LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Report for the reporting period 05/01/2009 to 04/30/2010

1. Name of Labor Compliance Program (LCP): Perceptive Enterprises, Inc. (PEI)

2. LCP I.D. Number (assigned by DIR): 2003.00209

3. Date of Initial Approval: May 27, 2003

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   Mr. Joseph Adams, President
   844 Colorado Boulevard Suite 204, Los Angeles, CA 90041
   Office: (323) 254-5000 Fax: (323) 254-5000
   E-mail: JAdams@PerceptiveLCP.com

5. List all Awarding Bodies covered by this report as well as any other Awarding Bodies with whom the LCP currently has a contract to provide compliance enforcement. If none, please proceed directly to item 7 and provide all requested information. Then complete the information below, and sign and submit this form to DIR, Office of the Director, Attn: LCP Special Assistant 455 Golden Gate Avenue, 10th Floor, San Francisco, CA 94102.
   PEI acted as a LCP Third Party Administrator for the following: City of Glendale Department of Water and Power, and Montebello Unified School District.
   PEI provided LCP Consultant Services for the following district’s LCPs: Los Angeles Unified School District, Los Angeles County Office of Education, and California State University.

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary):
   Perceptive Enterprises, Inc. has no suggestions at this time.

SUBMITTER BY:

Signature: J. Adams
Name and Title: Joseph Adams, President
Date: 05/25/2010
6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary, and please complete separate forms for each Awarding Body covered in this report).

Awarding Body: City of Glendale Department of Water & Power

A. List projects handled by LCP within the past 12 months.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Bid Advertisement Date</th>
<th>Prime Contractor</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chromium 6 Treatment Facilities</td>
<td>May 23, 2008</td>
<td>AECOM</td>
<td>$1,800,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Summary of all wages and penalties assessed and/or recovered.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Affected Contractor (who directly employed the worker)</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
<th>Approval of Forfeiture Requested from Labor Commissioner?</th>
<th>Description of Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LC § 1776(g)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LC § 1775</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LC § 1813</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wages</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LC § 1776(g)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LC § 1775</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LC § 1813</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wages</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

Total

E. Identify cases that are or were the subject of LC § 1742 proceedings.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Contractor</th>
<th>Nature of Violation</th>
<th>ODL Case #</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one:  
- ☐ Yes  
- ☑ No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: ________________________________

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one:  
- ☐ Yes  
- ☑ No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: ________________________________
A. List projects handled by LCP within the past 12 months.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Bid Advertisement Date</th>
<th>Prime Contractor</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied Technology Center</td>
<td>January 6, 2010 (signed</td>
<td>DJM Construction Co. Inc.</td>
<td>$24,167,000.00</td>
</tr>
<tr>
<td></td>
<td>contract date)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building Addition at Joseph Gascon Elementary</td>
<td>September 10 &amp; 17, 2009</td>
<td>Paul C. Miller Construction Co., Inc.</td>
<td>$6,990,000.00</td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

B. Summary of all wages and penalties assessed and/or recovered.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Affected Contractor (who directly employed the worker)</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
<th>Approval of Forfeiture Requested from Labor Commissioner</th>
<th>Description of Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
<td></td>
</tr>
</tbody>
</table>

Total
C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LC §1776(g)</td>
<td>LC § 1775</td>
</tr>
<tr>
<td></td>
<td>LC § 1775</td>
<td>LC § 1813</td>
</tr>
<tr>
<td></td>
<td>Wages</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

E. Identify cases that are or were the subject of LC § 1742 proceedings.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Contractor</th>
<th>Nature of Violation</th>
<th>ODL Case</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one:  
- [x] Yes  
- [ ] No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral:

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one:

- [x] Yes  
- [ ] No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral:
7. On a separate sheet, provide a certificate of compliance with conflict of interest disclosure requirements by employees and consultants who participate in making governmental decisions (as defined under 2 CCR § 18701) along with the names of LCP personnel who are filing disclosure statements and the agencies with which those statements are being filed.

8. Please update the following information per 8 CCR § 16426(a)(2), (3) and (5) disclosure requirement.

A. Identify the geographical areas in which the program intends to operate and the identity of any public agencies not previously identified in this report with which the program intends to contract to provide labor compliance enforcement.

Perceptive Enterprises, Inc. (PEI) intends to operate throughout the State of California.

B. State whether the entity shares personnel, management, ownership or other close affiliation with any of the following: (1) any contractor or subcontractor that within the preceding five years has been awarded a public works contract within the geographical area in which the program operates or intends to operate or with any public agency with which the program has contracted or intends to contract to provide labor compliance enforcement; (2) any person or entity who has been the surety on such a contract; (3) any joint labor-management committee established pursuant to the Federal Labor Management Cooperation Act of 1978 (section 175a of Title 29 of the United States Code); or (4) any person or entity who has represented workers employed in the same or similar classifications as those employed for such a contract and who has been engaged in (i) an organizational campaign under the National Labor Relations Act with contractors competing for such contracts or (ii) a jurisdictional dispute with another collective bargaining representative of workers utilized for such contracts.

For each affiliation, please provide the name, address, telephone number, and principal contact person for the person or entity; please identify shared personnel, management, and ownership; and if applicable, please provide a short description of the nature and extent of any other close affiliation:

PEI does not share personnel, management, ownership or have a close affiliation with any (1) contractor or subcontractor, (2) surety on a contract, (3) joint labor-management committee, or (4) entity who has represented workers employed in the same or similar classifications as those employed for such a contract and who has been engaged in (i) an organizational campaign under the National Labor Relations Act with contractors competing for such contracts or (ii) a jurisdictional dispute with another collective bargaining representative of workers utilized for such contracts.

C. Identify the attorney or law firm available to provide legal support for the LCP, and whether the persons or firms providing that support also represent any contractor, subcontractor, surety, or worker representative referred to in the preceding item.

Attorney/Law Firm Name (include address, contact person, and telephone number)

Mr. Chad T. Wishchuk
Attorney at Law: Marks, Golia & Finch, LLP
8620 Spectrum Center Blvd., Suite 900
San Diego, CA 92123-1454
(858) 737-3100
cwishchuk@mgflplp.com
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Nguyen Nhubinh Thuy (323) 254-5000

MAILING ADDRESS STREET CITY STATE ZIP CODE OPTIONAL: E-MAIL ADDRESS
844 Colorado Blvd., Ste. 204 Los Angeles CA 90041

1. Office, Agency, or Court
Name of Office, Agency, or Court:
Perceptive Enterprises, Inc.
Division, Board, District, if applicable:
N/A
Your Position:
Labor Compliance Program Third Party Administrator
If filing for multiple positions, list additional agency(ies)/position(s): (Attach a separate sheet if necessary.)
Agency: ____________________________________________
Position: __________________________________________

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ County of ____________________________
☐ City of ____________________________
☐ Multi-County ____________________________
☐ Other ____________________________

3. Type of Statement (Check at least one box)
☐ Assuming Office/Initial Date: __/__/____
☐ Annual: The period covered is January 1, 2009, through December 31, 2009.
-OR-
☐ The period covered is __/__/____, through December 31, 2009.
☐ Leaving Office Date Left: __/__/____ (Check one)
☐ The period covered is January 1, 2009, through the date of leaving office.
-OR-
☐ The period covered is __/__/____, through the date of leaving office.
☐ Candidate Election Year: ____________________________

4. Schedule Summary
☐ Total number of pages including this cover page: 1
☐ Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:
Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)
Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)
Schedule B ☐ Yes - schedule attached
Real Property
Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
Schedule D ☐ Yes - schedule attached
Income - Gifts
Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments
-OR-
☐ No reportable interests on any schedule

5. Verification
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed ____________________________
(Month, day, year)
Signature ____________________________
(Please sign the original signed statement with your filing official.)

FPPC Form 700 (2009/2010)
FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov
**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

*A Public Document*

<table>
<thead>
<tr>
<th>NAME (LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
<th>DAYTIME TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chan</td>
<td>Felisia</td>
<td></td>
<td>(323) 254-5000</td>
</tr>
</tbody>
</table>

| MAILING ADDRESS STREET CITY STATE ZIP CODE OPTIONAL: E-MAIL ADDRESS |
|---------------------------------------------------------------|--------|
| 844 Colorado Blvd., Ste. 204 Los Angeles CA 90041             |        |

1. **Office, Agency, or Court**

- **Name of Office, Agency, or Court:** Perceptive Enterprises, Inc.
- **Division, Board, District, if applicable:** N/A
- **Your Position:** Labor Compliance Program Third Party Administrator
- **If filing for multiple positions, list additional agency(ies)/position(s):** (Attach a separate sheet if necessary.)

2. **Jurisdiction of Office (Check at least one box)**

- [X] State
- [ ] County of ____________________________
- [ ] City of ________________________________
- [ ] Multi-County ____________________________
- [ ] Other ________________________________

3. **Type of Statement (Check at least one box)**

- [ ] Assuming Office/Initial Date: ______/____/____
- [ ] The period covered is ______/____/____ through December 31, 2009.
- [ ] Leaving Office Data Left: ______/____/____
  (Check one)
  - [ ] The period covered is January 1, 2009, through the date of leaving office.
  - [ ] The period covered is ______/____/____ through the date of leaving office.
- [ ] Candidate Election Year: ____________________________

4. **Schedule Summary**

- Total number of pages including this cover page: 1

- Check applicable schedules or "No reportable interests."
  I have disclosed interests on one or more of the attached schedules:
  - Schedule A-1 [ ] Yes - schedule attached Investments (Less than 10% Ownership)
  - Schedule A-2 [ ] Yes - schedule attached Investments (10% or Greater Ownership)
  - Schedule B [ ] Yes - schedule attached Real Property
  - Schedule C [ ] Yes - schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
  - Schedule D [ ] Yes - schedule attached Income - Gifts
  - Schedule E [ ] Yes - schedule attached Income - Gifts - Travel Payments
  - OR -
  - [X] No reportable interests on any schedule

5. **Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**Date Signed** May 25, 2010  
(mo. / da. / yr.)

**Signature** Felisia Chan  
(Please print or type your signature on this statement with your filing official.)
NAME (LAST) Adams

(FIRST) Joseph

(MIDDLE) C.

DAYTIME TELEPHONE NUMBER (323) 254-5000

MAILING ADDRESS 844 Colorado Blvd., Ste. 204

STREET Los Angeles

CITY CA

STATE 90041

ZIP CODE

4. Schedule Summary

- Total number of pages including this cover page: 1

- Check applicable schedules or "No reportable interests."
  - I have disclosed interests on one or more of the attached schedules:
    - Schedule A-1: Yes - schedule attached
      Investments (Less than 10% Ownership)
    - Schedule A-2: Yes - schedule attached
      Investments (10% or Greater Ownership)
    - Schedule B: Yes - schedule attached
      Real Property
    - Schedule C: Yes - schedule attached
      Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
    - Schedule D: Yes - schedule attached
      Income - Gifts
    - Schedule E: Yes - schedule attached
      Income - Gifts - Travel Payments
  - No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed May 25, 2010

Signature Adams

(If the original signed statement with your filing official.)