
	K1 401K EE			-14125		-241231							
BAEGA, WILLIAMS 178 XXX-XX-XXXX CA CA CA 26 M5/M5 400 21.5000 Hourly Last Check Date 09/25/2015 EMPLOYEE TOTAL	VP VIS 125		10100	455410	176600	8041000		328354	5817837		127056	1955996	4984000655
	1 REGULAR		7700	165550	151700	3074350	F I 24HR FITNES	300	6000	FEDERAL	11201	112305	
	2 OVERTIME		800	25800	2300	74175				OASD1	12916	204671	
	H HOLIDAY		800	17200	5600	104800				MEDICARE	3021	47867	
	S SICK				1600	34400				CA STATE	1786	6340	
BAKALAR DAVID	V VACATION			-212	800	17200				CA SD1	1875	29708	400891
	1P MED 125			-009		-3600							
EMPLOYEE TOTAL			9300	208329	162000	3301175		300	6000		30779	400891	

WILLIAMS BAEGA

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 09/13/15	8.00	21.50	(172.00)
Previously Paid Prevailing Wage OT WE 09/13/15	8.00	32.250	(258.00)
CORRECTED Prevailing Wage Straight Time WE 09/13/15	8.00	40.83	326.64
CORRECTED Prevailing Wage OT WE 09/13/15	8.00	61.25	490.00
			<u>386.64</u>
	Total		386.64
Deductions:			
	GROSS		386.64
Medicare			5.61
OASDI			23.97
Federal withholdings			38.66
Ca. withholdings			11.60
SDI			4.64
			<u>84.48</u>
Sub Total			<u>84.48</u>
	Net		\$ 302.16