#### **PROJECT NAME:**

#### Three arterial street rehabilitation

**PROJECT LOCATION:** 

Garden Grove, CA

PENCO ENGINEERING JOB NUMBER:

4272

**GARDEN GROVE PROJECT NUMBER:** 

7266

**ENCLOSED:** 

#### **CERTIFIED PAYROLL FOR WEEKS ENDING:**

- CONTRACTOR FRINGE BENEFIT STATEMENT
- 03/23/2014 THROUGH 06/29/14
- BEHIND EACH CERTIFIED PAYROLL IS A COPY OF PENCO ENGINEERING PAYROLL RECORDS THROUGH PAYCHEX
- LAST YOU WILL FIND ANY ADJUSTMENTS THAT MAY BE OWED

#### CONTRACTOR FRINGE BENEFIT STATEMENT

Project Name: Three Arterial Street Rehabilitation	Project Location: Garden Grove, CA	Today's Date: 3/17/14				
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.

Clas	sification:	Effective	Date:	Subsistence or Travel Pay:
Party	Chief	3/1/14		\$
	Health & Welfare	Paid To:	Name of Plan/Fund/Program:	United Healthcare, Dept 841346, Los Angeles, CA
ITS	\$hr		Address:	ACEC Life/Health Trust, Dept CH 14382, Palatine, IL 60055
BENEFITS	Pension	Paid To:	Name of Plan/Fund/Program:	John Hancock
	\$_N/A hr		Address:	P.O. Box 600, Buffalo, NY 14201-0600
FRINGE	Vacation/Holiday	Paid To:		Employee
	\$hr		Name of Plan/Fund/Program:	
PAID			Address:	y
RP/	Training	Paid To:	Name of Plan/Fund/Program:	State of California/Dept of Industrial Relations/ California Apprenticeship Council
<b>EMPLOYER</b>	\$hr		Address:	P.O. Box 511283, Los Angeles, CA 90051
집	Other	Paid To:		
EN		1 0.0	Name of Plan/Fund/Program:	
	\$hr		Address:	

Clas	sification:	Effective Date:	Subsistence or Travel Pay:
Chair	nman	3/1/14	\$
	Health & Welfare	Paid To: Name of Plan/Fund/Program:	United Healthcare, Dept 841346, Los Angeles, CA
FITS	\$ <u>2.38</u> hr	Address:	ACEC Life/Health Trust, Dept CH 14382, Palatine, IL 60055
BENEFITS	Pension	Paid To: Name of Plan/Fund/Program:	John Hancock
	\$ hr	Address:	P.O. Box 600, Buffalo, NY 14201-0600
FRINGE	Vacation/Holiday	Paid To: Name of Plan/Fund/Program:	Employee
PAID 1	\$hr	Address:	
R P/	Training	Paid To: Name of Plan/Fund/Program:	State of California/Dept of Industrial Relations/ California Apprenticeship Council
EMPLOYER	\$hr	Address:	P.O. Box 511283, Los Angeles, CA 90051
MPI	Other	Paid To: Name of Plan/Fund/Program:	
	\$ hr	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 Signature and Date (Wet Signature Required)						
Gina Ortega, Accounting/HR Manager	10.7.16					

### U.S. Department of Labor

Wage and Hour Division

#### **PAYROLL**

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

U.S. Wage and Hour Division

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

JOSH BAKALAR 2450 NAME OF CONTRACTOR DAVID BAKALAR 8626 DAVID WALKER 0946 RANDOLPH CALAWAY 2991 PAYROLL NO. NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER 3 OR SUBCONTRACTOR 🔽 PENCO ENGINEERING, INC. NO. OF WITHHOLDING EXEMPTIONS 0 ယ ယ 2 PARTY CHIEF PARTY CHIEF WORK CLASSIFICATION CHAINMAN CHAINMAN FOR WEEK ENDING 3 S 0 S 0 s 0 0 0 0 0 0 OT. OR ST s Ø ഗ 03/23/2014 8.00 8.00 17  $\leq$ 18 Н (4) DAY AND DATE 8.00 2.00 8,00 2.00 W 19 HT 20 21 22 S 23 8.00 2.00 TOTAL ADDRESS 16842 VON KARMAN AVENUE, SUITE 150 8.00 8.00 2.00 8.00 PROJECT AND LOCATION
THREE ARTERIAL STREET REHABILITATION, GARDEN (5) GROVE, CALIFORNIA 43.01 39,93 43.01 39.93 \$59.90 \$59.90 \$64.52 \$64.52 RATE OF PAY **IRVINE, CA 92606** 6) GROSS AMOUNT EARNED \$473.12 \$439.24 \$319.44 \$344.08 \$1,318.04 \$1,244.52 \$1,781.97 \$1,123.04 3 \$220.46 \$274.60 \$114.91 \$84.81 FICA HOLDING TAX \$129.16 \$74.40 \$100.40 \$95.16 \$106.74 \$16.52 \$24.94 \$68.00 STATE (8) DEDUCTIONS PENCO JN #4272 \$16.89 PROJECT OR CONTRACT NO \$12.44 \$13.13 \$9.20 SDI \$202.87 \$93.69 \$45.28 OTHER \$0.67 TOTAL DEDUCTIONS \$396.73 \$387.80 \$621.08 \$298.66 OMB No.: 1235-0008 Expires: 02/28/2018 Rev. Dec. 2008 WAGES PAID FOR WEEK \$1,160.89 \$1,019.38 \$847.79 \$735.24 9

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 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 labore 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

#### Public Burden Statement

We estimate that is 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

(over)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below. (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed. with the Bureau of Apprenticeship and Training, United States Department of Labor. correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the all persons employed on said project have been paid the full weekly wages earned, that no rebates have Date been or will be made either directly or indirectly to or on behalf of said do hereby state: 17th (2) That any payrolls otherwise under this contract required to be submitted for the above period are (4) That: (1) That I pay or supervise the payment of the persons employed by THREE ARTERIAL STREET REHAB 10.7-16 day of (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (Name of Signatory Party) (Building or Work) **GINA ORTEGA** the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, in addition to the basic hourly wage rates paid to each laborer or mechanic listed in March PENCO ENGINEERING, INC. PENCO ENGINEERING, INC. (Contractor or Subcontractor) (Contractor or Subcontractor) 2014 and ending the that during the payroll period commencing on the 23rd ACCOUNTING/HR MANAGER day of March from the full 2014 on the

except as noted in section 4(c) below.

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

GINA ORTEGA, ACCOUNTING/HR MANAGER

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

			L
			1
in the contract, except as noted in section 4(c) below.	basic hourly wage rate plus the amount of the required fringe benefits as listed	as indicated on the payroll, an amount not less than the sum of the applicable	Each laborer or mechanic listed in the above referenced payroll has been paid.

#### (c) EXCEPTIONS

	,	 		 		
NAME AND TITLE	REMARKS:					EXCEPTION (CRAFT)
SIGNATURE 0						EXPLANATION

LIMINE (GOODERS

THE CALL STREET STREET

### PENCO ENGINEERING INC - 5887 **PAYROLL REGISTER - MULTI STATE**

### PERIOD BEGIN 03/10/2014 PERIOD END 03/23/2014 **CHECK DATE 03/28/2014**

ID SSN STATE/FRQ STS LOCATION EMPLOYEE NAME DP DEN 125 EARNINGS DESCR RATE PAY HOURS CURRENT AMOUNT -683B HOURS ď -41028 -4086 AMOUNT DESCR DEDUCTIONS CURRENT AMOUNT AMOUNT DESCR QTY TAXES CURRENT AMOUNT AMOUNT YTD CHECK NO NET PAY

EMPLOYEE TOTAL	WALKER, DAVID 204 XXX-XX-XXXX CA CA CA 26 M1/M1 400 15.0000 Hourly Last Check Date 03/28/2014
VP VIS 125 VP VIS 125	1 REGULAR 391300 1 REGULAR 391300 2 OVERTIME 225000 2 OVERTIME 586950 H HOLIDAY S SICK
9700	6300 0 1700 0 7000
-32158 -7675 -760 184035	586558 673077 94500 66521 22500 41087
38900	27300 27300 3600 3600 3600
24000 -128552 -30700 -3040 575272	4278894 4711539 504369 C9 CHECKING NE 504369 FI 24HR FITNES 113195 113195 42000 54000
147851	147551 300
479850	478350 FEDERAL 1500 OASD I MEDICARE CA STATE CA SDI
36184	16961 11410 2669 3304 1840
95422	39045 35667 8341 6616 5753
	ODO DIRDEP

03/27/2014 PAGE 9

# CHECK DATE 03/28/2014 PERIOD BEGIN 03/10/2014 PERIOD END 03/23/2014

-									-	_			_	
	EMPLOYEE TOTAL		194 XXX-XXXXX CA CA CA 26 SO/SO 400 14.0000 Hourly Last Check Date 03/28/2014	BAKALAR, JOSH	EMPLOYEE TOTAL		S.	30.0000 Hourly Last Check Date 03/28/2014	1190 XXX-XX-XXXX CA CA CA 26 S3/S3 400	BAKALAR DAVID	EMPLOYEE TOTAL	ID SSN STATE/FRQ STS LOCATION	EMPLOYEE NAME	
		V VACATION 1P MED 125 DP DEN 125 VP VIS 125	IME AY	1 REGULAR		1P MED 125 DP DEN 125 VP VIS 125	S SICK V VACATION	2 OVERTIME		1 BEGIII AB		DESCR	EARNINGS	
			391300 210000 586950					635150	422100 450000			RATE	PAY	
	9600		3500 600 500	5000	9600			500	350a	5	7200	HOURS	CUF	
117700	248769 248903	-008 -008	136955 12600 29348	70000	337655 356393	-17512 -834 -392		31658	147735	150000	107867 108000	AMOUNT	CURRENT	
	58300	6200	2800 2800 2800	000	60800		1600	2800	47100	.7100	50400	HOURS	١	
00//4/	1445259 1446063	86800 -738 -048	1184034 113629 113629 39200	1184034	2041335 2153763	-105072 -5004 -2352	48000	151759 84000	1675004	1,675,004	712002 712800	AMOUNT	YTD	
		ı	FI 24HR FITNES	C9 CHECKING NE					FI	CO CHECKING NE		DESCR	DEDUCTIONS	
	169559	1	300	169259	232181		9	71	300	1588 U2C		AMOUNT	CURRENT	
	1010008	3	2100 OASDI MEDICAR CA STAT CA SDI	1007908	1444425				2100	1445235		AMOUNT	QTY .	
		Ï	OASDI MEDICARE CA STATE CA SDI	FEDERAL		y c	[8]	CA STATE	2100 OASDI MEDICARE			DESCR	TAXES	
	79210	I	15424 3607 13600 2488	14091	105474			21347 3377	20935	5,000	9331	AMOUNT	CURRENT	
	435251		89606 20957 70062 14453	240173	596910		!	116465	126563	838202	62273	AMOUNT	YTD	
			DIRDEP						DIRDEP	000		CHECK NO	NET PAY	

03/27/2014 PAGE 7

			Hours	Rate		Total
Previously Paid Prevailing Wage Straight Time WE 03/23/14 Previously Paid Prevailing Wage OT WE 03/23/14 CORRECTED Prevailing Wage Straight Time WE 03/23/14 CORRECTED Prevailing Wage OT WE 03/23/14			8.00 2.00 8.00 2.00	39.13 58.695 43.01 64.52	10	(313.04) (117.39) 344.08 129.04 42.69
Deductions:	8	Total				42.69
		GROS	S			42.69
	Medicare					0.62
	OASDI					2.65
	Federal withholdings					4.27
	Ca. withholdings					1.28
	SDI					0.51
						-
	Sub Total					9.33
		Net			\$	33.36

			Hours	Rate	ı	Total
Previously Paid Prevailing Wage Straight Time WE 03/23/14 Previously Paid Prevailing Wage OT WE 03/23/14 CORRECTED Prevailing Wage Straight Time WE 03/23/14 CORRECTED Prevailing Wage OT WE 03/23/14			8.00 2.00 8.00 2.00	39.13 58.695 39.93 59.90		(313.04) (117.39) 319.44 119.80 8.81
Deductions:		Total				8.81
		GROS	S			8.81
	Medicare					0.13
	OASDI					0.55
	Federal withholdings					0.88
	Ca. withholdings					0.26
	SDI					0.11
	Sub Total					1.92
		Net			\$	6.89

			Hours	Rate	Total
Previously Paid Prevailing Wag Previously Paid Prevailing Wag CORRECTED Prevailing Wage CORRECTED Prevailing Wage	ge OT WE 03/23/14 e Straight Time WE 03/23/14		8.00 8.00	42.21 63.315 43.01 64.52	(337.68) 344.08 
Deductions:		Total			6.40
		GROS	S		6.40
N	<i>f</i> ledicare				0.09
C	DASDI				0.40
F	ederal withholdings				0.64
C	Ca. withholdings				0.19
S	BDI				0.08
S	Sub Total				1.40
		Net			\$ 5.00

			Hours	Rate	Total
Previously Paid Prevailing W	age Straight Time WE 03/23/14		8.00 =: 8.00	39.13 58.695 39.93 59.90	Total (313.04) - 319.44 - 6.40
Deductions:		Total			6.40
		GROS	S		6.40
	Medicare				0.09
	OASDI				0.40
	Federal withholdings				0.64
	Ca. withholdings				0.19
	SDI				0.08
					м:
	Sub Total				 1.40
		Net			\$ 5.00

### U.S. Department of Labor

Wage and Hour Division

#### **PAYROLL**

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

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

U.S. Wage and Hour Division

NAME OF CONTRACTOR PAYROLL NO. OR SUBCONTRACTOR PENCO ENGINEERING, INC. FOR WEEK ENDING 03/30/2014 ADDRESS 16842 VON KARMAN AVENUE, SUITE 150 IRVINE, CA 92606 PROJECT AND LOCATION

THREE ARTERIAL STREET REHABILITATION, GARDEN

GROVE CALIFORNIA

PENCO JN #4272 PROJECT OR CONTRACT NO. OMB No.: 1235-0008 Expires: 02/28/2018 Rev. Dec. 2008

				GRC	GROVE, CALIFORNIA	RNIA				PENCO JN #42/2	IN #42/2		
(1)	(2)	(3)	(4) DAY AND DATE	(5)	(6)	(7)				(8)			(9)
	DLDING TIONS		M T W TH F S S						DED	DEDUCTIONS			Z E
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY  NUMBER) OF WORKER	NO. OF WITHHO EXEMP	WORK CLASSIFICATION	6 24 25 26 27 28 29 30 HOURS WORKED EACH DAY	TOTAL	RATE OF PAY	GROSS AMOUNT EARNED	FICA	HOLDING HOTH-	STATE	SDI	OTHER	TOTAL	WAGES PAID POR WEEK
JEREMY ADAMS 6579		PARTY CHIEF	0		\$64.52	\$215.05							
	10		S 5,00	5.00	43.01	\$1,756.27	\$144.45	\$134.04	\$92.19	\$17.52	\$30.83	\$445.03	\$1,311.24
DAVID WALKER 0946		CHAINMAN	0		\$59.90	\$199.65							
	-		S 5.00	5.00	39.93	\$723.75	\$28.24	\$39.83	\$4.36	\$5.21	\$202.87	\$280.53	\$443.22
RANDOLPH CALAWAY	,	PARTY CHIEF	0 1,00	1.00	\$64.52	\$236.56	5000						
	u		4,00	4.00	43,01	\$1,564.85	\$136.62	\$119.27	\$40.74	\$13.39	\$32.69	\$387.11	\$1,177.74
MICHAEL RALLS 2998	5	CHAINMAN	0 1,00	1.00	\$59.90	\$219.62	\$40.83	646 00	67.20	9 4		9110	5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	9		4.00	4.00	39.93	\$548.00	0.00	Φ.00.72	\$7.20	\$J.40		\$110.43	\$437.37
			0			/							
			· ·										
			0										
			v			/							
			0										
			v										
			0						81				
			60										
While completion of Form WH-247 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction covered contractors.	tory for o	overed contractors and sub	contractors performing work on Eaderally final	mond or a	ssieted constructi		2004 40 400	information col	loation conto	1000	0 66 3 3 E E/	tracks to respond to the information collection contained in 20 CED 68.3.3 EE/2. The Conclude Act	

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. While completion of Form WH-247 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 contrained 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

#### **Public Burden Statement**

We estimate that is 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

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed. correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. § 3145), and described below. all persons employed on said project have been paid the full weekly wages earned, that no rebates have Date with the Bureau of Apprenticeship and Training, United States Department of Labor. been or will be made either directly or indirectly to or on behalf of said do hereby state: 24th (4) That: (2) That any payrolls otherwise under this contract required to be submitted for the above period are (1) That I pay or supervise the payment of the persons employed by THREE ARTERIAL STREET REHAB 0 (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS day of (Name of Signatory Party) (Building or Work) 2.16 **GINA ORTEGA** in addition to the basic hourly wage rates paid to each laborer or mechanic listed in March the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, PENCO ENGINEERING, INC. PENCO ENGINEERING, INC. (Contractor or Subcontractor) (Contractor or Subcontractor) 2014 \_, and ending the \_\_30th ; that during the payroll period commencing on the ACCOUNTING/HR MANAGER day of March from the full 2014 on the

except as noted in section 4(c) below.

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

GINA ORTEGA, ACCOUNTING/HR MANAGER

SIGNATURE

NAME AND TITLE

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

#### (c) EXCEPTIONS

,	 	 	
REMARKS:		×	באלכבר ווכוע (כתאדו)
			EXPLANATION

EARNINGS DESCR

RATE PAY

HOURS AMOUNT CURRENT

EMPLOYEE NAME

### PERIOD BEGIN 03/24/2014 PERIOD END 04/06/2014 CHECK DATE 04/11/2014

04/10/2014 PAGE 6

	1							
	/	26 \$10/\$10 400 2 38.5000 Hourly H Last Check Date 04/11/2014 S 1P OP	ADAMS, JEREMY 1167 XXX-XXXXX CA CA CA	DEPARTMENT TOTAL				ID SSN STATE/FRQ STS LOCATION
		OVERTIME HOLIDAY SICK VACATION MED 125 DEN 125 401K EE	1 REGULAR	MP MED FSA VP VIS 125				DESCR
		577500	3					RATE
•	8,50	200	6850	49900	180004			HOURS
	339888 351253	11580 11580 -112 -112 -715	263	-32524 -16461 -1395 3805107		2	33	JRRE
			1	1			332000	AMOUNT
	73300	2800 2800 2800 2800	64300	399814				HOURS
	28011 <u>54</u> 28937 <u>58</u>	2491132 163926 107800 30800 100100 -784 -5005		-335477 -142631 -9774 28535761			2606155	YTD AMOUNT
	-	FI 24HR FITNES RI REIMBURSE	C9 CHECKING NE	ī			Or .	DEDUCTIONS T DESCR
	262250	-2000 -2000	263980	2840162		, , , ,		CURRENT AMOUNT
	2143825			20803				YTD AMOUNT
		OASDI MEDICARE CA STATE CA SDI				Z41010X FEDERAL	833528	TAXES
	77638	21726 5081 18467 3504	9269.21	313981		9905.8	Silcon Control	CURRENT
	657329	251635 179053 41875 155886 28880	10607400	2460-		786214	AHOON	ATT
		DIRDEP				000	CHECK NO	NET PAY

YORK LLC

CHECK DATE 04/11/2014
PERIOD BEGIN 03/24/2014 PERIOD END 04/06/2014

04/10/2014 PAGE 9

EMPLOYEE NAME
ID SSN STATE/FRQ STS LOCATION DESCR EARNINGS RATE PAY HOURS CURRENT AMOUNT HOURS **GL**Y AMOUNT DEDUCTIONS DESCR CURRENT AMOUNT AMOUNT DESCR **T**Y LCA CTATE TAXES CURRENT AMOUNT AMOUNT NET PAY CHECK NO

EMPLOYEE TOTAL		Last check Date 04/11/2014	15.0000 Hourly	26 M1/M1 400	204 XXX-XX-XXXX CA CA CA	WALKER, DAVID	<b>电光电影电影电影电影电影电影电影电影电影电影电影电影电影电影电影电影电影电影电</b>
	VP VIS 125	1P MED 125	S SICK	H HOLIDAY	2 OVERTIME 22500	1 REGULAR	
					000		
9200					900	8300	
1041777 144750	-760	-32138			20250	124500	1000
48100		ō	3600	2800	4500	35600	
679449 882314	-3800	-160690	54000	42000	133445 F	628869 C	04C - 124
ï					FI 24HR FITNES	C9 CHECKING NE	
886446					300	88346	
568496					1800	566696	
		CA 3D1	CA STATE	MEDICARE	OASDI	FEDERAL	
15533		Ę	2073	1511	6459	5648	
110953		0/90	7487	9852	42126	44693	
			tuny mytur	ditana.	DIRDEP	0	
						8	

YORK LLC

CHECK DATE 04/11/2014
PERIOD BEGIN 03/24/2014 PERIOD END 04/06/2014

PAYROLL REGISTER - MULTI STATE PENCO ENGINEERING INC - 5887

04/10/2014 PAGE 8

		EMPI OVER TOTAL	26 M3/M3 400 30.0000 Hourly Last Check Date 04/11/2014	169 XXX-XXXXX CA CA CA		EMDIOYER TOTAL	ID SSN STATE/FRQ STS LOCATION	EMPLOYEE NAME
		P MED 125 DP DEN 125 K1 401K EE VP VIS 125		1 REGULAR			DESCR	FARNINGS
		ı	450000	5			RATE	DAY
	9600		13 00	7800			HOURS	2
	302433 312970	-143 -715 -9389 -290	58500	234000	404226		S AMOUNT	
	72200	1700	6800 2800 3000	57900			HOURS	
	2126660 2200717	51000 -1001 -5005 -66021 -2030	7709925 293792 56000 90000	1709925	12126 <b>78</b> 13269 <u>2</u> 4		YTD AMOUNT	
	I		CS CHILD SUPRT	C9 CHECKING NE	791		DESCR	
77.7	237151		42600	194551	311659		CURRENT AMOUNT	
Z717C7	1692286		351450	1340836	621318		AMOUNT	
COANCE EDERAL	l	CA SOL	351450 OASDI MEDICARE CA STATE	FEDERAL	ı		TAXES DESCR	
6789	65282	5738	19333 4521 8147	Z0008Z	92567		CURRENT	
74587	434374	21927	13594.6 31794 47323	107707	- 277701		AMOUNT	
000			DIRDEP				NET PAY	

PHICALLY (0000000 0000

RALLS, MICHAEL
212 XXX-XX-XXXX CA CA CA
26 MO/MO 400 PENCO ENGINEERING INC - 5887 PAYROLL REGISTER - MULTI STATE ID SSN STATE/FRQ STS LOCATION EMPLOYEE NAME 1 REGULAR 2 OVERTIME DESCR EARNINGS 24,0000 RATE PAY 5800 700 HOURS CURRENT PERIOD BEGIN 03/24/2014 PERIOD END 04/06/2014 CHECK DATE 04/11/2014 AMOUNT 92800 16800 87560 21000 2200 HOURS Ą. 434370 62637 673120 AMOUNT C9 CHECKING NE DESCR DEDUCTIONS CURRENT 90606 AMOUNT AMOUNT DESCR 318372 **TY** FEDERAL OASDI MEDICARE TAXES CURRENT AMOUNT 8075 6795 1589 TININOMA 41090 30814 7207 **TTD** 04/10/2014 PAGE DIRDER CHECK NO NET PAY œ

YEW YORK LLC

DHONE /ONNIOSO /ONT

CHECK DATE 04/11/2014
PERIOD BEGIN 03/24/2014 PERIOD END 04/06/2014

04/10/2014 PAGE 9

	EMPLOYEE TOTAL	16.0000 Hourly Last Check Date 04/11/2014	ID SSN STATE/FRQ STS LOCATION	EMPLOYEE NAME	
1	71			EARNINGS	
E00000			RATE	PAY	
Parest	6500		HOURS	CU	
1000	109600		AMOUNT	CURRENT	
	23200		HOURS		
\$300	497007		AMOUNT	YTD	
The state of the s			DESCR	DEDUCTIONS	
D00001	90606		AMOUNT	CURRENT	
No.	318372		AMOUNT	YTD	
		CA STATE CA SDI	DESCR	TAXES	
20000	18994	1439	AMOUNT	CURRENT	
French	91320	7238 4971	AMOUNT	ALA	- 100
00000			CHECK NO	NET PAY	

			Hours	Rate	Tot	tal
Previously Paid Prevailing \	age Straight Time WE 03/30/14		5.00 5.00	42.21 57.750 43.01 64.52	(211.(  215.(	05) 05
Deductions:		Total			4.0	00
		GROSS	8		4.0	0
	Medicare				0.0	6
	OASDI				0.2	5
	Federal withholdings				0.40	0
	Ca. withholdings				0.12	2
	SDI				0.05	5
	Sub Total			,	0.87	<b>7</b>
		Net		2	\$ 3.13	3

Manual	Check
--------	-------

			Hours	Rate	Total
Previously Paid Prevailing W	age Straight Time WE 03/30/14		5.00 5.00	15.00 22.500 39.93 59.90	(75.00) - 199.65 - 124.65
Deductions:		Total			124.65
		GROSS	3		124.65
	Medicare				1.81
	OASDI				7.73
	Federal withholdings				12.47
	Ca. withholdings				3.74
	SDI				1.50
				i <u>,</u>	
	Sub Total				27.24
		Net		\$_	97.41

			Hours	Rate	Total
Previously Paid Prevailing \	age Straight Time WE 03/30/14		4.00 1.00 4.00 1.00	40.94 45.000 43.01 64.52	(163.76) (45.00) 172.04 64.52 27.80
Deductions:		Total			27.80
		GROS	3		27.80
	Medicare				0.40
	OASDI				1.72
	Federal withholdings				2.78
	Ca. withholdings				0.83
	SDI				0.33
	Sub Total				6.07
		Net		=	\$ 21.73

	Manual Check				
		ŀ	-lours	Rate	Total
Previously Paid Prevailing V	age Straight Time WE 03/30/14		4.00 1.00 4.00 1.00	16.00 24.000 39.93 59.90	(64.00) (24.00) 159.72 59.90
					131.62
Deductions:		Total			131.62
		GROSS			131.62
	Medicare				1.91
	OASDI				8.16
	Federal withholdings				13.16
	Ca. withholdings				3.95
	SDI				1.58
				_	

Net

28.76

102.86

Sub Total

#### STATEMENT OF NON-PERFORMANCE

Payroll Number:
Gina Ortega  (Name of Signatory party)  Accounting/HR Manager (Title)  do hereby state that
NO PERSONS employed by PENCO Engineering, Inc. performed work on (Name of submitting company)
the construction project known asThree Arterial Street, Garden Grove
for the payroll period commencing on the $\frac{31\text{st}}{\text{(1st date of week)}}$ day of $\frac{\text{March}}{\text{(month)}}$ , $\frac{2014}{\text{(month)}}$
and ending on the Glast date of week) day of April (month), 2014.
Signature of Authorized Person
70.7.16 Date
Date

### U.S. Department of Labor

Wage and Hour Division

#### **PAYROLL**

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

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

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

	j J	Z				200	2100								
PENCO ENGIN	ENGI	PENCO ENGINEERING, INC.				) 	IRVINE,	16842 VON KARMAN AVENUE, SUITE 150 IRVINE, CA 92606	AVENUE	, SUITE 15	0			OMB No.: Expires:	OMB No.: 1235-0008 Expires: 02/28/2018
PAYROLL NO.		FOR WEEK ENDING				PRO	PROJECT AND LOCATION	TION				PROJECT C	PROJECT OR CONTRACT NO.	NO.	
4				04/13/2014		요 쿠	THREE ARTERIAL STF GROVE, CALIFORNIA	THREE ARTERIAL STREET REHABILITATION, GARDEN GROVE, CALIFORNIA	EHABILI	TATION, G.	ARDEN	PENCO JN #4272	JN #4272		
3	(2)	(3)		(4) DAY	(4) DAY AND DATE	(5)	(6)	(7)				(8)			(9)
	LDING TONS		R ST.	TW	TH F S	S					DEDI	DEDUCTIONS			Z T T
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY  NUMBER) OF WORKER	NO. OF WITHHO EXEMPT	WORK CLASSIFICATION	OT, 0		8 9 10 11 12 HOURS WORKED EACH DAY	13 TOTAL HOURS	AL RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING	STATE	SDI	OTHER	TOTAL	WAGES PAID PAID
RANDOLPH CALAWAY		PARTY CHIEF	0 2,00	0				\$473.12							
	ω		S 6,00	ō	2,00	8.00	00 43.01	\$1,584.17	\$133.63	\$120.75	\$41.98	\$15.79	\$265.40	\$597.55	\$986.62
DAVID WALKER 0946		CHAINMAN	0 2.00			2.00	\$59.90	\$439.24							
	_		\$ 6.00	0	2.00	8.00	39.93	\$959.02	\$60.20	\$57.85	\$9.54	\$7.56	\$202.87	\$338.02	\$621.00
			0					/							
			ω												
			0					\							
			Ø												
			0												
			w												
			0												
			w					/							
			0					\							
			v												
			0												
			σ												

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. 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 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

#### Public Burden Statement

We estimate that is 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

(over)

Date 10.7.16  GINA ORTEGA  ACCOUNTING/HR MANAGER	IJ
(Name of Signatory Party) (Title)	
(1) That I pay or supervise the payment of the persons employed by	
INC.	on the
bcontractor)	9
THREE ARTERIAL STREET REHAB; that during the payroll period commencing on the	na on the
(Building or Work)  7th day of April 2014, and ending the 13th day of April 2014	2014
all persons employed on said project have been paid the full weekly wages eamed, that no rebates have been or will be made either directly or indirectly to or on behalf of said	s have
PENCO ENGINEERING, INC.	from the full
(Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.	rectly ons, Part Stat 948,
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	iod are than the dassifications
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	nticeship and registered
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	RAMS
<ul> <li>in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.</li> </ul>	clisted in contract uployees,

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

#### (c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

NAME AND TITLE
GINA ORTEGA, ACCOUNTING/HR MANAGER

SIGNATURE

PENCO	PAYR
ENGINE	OLL RE
ERING IN	GIS
IC - 5887	R-MU
7	ILTI ST
	ATE

### PERIOD BEGIN 04/07/2014 PERIOD END 04/20/2014 CHECK DATE 04/25/2014

(1)

a. DEDUCTIONS CURRENT 4TD TAXES CURRENT 04/24/2014 PAGE

EMPLOYEE NAME ID SSN STATE/FRQ STS LOCATION DESCR EARNINGS RATE PAY HOURS CURRENT AMOUNT HOURS AMOUNT DESCR AMOUNT AMOUNT DESCR AMOUNT AMOUNT **GL**Y CHECK NO NET PAY

CALAWAY, RANDOLPH

169 XXX-XX-XXXX CA CA CA
26 M3/M3 400
30.0000 Hourly
Last Check Date 04/25/2014 1 REGULAR
1 REGULAR
2 OVERTIME
2 OVERTIME
H HOLIDAY 409400 450000 614100 1800 201000 73692 36000 6141 74400 94400 9400 9400 2052853 C9 CHECKING NE 2052853 CS CHILD SUPRT 354167 354167 56000 199748 42600 1540584 FEDERAL 394050 OASDI MEDICARE CA STATE 30725 19572 4577 8395 3157 236929 160879 37625 55718 25949 DIRDEP

PENCO ENGINEERING INC - 5887	5887	IAIE		CHECK DATE 04/25/2014 PERIOD BEGIN 04/07/2014 I	ATE 04/	25/2014 07/2014 P	CHECK DATE 04/25/2014 PERIOD BEGIN 04/07/2014 PERIOD END 04	04/20/2014				04,	04/24/2014 PAGE
EMPLOYEE NAME ID SSN STATE/FRQ STS LOCATION	EARNINGS DESCR	PAY RATE	CURI	CURRENT RS AMOUNT	HOURS	YTD AMOUNT	DEDUCTIONS DESCR	CURRENT	YTD TAXES AMOUNT DESCR	TAXES	CURRENT	YTD AMOUNT	∃ 6
	S SICK V VACATION 1P MED 125 DP DEN 125 K1 401K EE VP VIS 125	1		-143 -715 -290	3000 1700	90000 51000 -1144 -5720 -75526 -2320	d d			CA SUI	-2594		
EMPLOTEE IOIAL			9400	306180	91300	2519310		242348	1934634		63832	51710	Ö

# CHECK DATE 04/25/2014 PERIOD BEGIN 04/07/2014 PERIOD END 04/20/2014

PAGE	04/24/20
9	14

EPARTMENT TOTALS  19 ENFLOTEES 12 CHECKS	EMPLOYEE TOTAL	VALKER, DAVID 104 XXX-XXX-XXXX CA CA CA 16 M1/M1 400 15.0000 Hourly .ast Check Date 04/25/2014	EMPLOYEE TOTAL			EMPLOYEE NAME  ID. SSN STATE/FRQ STS LOCATION
A BECH AP  E GVERIIME  H HOLIDAY	1P MED 125 DP DEN 125 VP VIS 125	REGULAR REGULAR OVERTIME OVERTIME HOLIDAY SICK VACATION				EARNINGS DESCR
		391300 225000 586950				PAY RATE
	9200	1800 1800		¥ 6		HOUR
30523	-32138 -7675 -760 151231 191804	97500 70434 18000 5870	623077 709616			CURRENT S AMOUNT
Section 1	57300	43900 43900 5400 5400 2800 3600	5350			HOURS
202/202 203/202	-192828 -46050 -4560 830680 1074118	796803 796803 157315 157315 42000 54000 24000	5524998 6130771			YTD AMOUNT
C9 CHECKING NE		C9 CHECKING NE F1 24HR FITNES				DEDUCTIONS DESCR
	124203	1239.03 300	4 100			CURRENT
100 TO 10	692699	690599 2100				YTD AMOUNT
GASDI	ŀ	690599 FEDERAL 2100 OASDI MEDICARE CA STATE CA SDI				TAXES
201Z47	27028	12040 9376 2193 1907 1512			10/22/01	CURRENT
D11900	137981	56733 51502 512045 9394 8307			920050	YTD AMOUNT
BEACH 4		000 DIRDEP			000	NET PAY CHECK NO

Manual	Check

			Hours	Rate	Total
Previously Paid Prevailing V	age Straight Time WE 04/13/14		8.00 1.00 8.00 2.00	40.94 61.410 43.01 64.52	(327.52) (61.41) 344.08 129.04 84.19
Deductions:		Total			84.19
		GROSS	6		84.19
	Medicare				1.22
	OASDI				5.22
	Federal withholdings				8.42
	Ca. withholdings				2.53
	SDI				1.01
	Sub Total			a	18.40
		Net		,	\$ 65.79

			Hours	Rate	Total
Previously Paid Prevailing Wag Previously Paid Prevailing Wag CORRECTED Prevailing Wage CORRECTED Prevailing Wage	ge OT WE 04/13/14 e Straight Time WE 04/13/14	5	8.00 1.00 8.00 2.00	39.13 58.695 39.93 59.90	(313.04) (58.70) 319.44 119.80 67.51
Deductions:		Total			67.51
		GROS	S		67.51
N	Medicare				0.98
C	DASDI				4.19
F	ederal withholdings				6.75
C	Ca. withholdings				2.03
S	SDI				0.81
S	Sub Total				 14.75
		Net			\$ 52.76

### U.S. Department of Labor Wage and Hour Division

#### **PAYROLL**

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

U.S. Wage and Hour Division Rev Dec 2008

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

NAME OF CONTRACTOR OR SHRCONTRACTOR	OTOD 7	3			ADDEES	3			0000000	inoci.			1000	. 2000
	O ENG	PENCO ENGINEERING, INC.			6		16842 VON KARMAN AVENUE, SUITE 150 IRVINE, CA 92606	VENUE	SUITE 15	Õ			OMB No.: 1235-0008 Expires: 02/28/2018	: 1235 02/28
PAYROLL NO.		FOR WEEK ENDING	ดิ		PROJE	CT AND LOCATI	ON				PROJECT C	PROJECT OR CONTRACT NO.	NO.	
ຶ້				04/20/2014	SR	THREE ARTERIAL STREET REHABILITATION, GARDEN GROVE, CALIFORNIA	L STREET RI	EHABILI	TATION, G	ARDEN	PENCO.	PENCO JN #4272		
(1)	(2)	(3)		(4) DAY AND DATE	(5)	(6)	(7)				(8)			(9)
	LDING IONS		R ST.	1 T W TH F S S						DED	DEDUCTIONS			
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY  NUMBER) OF WORKER	NO, OF WITHHO EXEMPT	WORK	от, о	4 15 16 17 18 19 20 HOURS WORKED EACH DAY	TOTAL	RATE OF PAY	GROSS AMOUNT	EC.	HOLDING TAX	STATE	SDI	OTHER	TOTAL	WAGES PAID
		PARTY CHIEF	0	1.00	1.00		\$408.60							1
	ω		Ø	8.00	8.00	43.01	\$1,584.17	\$153.63	\$120.75	\$41.98	\$15.79	\$265.40	\$597.55	\$986.62
DAVID WALKER		CHAINMAN	0	1.00	1.00	\$59.90	\$379.34							
	-		w	8.00	8.00	39.93	\$959.02	\$60.20	\$57.85	\$9.54	\$7.56	\$202.87	\$338.02	\$621.00
			0				/							
			w											
			0											
			ω											
			0											
			o				/							
			0				/							
			w											
			0				/							
			w											
			0				/							
			co											

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. 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 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 contrained 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

#### **Public Burden Statement**

We estimate that is 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

(over)

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed.			3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357; 40 U.S.C. § 3145), and described below:	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part	(Contractor or Subcontractor)	PENCO ENGINEERING, INC.	all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said	(Building or Work)  14th day of April 2014, and ending the 20th day of April 2014	THREE ARTERIAL STREET REHAB ; that during the payroll period commencing on the	bcontractor)	(1) That I pay or supervise the payment of the persons employed by  PENCO ENGINEERING, INC.	do hereby state:	(Name of Signatory Party) (Title)	GINA ORTEGA ACCOUNTING/HR MANAGER	Date 16.7.14
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 23 10 F THE UNITED STATES CODE.			REMARKS:									EXCEPTION (CRAFT)	(c) EXCEPTIONS	basic hourly wage rate plus the amount of the require in the contract, except as noted in section 4(c) below.	■ Each laborer or mechanic lis as indicated on the payroll, a		(b) WHERE ERINGE BENEFITS ADE DAID IN CASH
SIGNATURE  TEMENTS MAY SUBJECT THE CONTRACTOR OR SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE												EXPLANATION		basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable		

# CHECK DATE 04/25/2014 PERIOD BEGIN 04/07/2014 PERIOD END 04/20/2014

04/24/2014 PAGE 7

NET PAY

EMPLOYEE NAME
ID SSN STATE/FRQ STS LOCATION DESCR EARNINGS RATE PAY HOURS CURRENT AMOUNT HOURS Q.Y. AMOUNT DESCR DEDUCTIONS CURRENT AMOUNT AMOUNT DESCR **TTD** TAXES CURRENT AMOUNT AMOUNT **YTD** 

	30.0000 Hourly Last Check Date 04/25/2014	169 XXX-XX-XXXXX CA CA CA 26 M3/M3 400	CALAWAY, RANDOLPH
-	2 OVERTIME H HOLIDAY	1 REGULAR 2 OVERTIME	1 DECIII AD
	614100	409400 450000	
	13	800 800	
	6141	73692	
	9400 2800	74400	
	354167	2052853 C9 CHECKING NE 2052853 CS CHILD SUPRT	200.00
		199748 42600	-
5	MEDICARE CA STATE	1540584 FEDERAL 394050 OASDI	
u ū	45 <i>77</i> 8395	30725 19572	
2	37625 55718	236929 1608 <b>7</b> 9	
¥		DIRE	

# CHECK DATE PERIOD BEGIN

NOD BEGIN	ECK DAIL
04/07/2014	04/25/2014
PERIOD END	4
04/20/2014	

04/24/2014 PAGE 8

DADI ANI PUTANI	CHIL POICE IOINE					ID SSN STATE/FRO STS LOCATION	EMBI OVER NAME
		K1 401K EE VP VIS 125	DP DEN 125	V VACATION	DEGCK	EARNINGS	
		 I			ZA.	PAY	
	9400				HOURS	CUR	
	306180 316833	-9505 -290	-715		AMOUNT	CURRENT	
	91300			3000 1700	HOURS		
	2519310 2604020	-75526 -2320	-11/4	90000 51000	AMOUNT	ALA	
					DESCR	DEDUCTIONS	
	242348				AMOUNT	CURRENT	
	1934634				AMOUNT DESCR	ΔŢΩ	
				CA SUI	DESCR	TAXES	
	63832			-2594	AMOUNT	CURRENT	
	517100				AMOUNT	YTD	
					CHECK NO	NET PAY	

# CHECK DATE 04/25/2014 PERIOD BEGIN 04/07/2014 PERIOD END 04/20/2014

04/24/2014 PAGE 9

EMPLOYEE TOTAL	VALKER, DAVID  104 XXX-XX-XXXX CA CA CA 16 M1/M1 400 15.0000 Hourly ast Check Date 04/25/2014	EMPLOYEE TOTAL			EMPLOYEE NAME  ID SSN STATE/FRQ STS LOCATION	
S SICK V VACATION 1P MED 125 DP DEN 125 VP VIS 125	w-second 1				EARNINGS DESCR	
1	391300 225000 586950				PAY RATE	
9200	6500 1800 800		5.A		CU HOURS	
-32138 -7675 -760 151231 191804	97500 70434 18000 5870	623077 709616			CURRENT S AMOUNT	
3600 1600 57300	43900 5400 5400 2800	5350			HOURS	
54000 24000 -192828 -46050 -4560 830680 1074118	796803 796803 796803 157315 157315	5524998 6130771			YTD AMOUNT	
ï	796803 C9 CHECKING NE 796803 F1 24HR FITNES 157315 157315	H			DEDUCTIONS DESCR	
124203	123903 300	4 I Duce			CURRENT AMOUNT	
692699	690599 2100				ATD AMOUNT	
# *	90599 FEDERAL 2100 OASDI MEDICARE CA STATE				TAXES	
27028	12040 9376 2193 1907			352.7UV	CURRENT	
137981	56733 51502 12045 9394			920050	YTD AMOUNT	
	DIRDEP		¥	0000	NET PAY	

Manual	Check
--------	-------

	Hou	rs Rate	Total
Previously Paid Prevailing Wage Straight Time WE 04/20/14 Previously Paid Prevailing Wage OT WE 04/20/14 CORRECTED Prevailing Wage Straight Time WE 04/20/14 CORRECTED Prevailing Wage OT WE 04/20/14	8.00 8.00 1.00	61.410 43.01	(327.52) - 344.08 <u>64.52</u> 81.08
Deductions:	Total		81.08
	GROSS		81.08
Medicare	ō.		1.18
OASDI			5.03
Federal withholdings			8.11
Ca. withholdings			2.43
SDI			0.97
		;=	
Sub Total			17.72
	Net	2	\$ 63.36

			Hours	Rate	Total
Previously Paid Prevailing V	age Straight Time WE 04/20/14		8.00 - 8.00 1.00	39.13 58.695 39.93 59.90	(313.04) 319.44 59.90 66.30
Deductions:		Total			66.30
		GROS	S		66.30
	Medicare				0.96
	OASDI				4.11
	Federal withholdings				6.63
	Ca. withholdings				1.99
	SDI				0.80
	Sub Total			9	14.49
		Net		ă,	\$ 51.81

### U.S. Department of Labor

Wage and Hour Division

### **PAYROLL**

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

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

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

DAVID WALKER 0946 NAME OF CONTRACTOR EVAN PARLAN 7446 JEREMY ADAMS 6579 PAYROLL NO. RANDOLPH CALAWAY 2991 (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NAME AND INDIVIDUAL IDENTIFYING NUMBER NUMBER) OF WORKER თ 3 OR SUBCONTRACTOR Z PENCO ENGINEERING, INC. NO. OF WITHHOLDING EXEMPTIONS 10 \_ 0 ω 2 PARTY CHIEF PARTY CHIEF WORK CHAINMAN CHAINMAN FOR WEEK ENDING ω 0 0 0 0 ເດ Ø 0 S 0 ເກ 0 0 Ø OT, OR ST. 04/27/2014 2,00 8.00 8,00 2,00 21 Z 22  $\dashv$ (4) DAY AND DATE 8.00 23 ¥ 4.00 1,00 8.00 1.00 4.00 24 TH F 3.00 2.00 2,00 3.00 25 26 27 HOURS ADDRESS 16842 VON KARMAN AVENUE, SUITE 150 5.00 5.00 8.00 15.00 8.00 PROJECT AND LOCATION 15.00 GROVE, CALIFORNIA THREE ARTERIAL STREET REHABILITATION, GARDEN (5) 43.01 39,93 39.93 43,01 \$59.90 \$64.52 \$59.90 \$64.52 RATE OF PAY **IRVINE, CA 92606** 6 \$344.08 \$319.44 \$898.45 \$967.75 GROSS AMOUNT EARNED \$2,185.78 \$1,425.00 \$1,147.49 \$712.50 9 \$130.47 \$27.12 \$158.39 \$248.61 WITH-HOLDING TAX \$108.58 \$87.79 \$166.90 \$38.99 \$134.81 \$53.66 \$31.79 \$4.11 STATE (8) DEDUCTIONS PENCO JN #4272 PROJECT OR CONTRACT NO. \$14.20 \$11.48 \$21.82 \$5.10 SDI \$202.87 \$69.71 \$48.49 \$0.00 OTHER TOTAL DEDUCTIONS \$311.32 \$278.19 OMB No.: 1235-0008 Expires: 02/28/2018 \$333.53 \$641.85 WAGES PAID FOR WEEK \$1,091.47 \$1,543.93 \$434.31 \$836.17 (9)

or mechanic has been paid not less than the proper Davis-Bacon prevaling 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 29 C.F.R. § 5.5(a)(3)(i) 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 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

We estimate that is 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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH  - Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.  (c) EXCEPTION  EXCEPTION (CRAFT)  EXPLANATION  EXPLANATION  RKS.  SIGNATURE  SIGNATURE
--

ADAMS, JEREMY
1167 XXX-XX-XXXX CA CA CA
26 S10/S10 400
42.8000 Hourly Last Check Date 05/09/2014 EMPLOYEE TOTAL EMPLOYEE NAME S SICK V VACATION 1P MED 125 DP DEN 125 K1 401K EE RP RETRO PA 1 REGULAR
1 REGULAR
2 OVERTIME
2 OVERTIME
H HOLIDAY EARNINGS 633150 642000 422100 PAY 9100 3700 3000 600 200 CURRENT 156177 128400 37989 12840 -13115 68480 92400 Į. 3111352 C9 CHECKING NE 3111352 F1 24HR FITNES 307155 RI REIMBURSE 307155 107800 99280 99280 100100 -10008 -112771 33270 3638743 -6435 DEDUCTIONS 308789 310489 300 -2000 CURRENT 2773466 FEDERAL
3000 OASDI
-20000 MEDICARE
CA STATE
CA SDI 2756466 YTD | TAYES 114425 49722 27052 6327 26961 4363 CHIDDENIT 88227 348869 232592 54397 208904 37515 VTD | PAGE DIRDER ארד האנ 6

**NEW YORK LLC** 

PHONE (800)829-4807

FAY /8551970-1

1

PENCO ENGINEERING INC - 5887

PERIOD BEGIN 04/21/2014 PERIOD END 05/04/2014

05/08/2014

CHECK DATE 05/09/2014

PAYROLL REGISTER - MULTI STATE

CHECK DATE 05/09/2014
PERIOD BEGIN 04/21/2014 PERIOD END 05/04/2014

EMPLOYEE NAME  ID SSN STATE/FRQ STS LOCATION  EMPLOYEE TOTAL	EARNINGS DESCR	PAY	CURRENT HOURS AM	ENT AMOUNT	HOURS	YTD AMOUNT 2021130	DEDUCTIONS DESCR	CURRENT AMOUNT 311659	AMOUNT 1244636	TAXES DESCR	CURRENT AMOUNT 92567	YTD AMOUNT	CHECK NO
EMPLOYEE TOTAL				404226 442308		2021130 2211540	I	311659	1244636		92567	462835	
CALAWAY, RANDOLPH 169 XXX-XX-XXXX CA CA CA 26 M3/M3 400	1 REGULAR 2 OVERTIME H HOLIDAY	45 D0000	8000	240000 36000	82400 10200 2800	2292853 390167 56000	C9 CHECKING NE	175698 42600	1716282 436650	FEDERAL OASDI MEDICARE	26093 17599 4116	263022 178478 41741	DIRDEP
30.0000 Hourly Last Check Date 05/09/2014			300	-143 -715	2000 2000	90000 60000 -1287 -6435				CA SDI	2839	28788	
EMPLOYEE TOTAL	VP VIS	1	9100	275302	100400	2794612 2889020	1	218298	2152932		57004	574104	
PARLAN, EVAN 213 XXX-XXX-XXXX CA CA CA 26 S2/S2 400 15.0000 Hourly Last Check Date 05/09/2014	1 REGULAR 1 REGULAR 2 OVERTIME 2 OVERTIME H HOLIDAY S SICK V VACATION	391300 225000 586950	3000 3700 200 600	45000 144781 4500 35217	564400 56400 3700 3700 800 800 800	1101778 1101778 119445 119445 12000 12000 12000	C9 CHECKING NE F1 24HR FITNES	166938 300	966831 1800	FEDERAL OASDI MEDICARE CA STATE CA SDI	31 <i>677</i> 14229 3328 10731 2295	140974 77948 18231 38868 12571	DIRDEP
EMPLOYEE TOTAL		<u> </u>	7500	229498	62500	1257223		167238	968631		62260	288592	

05/08/2014 PAGE 8

7	-
m	-
-	D
NCO	=
O	7
PPR	-
===	-
~	-
	fee
3	
=	×
ш	PP
=	-
$\simeq$	far)
$\overline{}$	
$\overline{\Delta}$	6
Set 3	
	17
Z	70
ā	,-
5887	_
20	3
8	
3	
-	
	1
	$\equiv$
	S
	-
	TATE
	Ti

PERIOD BEGIN	CHECK DATE
04/21/2014	05/09/201
PERIOD END	4
05/04/2014	

05/08/2014 PAGE 9

ID SSN STATE/FRQ STS LOCATION	EMPLOYEE NAME	
ON DESCR	EARNINGS	
RATE	PAY	
HOURS AMOUNT	CURRENT	
HOURS AMOUNT	YTD	
7.00	DEDUCTIONS	
	CURRENT	
	YTD TAXES	
	CURRENT	
	VII.	

	4			1
WALKER, DAVID 204 XXX-XX-XXXX CA CA CA 26 M1/M1 400 15.0000 Hourly Last Check Date 05/09/2014				ID SSN STATE/FRQ STS LOCATION
14	+			RG STS LOCATION
REGULAR OVERTIME HOLIDAY SICK VACATION MED 125 DEN 125 VIS 125				DESCR
225 5000				RATE
300 120 800 18 300 -3	סלטי			HOURS AM
120000 51900 18000 6200 2800 2800 3600 4500 1900 -7675 -7675	GEOKO /			AMOUNT HOURS
916803 175315 42000 54000 28500 -224966 -53725 -5320	6840387			P.S. AMPLIATE
C9 CHECKING NE FI 24HR FITNES		,		PERCEIVEN
86566 300				CONNENT
7777165 2400	Charce to			110
FEDERAL DOASDI MEDICARE CA STATE CA SDI				TID HAXES
1078 1078	204453			CURRENT
62156 57821 13563 10216 9326	1994632			Viin
DIRDEP		¥1		į

EMPLOYEE TOTAL

101927

	Hours	Rate	Total
4	8.00	42.21	(337.68)
	8.00	43.01	344.08
Total			6.40
GROS	S		6.40
			0.09
			0.40
			0.64
			0.19
			0.08
		.(-	
		12-	1.40
Net		77	\$ 5.00
	GROS	4 8.00 8.00 Total GROSS	4 8.00 42.21 8.00 43.01 Total GROSS

			Hours	Dete		<b>T</b>
Previously Paid Prevailing M	Vogo Straight Time MIC 04/07/44			Rate		Total
Previously Paid Prevailing W	Vage Straight Time WE 04/27/14 Vage OT WE 04/27/14		8.00	39.13	(	(313.04)
CORRECTED Prevailing Wat CORRECTED Prevailing Water	age Straight Time WE 04/27/14		8.00	39.93		319.44
	290 01 112 0 11217 14		-	-	-	6.40
D. J. C.		Total				6.40
Deductions:						
		GROSS	6			6.40
	Medicare					0.09
	OASDI					0.40
	Federal withholdings					0.64
	Ca. withholdings					0.19
	SDI					0.08
				1		
	Sub Total					1.40
		Net		9	\$	5.00

7
Ş

			Hours	Rate	•	Total
Previously Paid Prevailing V	age Straight Time WE 04/27/14		15.00 5.00 15.00 5.00	30.00 45.000 43.01 64.52		(450.00) (225.00) 645.15 322.60 292.75
Deductions:		Total				292.75
		GROS	S			292.75
	Medicare					4.24
	OASDI					18.15
	Federal withholdings					29.28
	Ca. withholdings					8.78
	SDI					3.51
					-	
	Sub Total					63.97
*		Net			_\$_	228.78

			Hours	Rate	Total
Previously Paid Prevailing W	age Straight Time WE 04/27/14		15.00 5.00 15.00 5.00	15.00 22.500 39.93 59.90	 (225.00) (112.50) 598.95 299.50 560.95
Deductions:		Total			560.95
		GROS	S		560.95
	Medicare				8.13
	OASDI				34.78
	Federal withholdings				56.10
	Ca. withholdings				16.83
	SDI				6.73
	Sub Total			9	122.57
		Net		į.	\$ 438.38

### U.S. Department of Labor Wage and Hour Division

### **PAYROLL**

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

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

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

	ACTOR T	7										1104. 000	* 1000
PENCO ENGIN	OENG	PENCO ENGINEERING, INC.		ADDRESS	16842 VON KARM IRVINE, CA 92606	16842 VON KARMAN AVENUE, SUITE 150 IRVINE, CA 92606	VENUE	, SUITE 16	Ö			OMB No.	OMB No.: 1235-0008 Expires: 02/28/2018
PAYROLL NO. 7		FOR WEEK ENDING	05/04/2014	PROJEC	PROJECT AND LOCATION THREE ARTERIAL S	ROJECT AND LOCATION THREE ARTERIAL STREET REHABILITATION, GARDEN	HABILI.	FATION, G	ARDEN	PROJECT	PROJECT OR CONTRACT NO.	TNO.	
(1)	(2)	(3)	(4) DAY AND DATE	9	(5) (6) (NIA)								(9)
	LDING		M T W TH F S S						DEDI	(8) DEDUCTIONS			3
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY  NUMBER) OF WORKER	NO. OF MITHHO EXEMPI	WORK	4	TOTAL	RATE	GROSS		HOLDING WITH-	STATE	eg		TOTAL	WAGES PAID
₹		PARTY CHIEF	O CONTROL OF THE	10000	\$64.52	\$215.05	Ş	IAX			OTHER	DEDUCTIONS	FOR WEEK
Coro	ð		5,00	5.00	43.01	25 185 78	\$248.61	\$166.90	\$134.81	\$21.82	\$69.71	\$641.85	\$1,543.93
EVAN PARLAN 7446	>	CHAINMAN	0		\$59.90	\$199.65							
			5,00	5.00	39.93	\$1,147.79	\$138.39	\$87.79	\$53.66	\$11.48	\$0.00	\$311.32	\$836.47
RANDOLPH CALAWAY 2991	ა	PARTY CHIEF	0		\$64.52	/ g			}				
	c		\$ 3.00	3.00	43.01		\$130.47	\$0.801	\$31.79	\$14.20	\$48.49	\$333.53	\$1,091.47
DAVID WALKER 0946	٠.	CHAINMAN	0		\$59.90	\$119.79	¢27 12		9				
			\$ 3.00	3.00	39.93	\$712.50	\$27.11 200	\$30.99	¥.11	01.00	\$202.87	\$2/8.19	\$434.31
			0			/							
			(n)			/							
			0			/							
	*:		ω			_							
			0			/							
			σ.			/							
			0										
			· ·			/							
While completion of Form Wrt-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 configuration contained in 20 C E 28.3.3.5 (4) The Constitution of Federally financed or assisted construction contracts to respond to the information configuration configuration.	tory for co	vered contractors and subco	intractors performing work on Federally finance	ced or assi	isted construction	contracts to resp	ond to the i	nformation coll	action contain	ed in 20 C F	12 4 C C 23 G		200

write conjugation or from Wh-24 is optional, its inalicatory for covered contractors and subcontractors and subcontractors and subcontractors and subcontractors 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 is 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

(over)

Date 10.7.16	
GINA ORTEGA	ACCOUNTING/HR MANAGER
(Name of Signatory Party)	(Title)
do hereby state:  (1) That I pay or supervise the payment of the persons employed by	s employed by
PENCO ENGINEERING, INC.	JG, INC.
(Contractor or Subcontractor) THREE ARTERIAL STREET REHAB that	during the pavroll period commencing
(Building or Work)  28th day of April 2014 and ending the	the 4th day of May 2014
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said	Ill weekly wages earned, that no rebates have half of said
PENCO ENGINEERING, INC	), INC.
(Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357; 40 U.S.C. § 3145), and described below:	ns have been made either directly or indirectly issible deductions as defined in Regulations, Part Inder the Copeland Act, as amended (48 Stat. 948, and described below:
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	quired to be submitted for the above period are rechanics contained therein are not less than the incorporated into the contract; that the classifications the work he performed.
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	are duly registered in a bona fide apprenticeship ognized by the Bureau of Apprenticeship and recognized agency exists in a State, are registered tes Department of Labor.
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	\PPROVED PLANS, FUNDS, OR PROGRAMS
<ul> <li>in addition to the basic hourly wage referenced payroll, payme have been or will be made to appropriexcept as noted in section 4(c) below.</li> </ul>	in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

## (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid.</li> </ul>

### (c) EXCEPTIONS

	r e	_	_	_	т—	_	 	 
NAME AND TITLE GINA ORTEGA, ACCOUNTING/HR MANAGER	REMARKS:							EXCEPTION (CRAFT)
SIGNATURE								EXPLANATION

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

EMPLOYEE NAME

EARNINGS

PAY

CURRENT

**TY** 

DEDUCTIONS

CURRENT

PERIOD BEGIN 04/21/2014 PERIOD END 05/04/2014 CHECK DATE 05/09/2014

YTD | TAYES

CHDDENT

VTS | NET DAY

05/08/2014 PAGE 6

- 1		
	EMDI OVEE TOTAL	1167 XXX-XXX-XXXX CA CA CA 26 S10/S10 400 42.8000 Hourly Last Check Date 05/09/2014
	V VACATION 1P MED 125 DP DEN 125 K1 401K EE RP RETRO PA	1 REGULAR 1 REGULAR 2 OVERTIME 2 OVERTIME H HOLIDAY S SICK
		422100 633150 642000
9100		3700 3000 600 200
423274	-112 -715 -715 -13115 33270	156177 128400 37989 12840
92400	2600	79400 79400 5200 5200 2800
3638743	79280 100100 -1008 -6435 -112771 33270	3111352 3111352 3171352 307155 307155 107800
1		P C9 CHECKING NE FI 24HR FITNES RI REIMBURSE
308789		310489 300 -2000
2756466		2773466 FEDERAL 3000 OASDI -20000 MEDICARE CA STATE CA SDI
114425		49722 27052 6327 26961 4363
8822777		348869 232592 54397 208904 37515
		DIRDEP

## CHECK DATE 05/09/2014 PERIOD BEGIN 04/21/2014 PERIOD END 05/04/2014

05/08/2014 PAGE 8

PODAS, ROBERT	EMPLOYEE TOTAL	PARLAN, EVAN 213 XXX-XXX-XXXX CA CA CA 26 S2/S2 400 15.0000 Hourly Last Check Date 05/09/2014	EMPLOYEE TOTAL	CALAWAY, RANDOLPH  169 XXX-XXX-XXXX CA CA CA 26 M3/M3 400 30.0000 Hourly Last Check Date 05/09/2014	EMPLOYEE TOTAL	EMPLOYEE NAME ID SSN STATE/FRQ STS LOCATION	
1 050111-10-		1 REGULAR 1 REGULAR 2 OVERTIME 2 OVERTIME 2 OVERTIME 4 HOLIDAY 5 SICK V VACATION	AL ATA IN	Z M		EARNINGS DESCR	
		391300 225000 586950		45,0000		PAY RATE	
	7500	3000 3700 600	9100	8000 8000 300		CL	
	229498	45000 144781 4500 35217	275302	240000 36000 9000 -143 -715 -8550	4042 <u>26</u> 442 <u>3</u> 08	CURRENT	
	62500	56400 56400 3700 3700 800 800 800	100400	82400 10200 2800 3000 2000		HOURS	
	1257223	1101778 1101778 119445 119445 119445 12000 12000 12000	2794612 2889020	2292853 390167 56000 90000 60000 -1287 -6435 -84076	2021130 2211540	YTD AMOUNT	
		C9 CHECKING NE FI 24HR FITNES		C9 CHECKING NE CS CHILD SUPRT	6 19 19 19 19 19 19 19 19 19 19 19 19 19	DEBUCTIONS	
	167238	166938 300	218298	175.698 42.600	311659	CURRENT	
	968631	966831 1800	2152932	1716282 436650	1244636	YTD AMOUNT	
		† FEDERAL 0 OASDI MEDICARE CA STATE CA SDI		PEDERAL DI OASDI MEDICARE CA STATE CA SDI		TAXES DESCR	
	62260	31677 14229 3328 10784 2295	57004	26093 17599 4196 6357 2859	92567	CURRENT	
	288592	140974 77948 18231 38868 12571	574104	263022 178478 47741 62075 28788	462835	YTD AMOUNT	
		DIRDEP		DIRDEP	1	NET PAY CHECK NO	

### **PENCO ENGINEERING INC - 5887** PAYROLL REGISTER - MULTI STATE

EMPLOYEE NAME

ID SSN STATE/FRQ STS LOCATION

PERIOD BEGIN 04/21/2014 PERIOD END 05/04/2014 **CHECK DATE 05/09/2014** 

05/08/2014 PAGE

9

DESCR EARNINGS RATE PAY HOURS CURRENT AMOUNT HOLLRS ar T AMOUNT DEDUCTIONS CURRENT YTD TAXES CURRENT

WALKER, DAVID
204 XXX-XX-XXXX CA CA CA
26 M1/M1 400
15.0000 Hourty Last Check Date 05/09/2014 EMPLOYEE TOTAL 1 REGULAR
2 OVERTIME
H HOLIDAY
S SICK
V VACATION
1P MED 125
DP DEN 125
VP VIS 125 225000 9100 8000 120000 18000 101927 4500 -32138 -7675 -760 GI DZU I 66400 51900 6200 2800 3600 1900 916803 175315 42000 54000 28500 -224966 -53725 -5320 6840387 932607 C9 CHECKING NE 86566 300 86866 110011 777165 FEDERAL 2400 OASDI MEDICARE CA STATE CA SDI 7795651 204453 15000 5423 6319 1478 822 1994632 57821 57821 13523 10216 9326 DIRDEP

	I	Hours	Rate		Total
Previously Paid Prevailing Wage Straight Time WE 05/04/14 Previously Paid Prevailing Wage OT WE 05/04/14		5.00	42.21		(211.05)
CORRECTED Prevailing Wage Straight Time WE 05/04/14 CORRECTED Prevailing Wage OT WE 05/04/14		5.00	43.01		215.05
CORRECTED Flevalling wage O1 WE 05/04/14			-		4.00
	Total				4.00
Deductions:					
	GROSS				4.00
Medicare					0.06
OASDI					0.25
Federal withholdings					0.40
Ca. withholdings					0.12
SDI					0.05
				-	
Sub Total					0.87
	Net			\$	3.13

			Hours	Rate	)	Total
	Vage Straight Time WE 05/04/14		5.00	39.13	}	(195.65)
	age Straight Time WE 05/04/14		5.00	39.93		199.65
CORRECTED Prevailing Wa	age OT WE 05/04/14		( <u>12</u> )	100 100 100 100 100 100 100 100 100 100	1	4.00
						1.00
D 1 "		Total				4.00
Deductions:						
		GROSS	S			4.00
	Medicare					0.06
						0.00
	OASDI					0.25
	Federal withholdings					0.40
	Ca. withholdings					0.12
	SDI					0.05
	Sub Total					0.87
						0.07
		Net			\$	3.13

			Hours	Rate	Total
Previously Paid Prevailing W Previously Paid Prevailing W	Vage Straight Time WE 05/04/14		3.00	30.00	(90.00)
CORRECTED Prevailing Wa	age Straight Time WE 05/04/14		3.00	43.01	129.03
CORRECTED Prevailing Wa	age OT WE 05/04/14			: A.	39.03
Deductions:		Total			39.03
		GROSS	6		39.03
	Medicare				0.57
	OASDI				2.42
	Federal withholdings				3.90
	Ca. withholdings				1.17
	SDI				0.47
				_	
	Sub Total				8.53
		Net		-	
		1401		=	\$ 30.50

### **Manual Check** Hours Rate Total Previously Paid Prevailing Wage Straight Time WE 05/04/14 3.00 (45.00)15.00 Previously Paid Prevailing Wage OT WE 05/04/14 CORRECTED Prevailing Wage Straight Time WE 05/04/14 3.00 39.93 119.79 CORRECTED Prevailing Wage OT WE 05/04/14 74.79 Total 74.79 **Deductions: GROSS** 74.79 Medicare 1.08 OASDI 4.64 Federal withholdings 7.48 Ca. withholdings

Net

SDI

Sub Total

2.24

0.90

16.34

58.45

### STATEMENT OF NON-PERFORMANCE

Payroll Number: 8
I, Gina Ortega Accounting/HR Manager do hereby state that
NO PERSONS employed by PENCO Engineering, Inc. performed work on (Name of submitting company)
the construction project known as Three Arterial Street, Garden Grove
for the payroll period commencing on the 5th day of month, day of month, 2014
and ending on the day of day of
Signature of Authorized Person
Date

### STATEMENT OF NON-PERFORMANCE

Payroll Number: 9
Gina Ortega  (Name of Signatory party)  Accounting/HR Manager  (Title)  do hereby state that
NO PERSONS employed by PENCO Engineering, Inc. performed work on (Name of submitting company)
the construction project known as Three Arterial Street, Garden Grove
for the payroll period commencing on the 12th day of May 2014
and ending on the 18th (last date of week) day of May (month), 2014.
Signature of Authorized Person
10.7.16
Date

### U.S. Department of Labor Wage and Hour Division

### **PAYROLL**

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

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

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

		200	301	and and a	مالمم مدائمسي	named in this info	annimate to recr	istad construction	and or seei	orming work on Eederally finan	ntractors perfo	vered contractors and subco	tory for cov	While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted const
							/				ω			
											0			
							/				(A)			
							/				0			
							/				σ			
											0			
							/				σ			
											0			
							/				(n			
							/				0			
							/				(A)			
											0			
\$503.73	\$297.14	\$202.87	\$5.98	\$6.06	\$45./S	\$30.48	\$800.87	39.93	3.00		\$ 3,00			
			9	?	945 75		\$119.79	\$59.90			0	CHAINMAN	_	DAVID WALKER 0946
\$1,160.21	\$366.76	\$51.55	\$15.21	\$38.31	\$110.38	\$143.31	\$1.526.97	43.01	3.00		3,00		C	
							\$129.03	\$64.52			0	PARTY CHIEF	o .	RANDOLPH CALAWAY 2991
WAGES PAID FOR WEEK	TOTAL	OTHER	SDI	STATE	WITH- HOLDING TAX	FICA	GROSS AMOUNT EARNED	RATE OF PAY	HOURS	20 21 22 23 24 25 HOURS WORKED EACH DAY	19	WORK CLASSIFICATION	NO. OF WITHH EXEMP	(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER
			(8) DEDUCTIONS	DEDL			;			W TH F S S	M H		OLDING TIONS	NAME AND INDIVIDUAL IDENTIFYING NUMBER
(0)							(7)	(6)	(5)	(4) DAY AND DATE		(3)	(2)	(1)
	TNO.	PROJECT OR CONTRACT NO. PENCO JN #4272	PROJECT OR CONTRA PENCO JN #4272	ARDEN	ATION, G/	EET REHABILITATION, GARDEN	ΕÄ	THREE ARTERIAL STRI	THRE	14	05/25/2014	TOX WEEK ENDING		10
OMB No.: 1235-0008 Expires: 02/28/2018	OMB No. Expires:			0	SUITE 15	AVENUE,	16842 VON KARMAN AVENUE, SUITE 150 IRVINE, CA 92606	IRVINE, C					ÖENG	
9: 1000	1000							S	ADDRES			7	ACTOR L	NAME OF CONTRACTOR OR SUBCONTRACTOR

(40 U.S.C. § 3145) contractors and subcontractors of subcon

### **Public Burden Statement**

We estimate that is 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

(over)

the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	(4) That: <ul> <li>(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS</li> <li>in addition to the basic hourly wage rates paid to each laborer or mechanic listed in</li> </ul>	(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.			weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	(Contractor or Subcontractor) from the full	all persons employed on said project have been paid the full weekly wages eamed, that no rebates have been or will be made either directly or indirectly to or on behalf of said	(Building or Work)  19th day of May 2014 and ending the 25th day of May 2014	(Contractor or Subcontractor)  THREE ARTERIAL STREET REHAB; that during the payroll period commencing on the	(1) That I pay or supervise the payment of the persons employed by  PENCO ENGINEERING, INC.	(Name of Signatory Party)  do hereby state:	I GINA ORTEGA ACCOUNTING/HR MANAGER	Date
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	NAME AND TITLE GINA ORTEGA, ACCOUNTING/HR MANAGER			REMARKS:						EXCEPTION (CRAFT)	(c) EXCEPTIONS	<ul> <li>Each laborer or mechanic listed in the above reference as indicated on the payroll, an amount not less than the basic hourly wage rate plus the amount of the require in the contract, except as noted in section 4(c) below.</li> </ul>	(a) where rainge benefits are Paid in Cash	
TEMENTS MAY SUBJECT THE CONTRACTOR OR SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE	SIGNATURE									EXPLANATION	33	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.	S S S S S S S S S S S S S S S S S S S	

### RE FRINGE BENEFITS ARE PAID IN CASH

In the contract, except as noted in section 4(c) below.	basic hourly wage rate plus the amount of the required fringe benefits as lister	as indicated on the payroll, an amount not less than the sum of the applicable	Each laborer or mechanic listed in the above referenced payroll has been paid

### PTIONS

NAME AND TITLE GINA ORTEGA, ACCOUNTING/HR MANAGER	KEMAKKS					EXCEPTION (CRAFT)
SIGNATURE						EXPLANATION

CHECK DATE 06/06/2014
PERIOD BEGIN 05/19/2014 PERIOD END 06/01/2014

06/05/2014 PAGE 7

Allook	ALIOOM	0000										
NO NO	TWINDWA	DESCR	AMOUNT DESCR	AMOUNT	DESCR	AMOUNT	HOURS	AMOUNT	HOURS	RATE	DESCR	ID SSN STATE/FRQ STS LOCATION
JTY	CURRENT	TAXES	QTY	CURRENT	DEDUCTIONS	īb —	TT	CURRENT	CUI	PAY	EARNINGS	ENTLOTEE NAME

EMPLOYEE TOTAL				Last Check Date 06/06/2014	32.5000 Hourly	26 M3/M3 400	169 XXX-XX-XXXX CA CA CA	EMPLOYEE TOTAL
VP VIS 125	K1 401K EE	1P MED 125	S SICK	H HOLIDAY	2 OVERTIME	2 OVERTIME	1 REGULAR	
					614100	487500	007607	
88,000		SUU.	) }	800	100	6	5700 800	
-290 295083 305393	-9162	-143		26000	1719	29250	185250	404226 442308
118200		5600	3000	3600	11600	11600	96400 96400	800
3190 3371774 3486490	-7865 -101998	110000 -15/73	90000	82000	458699		2745701	28295 <u>82</u> 3096156
						CO CITALED SOFINI	C9 CHECKING NE	
232043						+C050	189443	311659
2607983						20120	2086133	1867954
				CA SDI	CA STATE	MEDICADE	2086133 FEDERAL	
63040				3042	76.60	2000	29061	92567
696215				34738	76561	575517	319193	647969
						DIRDEP	000	

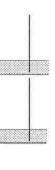
## CHECK DATE 06/06/2014 PERIOD BEGIN 05/19/2014 PERIOD END 06/01/2014

06/05/2014 PAGE 9

	EMPLOYEE TOTAL		15.0000 Hourly Last Check Date 06/06/2014	WALKER, DAVID 204 XXX-XX-XXXX CA CA CA	EMPLOYEE TOTAL	EMPLOYEE NAME ID SSN STATE/FRQ STS LOCATION	
		V VACATION 1P MED 125 DP DEN 125 VP VIS 125	2 OVERTIME 2 OVERTIME H HOLIDAY	- )	KC 401K EE	EARNINGS DESCR	
			586950	391300		PAY RATE	
	8800		800	6500 800	inin	CUF	
	119601 160174	-32138 -7675 -760	13500 5870 12000	97500 31304	-21154 623077 709616	CURRENT S AMOUNT	
	84200	2700	7600 3600	66700 66700	7350	YTD HOURS	
P. P	1177222 1542379	-69075 -6840	214055	1179824 C	-211540 7394229 8259619	TD AMOUNT	
		ì		1179824 C9 CHECKING NE		DEDUCTIONS DESCR	
	100749			1004449 300	418624	CURRENT AMOUNT	
	985076			982076 3000	4990691	YTD TAXES AMOUNT DESCR	
			CA STATE	982076 FEDERAL 3000 OASDI		TAXES DESCR	
	18852		1211	7296 7415	204453	CURRENT	
	192146		17070 12757 11772	77560 72987	2403538	AMOUNT	
1000				DIRDEP		NET PAY CHECK NO	

K1 401K EE KC 401K EE





<b>自己的基本的</b>	Manual Check	H. Alegan				
Previously Paid Prevailing V	age Straight Time WE 05/25/14		Hours 3.00  3.00	Rate 40.94 43.01	ı	Total (122.82) - 129.03
Deductions:		Total GROSS				6.21 6.21
	Medicare	GROS	5			<b>6.21</b> 0.09
	OASDI					0.39
	Federal withholdings					0.62
	Ca. withholdings					0.19
	SDI					0.07
	Sub Total				-	1.36
		Net			_\$	4.85

			Hours	Rate		Total
	Vage Straight Time WE 05/25/14		3.00	39.13		(117.39)
Previously Paid Prevailing War CORRECTED Preva	age Straight Time WE 05/25/14		3.00	39.93		119.79
<b>3</b>	290 0 1 00 2 00/20/ 1			3₩.	<del></del>	2.40
Deductions:		Total				2.40
		GROS	S			2.40
	Medicare					0.03
	OASDI					0.15
	Federal withholdings					0.24
	Ca. withholdings					0.07
	SDI					0.03
	Sub Total					0.52
		Net			\$	1.88

### STATEMENT OF NON-PERFORMANCE

Payroll Number: 11
I, Gina Ortega Accounting/HR Manager do hereby state that
NO PERSONS employed by PENCO Engineering, Inc. performed work on (Name of submitting company)
the construction project known as Three Arterial Street, Garden Grove
for the payroll period commencing on the $\frac{26\text{th}}{\text{(1^{al} date of week)}}$ day of $\frac{\text{May}}{\text{(month)}}$ , $\frac{2014}{\text{(month)}}$
and ending on the 1st (last date of week) day of (month), 2014.
Signature of Authorized Person
107.16
Date

### STATEMENT OF NON-PERFORMANCE

Payroll Number: 12
Gina Ortogo Accounting // ID Managar
I, Gina Ortega Accounting/HR Manager do hereby state that
NO PERSONS employed by PENCO Engineering, Inc. performed work on (Name of submitting company)
the construction project known as Three Arterial Street, Garden Grove
for the payroll period commencing on the 2nd day of June 2014 (month)
and ending on the 8th (last date of week) day of (month), 2014.
Simple of Atherin 1B
Signature of Authorized Person
10.7.16
Date

### U.S. Department of Labor

Wage and Hour Division

### **PAYROLL**

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

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

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 7	SOLU	Z L			200								Nev. Dec.	. 2000
	OENG	PENCO ENGINEERING, INC.				IRVINE, CA 92606	16842 VON KARMAN AVENUE, SUITE 150 IRVINE, CA 92606	AVENUE	SUITE 15	0			OMB No.: Expires:	OMB No.: 1235-0008 Expires: 02/28/2018
		FOR WEEK ENDING			PROLE	PROJECT AND LOCATION	N				PROJECT OF	PROJECT OR CONTRACT NO.	NO.	
ಪ			06/15/2014		SR 되	THREE ARTERIAL STF GROVE, CALIFORNIA	THREE ARTERIAL STREET REHABILITATION, GARDEN GROVE, CALIFORNIA	∃HABILI	TATION, G	ARDEN	PENCO JN #4272	N #4272		
3	(2)	(3)	(4) [	(4) DAY AND DATE	(5)	(6)	(7)							(9)
	LDING		M T W	V TH F S	S					DEDL	(8) DEDUCTIONS			
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY  NUMBER) OF WORKER	NO. OF WITHHO EXEMPT	WORK	9 10 11	I2 I3 I4	15 TOTAL	RATE	GROSS AMOUNT	2	WITH-	STATE	SDI	- 1	TOTAL	WAGES
		PARTY CHIEF	0			\$64.52	\$172.04	į	Š			Cincx	DEDUCTIONS	TOX WEEK
	ω		S 4.00	8	4.00	43.01	\$1,826.49	\$188.89	\$139.29	\$59.71	\$18.21	\$60.54	\$466.64	\$1,359.85
DAVID WALKER 0946	_	CHAINMAN	0			\$59.90	\$159.72							
	-		\$ 4.00	8	4.00	39.93	\$1,617.43	\$158.97	\$108.22	\$43.74	\$14.15	\$202.87	\$527.95	\$1,089.48
			0				/							
			σ				/							
			0				/							
			ω				\							
			0											
			ω				\							
			0											
			v				/							
			0				\							
			w				/							
			0											
			ν.				/							
While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing w	ony for co	wered contractors and subco	tractors performin	m work on Enderally 6										

with completion of the internation of covering and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information contracts in 28, 28, 3, 5, 54), The Copiedan Act (40 U.S.C. § 3145) contractors and subcontractors or subcontracts to subcontract to s

### **Public Burden Statement**

Washington, D.C. 20210 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. We estimate that is 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

(over)

<ul> <li>in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have nor will be made to appropriate programs for the benefit of such employees,</li> </ul>	
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
(Contractor or Subcontractor)	
PENCO ENGINEERING, INC.	
all persons employed on said project have been paid the full weekly wages eamed, that no rebates have been or will be made either directly or indirectly to or on behalf of said	
9th day of June 2014 and ending the 15th day of June 2014	
EET REHAB that during the payroll period commencing	
(1) That I pay or supervise the payment of the persons employed by  PENCO ENGINEERING, INC.  on the	
do hereby state:	
ACCOUNTING/	
Date	

## (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

in the contract, except as noted in section 4(c) below.	as indicated on the payroll, an amount not less than the sum of the applicable	Each laborer or mechanic listed in the above referenced payroll has been paid

### (c) EXCEPTIONS

NAME AND TITLE GINA ORTEGA, ACCOUNTING/HR MANAGER	REMARKS:					EXCEPTION (CRAFT)
NAGER						EXPLANATION
						TION

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

70
⋗
T
0
Ť
34
S
0
刀
大

## CHECK DATE 06/20/2014 PERIOD BEGIN 06/02/2014 PERIOD END 06/15/2014

06/19/2014 PAGE 7

PAWLAN PRANCE		NDOLPH CA CA CA 06/20/2014	EMPLOYEE NAME ID SSN STATE/FRQ STS LOCATION
1 REGULAR		REGULAR REGULAR OVERTIME OVERTIME OVERTIME OVERTIME OVERTIME OVERTIME OVERTIME OVERTION MED 125 DEN 125 DEN 125 VIS 125	EARN INGS DESCR
	) 	674,000 674,000 674,000	PAY
7100	9000	5550 800 800	CUR
106500	353191 365298	404226 442308 442308 55250 9750 9750 49128 49128 26000 -143 -715 -10959	CURRENT S AMOUNT
76300	127200	103600 103600 12600 12600 3600 4400	HOURS
1485133 0	3724965 3851698		YTD AMOUNT
1485133 CO CHECKING NE	1	C9 CHECKING NE CS CHILD SUPRT	DEDUCTIONS DESCR
11/100	271973	311659 229373 42600	CURRENT
470/204	2879956	2179613 2315506 564450	YTD AMOUNT
	£	2179613 2315506 FEDERAL 564450 OASDI MEDICARE CA STATE CA SDI	TAXES DESCR
	81218	92567 37777 22577 5280 11942 3642	CURRENT
	777433	74053-6 356970 237950 55650 88483 38380	YTD
		Q000 DIRDEP	NET PAY

## CHECK DATE 06/20/2014 PERIOD BEGIN 06/02/2014 PERIOD END 06/15/2014

	0
PAGE	6/19/20
ထ	14

WALKER, DAVID 204 XXX-XXX-XXXX CA CA CA CA 26 M1/M1 400 15.0000 Hourly Last Check Date 06/20/2014 EMPLOYEE TOTAL	ID SSN STATE/FRQ STS LOCATION
1 REGULAR 1 REGULAR 1 REGULAR 2 OVERTIME H HOLIDAY S SICK V VACATION 1P MED 125 DP DEN 125 VP VIS 125 VP VIS 125	EARNINGS DESCR
5989500 5989500	PAY RATE
2000 1 5 30000 2000 3 4 4 239580 53906 53906 -32138 -7673 -760 8900 282913 323486	CURRENT HOURS AMOUNT
74700 74700 8500 3600 2700	HOURS
1449404 C 1449404 F 1449404 F 267961 54000 40500 40500 40500 40500 40500 40500 40500 40500 40500 1460135	YTD AMOUNT
C9 CHECKING NE FI 24HR FITNES	DEDUCTIONS DESCR
217601 217901	CURRENT
1199 <i>677</i> 3300	AMOUNT DESCR
99677 FEDERAL 3300 OASDI MEDICARE CA STATE CA SDI	TAXES
31793 17541 4102 8747 2829	CURRENT
109353 90528 21172 21504 14601	ATD
D IRDEP	NET PAY

Manual	Chack
Iviailuai	Check

			Hours	Rate	•	Total
Previously Paid Prevailing W Previously Paid Prevailing W	Vage Straight Time WE 06/15/14		4.00	40.94	ŀ	(163.76)
CORRECTED Prevailing Was	age Straight Time WE 06/15/14		4.00	43.01		172.04
	290 01 112 00/10/14		-	-	8	8.28
Deductions:		Total				8.28
		GROS	S			8.28
	Medicare					0.12
	OASDI					0.51
	Federal withholdings					0.83
	Ca. withholdings					0.25
	SDI					0.10
	Sub Total					1.81
		Net			\$	6.47

### STATEMENT OF NON-PERFORMANCE

Payroll Number: 14
Gina Ortega (Name of Signatory party)  Accounting/HR Manager (Title)  do hereby state that
NO PERSONS employed by PENCO Engineering, Inc. performed work on (Name of submitting company)
the construction project known asThree Arterial Street, Garden Grove
for the payroll period commencing on the 16th (1st date of week) day of (month), 2014
and ending on the 22nd day of June (month), 2014.
LIS .
Signature of Authorized Person
70-7-16 Date

### U.S. Department of Labor

Wage and Hour Division

### **PAYROLL**

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

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

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	ACTOR [	2		אחחחוני	9							1 VOA. DO	2. 2000
	Ö ENG	PENCO ENGINEERING, INC.			16842 VON KARM IRVINE, CA 92606	16842 VON KARMAN AVENUE, SUITE 150 IRVINE, CA 92606	AVENUE	SUITE 15	ŏ			OMB No. Expires:	OMB No.: 1235-0008 Expires: 02/28/2018
PAYROLL NO. 15 - FINAL		FOR WEEK ENDING	08/20/2014	PROJEC	PROJECT AND LOCATION	N CTOCCT D	1140			PROJECT C	PROJECT OR CONTRACT NO.	NO.	
			00/20/2014	GRO\	GROVE, CALIFORNIA	GROVE, CALIFORNIA		A CN, G	AKUEN	PENCO.	PENCO JN #4272		
3	(2)	(3)	(4) DAY AND DATE	(5)	(6)	(7)							(9)
NAME AND INDIVIDITAL IDENTIFYING NI IMRED	OLDING TIONS		M T W TH F S S						DEDI	(8) DEDUCTIONS			
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY	O, OF /ITHH XEMP	WORK	23	TOTAL	RATE	GROSS		HTIW					WAGES
NOMIDER) OF WORDER	N N E	CLASSIFICATION	HOURS WORKED EACH DAY	HOURS	OF PAY	EARNED	FICA	TAX	STATE	SDI	OTHER	DEDUCTIONS	FOR WEEK
2991	٠	PARTY CHIEF	0		\$64.52	\$258.06							
	٥		6.00	6.00	43.01	\$1,624.66	\$145.69	\$116.79	\$38.48	\$15.27	\$146.70	\$462.93	\$1,161.73
DAVID WALKER 0946	_	CHAINMAN	D		\$59.90	\$239.58							
			6.00	6.00	39.93	\$1,144.98	\$83.03	\$69.80	\$16.18	\$9.13	\$232.67	\$411.41	\$733.57
			0			/							
			w			/							
			0			/							
			w .			_							
			0										
			W			/							
			0										
			W			/							
			0										
			O			/							
			0										
			O			/							
While completion of Form WH-347 is optional, it is mandatory for covered contractors and sub	inv for m	odus pre stopped contractors	ottocker postorning made at Today T										

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 contractors and subcontractors 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 is 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 Averue, N.W.

(over)

in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.		weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357; 40 U.S.C. § 3145), and described below.	(Contractor or Subcontractor)	PENCO ENGINEERING, INC.	all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said	2014 and endir	EET REHAB	(Contractor or Subcontractor) on the	(1) That I pay or supervise the payment of the persons employed by PENCO ENGINEERING, INC.	do nereby state:	(Name of Signatory Party) (Title)	I, GINA ORTEGA ACCOUNTING/HR MANAGER	Date
		(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	<ul> <li>(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.</li> <li>(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.</li> </ul>	(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357; 40 U.S.C. § 3145), and described below:  (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor. or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.  (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training and Training and Training and Training united States Department of Labor.	PENCO ENGINEERING, INC.  from the full (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.  (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship and Training, United States Department of Labor, or if no such recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said  PENCO ENGINEERING, INC.  (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 567; 76 Stat. 357; 40 U.S.C. § 3145), and described below.  (2) That any payrolls otherwise under this contract required to be submitted for the above period are complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized begancy exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	(Building or Work)  23rd day of June 2014, and ending the 29th day of June 2014  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said  PENCO ENGINEERING, INC.  (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 53 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.  (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete, that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, as a state apprenticeship and states apprenticeship and states apprenticeship and Training. United States Department of Labor, as a state apprentice and states apprenticeship and states and states are registered with the Bureau of Apprenticeship and states apprenticeship and states and states are registered with a State apprenticeship and states and states are registered and	(Building or Work)  23rd day of June 2014 and ending the 29th day of June 2014 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said  PENCO ENGINEERING, INC.  (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3(29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 33 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. § 3145), and described below.  (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein to reach laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	THREE ARTERIAL STREET REHAB : that during the payroll period commencing on the (Building or Work)  23rd day of June 2014 and ending the 29th day of June 2014 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said PENCO ENGINEERING, INC.  (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R, Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 94), 3 (29 C.F.R, Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 94), 3 (29 C.F.R, Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 94), 3 (29 C.F.R, Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 94), 3 (29 C.F.R, Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 94), 3 (29 C.F.R, Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 94), 3 (29 C.F.R, Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 94), 3 (29 C.F.R, Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 94), 3 (29 C.F.R, Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 94), 3 (29 C.F.R, Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 94), 3 (29 C.F.R, Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 94), 3 (29 C.F.R, Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended therein are not less than the applicable wage rates contained in any wage determination incorporated into the contact; that the classifications are for	(1) That I pay or supervise the payment of the persons employed by PENCO ENGINEERING, INC.  Contractor or Subcontractor)  THREE ARTERIAL STREET REHAB that during the payroll period commencing on the (Building or Work)  2014 and ending the 29th day of June 2014  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said  PENCO ENGINEERING, INC.  (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F. R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F. R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F. R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F. R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F. R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F. R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F. R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F. R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F. R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F. R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F. R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 948, 948, 948, 948, 948, 948, 948,	(1) That I pay or supervise the payment of the persons employed by PENCO ENGINEERING, INC.  (Contractor or Subcontractor)  THREE ARTERIAL STREET REHAB  (Building or Work)  2014  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said  PENCO ENGINEERING, INC.  (Contractor or Subcontractor)  weekly wages samed by any person and that no deductions have been made either directly or indirectly from the full wages samed by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copelland Act, as as mended (48 Stat. 948, 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copelland Act, as as mended (48 Stat. 948, 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copelland Act, as as mended (48 Stat. 948, 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the contract therein are not less than the apprentices and complete; that the wage rates for laborers or mechanics contained therein are not less than the apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship and Training, United States Department of Labor.	(Name of Signatory Party)  (Title)  do hereby state:  (1) That I pay or supervise the payment of the persons employed by PENCO ENGINEERING, INC.  (Contractor or Subcontractor)  THREE ARTERIAL STREET REHAB  (Building or Work)  2014  all persons employed on said project have been paid the full weekly wages samed, that no rebates have been or will be made either directly or indirectly to or on behalf of said  PENCO ENGINEERING, INC.  (Contractor or Subcontractor)  weekly wages samed by any person and that no deductions have been made either directly or indirectly from the full wages samed by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtile A), issued by the Secretary of Labor under the Copelland Act, as amended (48 Stat. 943, 3) (29 C.F.R. Subtile A), issued by the Secretary of Labor under the Copelland Act, as amended (48 Stat. 943, 3) (29 C.F.R. Subtile A), issued by the Secretary of Labor under the contract that the classifications are contact and complete; that the wage rates for laborers or mechanics contained therein are not less than the apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship and Training, United States Department of Labor.	(Name of Signatory Party)  (Contractor or Subcontractor)  THREE ARTERIAL STREET REHAB  (Building or Work)  23rd day of

## (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable.	

### (c) EXCEPTIONS

NAME AND TITLE GINA ORTEGA, ACCOUNTING/HR MANAGER	REMARKS:					EXCEPTION (CRAFT)
JAGER SIGNATURE						
TURE						EXPLANATION

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

## CHECK DATE 07/03/2014 PERIOD BEGIN 06/16/2014 PERIOD END 06/29/2014

07/02/2014 PAGE 7

e cICK	EMPLOYEE NAME  EARNINGS PAY  CURRENT  DESCR  RATE  HOURS  AMOUNT	PENCO ENGINEERING INC - 388/
2000	HOURS	
28600 120000	YTD AMOUNT	
	DESCR	
	CURRENT	i q
	AMOUNT	
	TAXES	
•	CURRENT AMOUNT	
	YTD AMOUNT	
	NET PAY CHECK NO	
nessatirii (1900)	00000	

EMPLOYEE TOTAL	CALAWAY, RANDOLPH  169 XXX-XX-XXXX CA CA CA 26 M3/M3 400  32.5000 Hourly Last Check Date 07/03/2014	EMPLOYEE TOTAL
VP VIS 125	1 REGULAR 1 REGULAR 2 OVERTIME 4 2 OVERTIME 6 2 OVERTIME 6 3 OVERTIME 6 8 HOLIDAY V VACATION 125 DP DEN 125 DP DEN 125	
	409400 487500 614100	
8700	51000 2900 500	
-290 295592	165750 118726 9750 30705 -18586 -715	419690 442308
135900	111600 111600 13300 13300 3600 3600 4400	Ø.
-37 <u>70</u> 4020557	3310597 3310597 558032 558032 82000 90000 136000 -20302 -9295 -122705	3980772
ĭ	C9 CHECKING NE CS CHILD SUPRT	
232348	189748 42600	
3112304	2505254 607050	
	FEDERAL OASDI MEDICARE CA STATE CA SDI	
63244	29137 18931 4427 7696 3053	
840677	256881 60077 96179 41433	
	DIRDEP	3

## CHECK DATE 07/03/2014

PERIOD	CHECK
BEGIN	DAIL
06/16/2014	0//03/2014
PERIOD END	4
06/29/2014	

07/02/2014 PAGE 9

	EMPLOYEE TOTAL	81	15.0000 Hourly Last Check Date 07/03/2014	WALKER, DAVID 204 XXX-XX-XXXX CA CA CA 26 M1/M1 400	EMPLOYEE TOTAL		EMPLOYEE NAME ID SSN STATE/FRQ STS LOCATION	
		V VACATION 1P MED 125 DP DEN 125 VP VIS 125	2 OVERTIME H HOLIDAY	1 REGULAR 1 REGULAR		K1 401K EE KC 401K EE	EARNINGS DESCR	
		1	598950	399300			PAY RATE	
	8800		55 0	5100 2900			CUR HOURS	
	182462 228995	-39435 -6415 -683	29948	76500 115797	58884 <b>7</b> 675386	-65385 -21154	CURRENT S AMOUNT	
Control of the Contro	101900	3600 2700	9300 3600	82700 82700	8750		HOURS	
	1642597 2094860	54000 40500 -360815 -83165 -8283	304659 54000		8571923 9610391	-784620 -253848	YTD AMOUNT	
				C9 CHECKING NE FI 24HR FITNES			DEDUCTIONS DESCR	
Proceed	146718			146418 300	399413		CURRENT AMOUNT	
100004	1349695			1346095 3600	5390104		YTD TAXES	
			CA STATE	FEDERAL OASDI			TAXES DESCR	
Room	35744		2646 3235 1825	16725 11313	189434		CURRENT AMOUNT	
1000	292902	-	23818 24739 16426	126078 101841	2782406		YTD AMOUNT	
				OOO DIRDEP			NET PAY	

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 06/29/14 Previously Paid Prevailing Wage OT WE 06/29/14	6.00	40.94	(245.64)
CORRECTED Prevailing Wage Straight Time WE 06/29/14 CORRECTED Prevailing Wage OT WE 06/29/14	6.00	43.01 -	258.06
	Total		12.42
Deductions:	Total		12.42
	GROSS		12.42
Medicare			0.18
OASDI			0.77
Federal withholdings			1.24
Ca. withholdings			0.37
SDI			0.15
Sub Total			2.71
	Net		\$ 9.71