# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
PERKOWITZ RUTH ARCHITECTS 401K PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 03/01/1988

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
PERKOWITZ RUTH INCORPORATED
PERKOWITZ RUTH ARCHITECTS

111 W OCEAN BLVD. 21ST FLOOR
LONG BEACH, CA 90802

**2b** Employer Identification Number (EIN)
95-3384842

**2c** Sponsor's telephone number
562-628-8020

**2d** Business code (see instructions)
541310

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/15/2010 | STEVEN RUTH |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
PERKOWITZ RUTH INCORPORATED

111 W OCEAN BLVD. 21ST FLOOR
LONG BEACH, CA 90802

**3b** Administrator's EIN
95-3384842

**3c** Administrator's telephone number
562-628-8020

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 341 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 165 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 120 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 285 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 285 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 257 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 33 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | X | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | X | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | X | **R** (Retirement Plan Information) |
| **(2)** | | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**b General Schedules**

| | | | |
|---|---|---|---|
| **(1)** | X | | **H** (Financial Information) |
| **(2)** | | | **I** (Financial Information – Small Plan) |
| **(3)** | X | 1 | **A** (Insurance Information) |
| **(4)** | | | **C** (Service Provider Information) |
| **(5)** | | | **D** (DFE/Participating Plan Information) |
| **(6)** | | | **G** (Financial Transaction Schedules) |

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2010

**A** Name of plan
PERKOWITZ RUTH ARCHITECTS 401K PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500.
PERKOWITZ RUTH INCORPORATED

**D** Employer Identification Number (EIN)
95-3384842

## Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 31-4156830 | 66869 | GAP-B2-TK24 | 296 | 01/01/2009 | 12/31/2009 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 817 | 204 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
FINANCIAL WEST GROUP
PO BOX 5123
THOUSAND OAKS, CA 91359

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 817 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
SENEX INSURANCE SERVICES
21021 VENTURA BL., SUITE 310
WOODLAND HILLS, CA 91364

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| | 204 | ADMINISTRATIVE SERVICE | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | 6b | |
| **c** | Premiums due but unpaid at the end of the year | 6c | |
| **d** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 94321 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 5819 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 4515 | | |
| | (4) Transferred from separate account | 7c(4) | 53611 | | |
| | (5) Other (specify below) | 7c(5) | 318 | | |
| | ▶ LOAN PAYMENTS | | | | |
| | (6) Total additions | | | 7c(6) | 64263 |
| **d** | Total of balance and additions (add **b** and **c(6)**) | | | 7d | 158584 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 8945 | | |
| | (2) Administration charge made by carrier | 7e(2) | 55 | | |
| | (3) Transferred to separate account | 7e(3) | 240 | | |
| | (4) Other (specify below) | 7e(4) | 1563 | | |
| | ▶ FORFEITURE, LOANS | | | | |
| | (5) Total deductions | | | 7e(5) | 10803 |
| **f** | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 147781 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
PERKOWITZ RUTH ARCHITECTS 401K PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PERKOWITZ RUTH INCORPORATED

**D** Employer Identification Number (EIN)
95-3384842

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 503870 | 344606 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 223983 | 251166 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 5644388 | 6891764 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 94321 | 147781 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 6466562 | 7635317 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | | |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 6466562 | 7635317 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 34374 | |
| | **(B)** Participants | 2a(1)(B) | 565805 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 6476 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 606655 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 9780 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 9780 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| 2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1608922 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2225357 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1056602 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 1056602 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1056602 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1168755 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: HOLTHOUSE CARLIN AND VAN TRIGT, LLP **(2)** EIN: 95-4345226

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 1000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
PERKOWITZ RUTH ARCHITECTS 401K PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PERKOWITZ RUTH INCORPORATED

**D** Employer Identification Number (EIN)
95-3384842

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1**

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-4156830

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

| | | | |
|---|---|---|---|
| **6** | **a** Enter the minimum required contribution for this plan year ..... | **6a** | 0 |
| | **b** Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** | 0 |
| | **c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** | 0 |

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

| | | | |
|---|---|---|---|
| **10** | Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... | ☐ **Yes** | ☐ **No** |
| **11** | **a** Does the ESOP hold any preferred stock? ..... | ☐ **Yes** | ☐ **No** |
| | **b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | ☐ **Yes** | ☐ **No** |
| **12** | Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... | ☐ **Yes** | ☐ **No** |

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# PERKOWITZ + RUTH ARCHITECTS
# 401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE
AND
AUDITORS' REPORT
DECEMBER 31, 2009

# PERKOWITZ + RUTH ARCHITECTS
# 401(k) PROFIT SHARING PLAN


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All other schedules have been omitted as not applicable.

HCVT
CERTIFIED PUBLIC ACCOUNTANTS

HOLTHOUSE CARLIN & VAN TRIGT LLP

Independent Auditors' Report

To the Plan Trustee of the
Perkowitz + Ruth Architects 401(k) Profit Sharing Plan:

We were engaged to audit the financial statements and supplemental schedule of the Perkowitz + Ruth Architects 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2009 and 2008 and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Nationwide Life Insurance Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. The Plan Administrator has informed us that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Custodian as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Holthouse Carlin & Van Trigt LLP

Westlake Village, California
October 14, 2010

# PERKOWITZ + RUTH ARCHITECTS
# 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2009 AND 2008

| | 2009 | 2008 |
|---|---|---|
| Assets: | | |
| Investments: | | |
| Participant-directed investments at fair value | $ 7,637,560 | $ 6,463,576 |
| Receivables: | | |
| Participants' contribution | 5 | - |
| Total assets | 7,637,565 | 6,463,576 |
| Liabilities | - | - |
| Net assets available for plan benefits | $ 7,637,565 | $ 6,463,576 |

*See notes to financial statements.*

# PERKOWITZ + RUTH ARCHITECTS
## 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

| | |
|---|---|
| Additions: | |
| Participants' contributions | $ 565,809 |
| Firm contributions | 34,297 |
| Participants' rollover contributions | 6,476 |
| Interest income | 19,431 |
| Net appreciation of investments | 1,604,577 |
| Total additions | 2,230,590 |
| Deductions: | |
| Benefits paid to participants | 1,056,601 |
| Total deductions | 1,056,601 |
| Net increase | 1,173,989 |
| Net assets available for plan benefits: | |
| Beginning of year | 6,463,576 |
| End of year | $ 7,637,565 |

*See notes to financial statements.*

# PERKOWITZ + RUTH ARCHITECTS
# 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

## NOTE 1. PLAN DESCRIPTION

The following description of the Perkowitz + Ruth Architects 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants and other interested parties should refer to the Plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering all employees who are employed by Perkowitz + Ruth Architects (the "Firm" or the "Plan Sponsor") and have completed three months of service and have obtained age 21. The Firm is responsible for administering the Plan. The investments and other assets of the Plan are held by Nationwide Life Insurance Company (the "Custodian"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

### Contributions

Each year, participants may contribute 1 to 100 percent of pretax annual compensation, as defined in the Plan and subject to certain limitations under the Internal Revenue Code ("IRC"). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Firm contributions are discretionary. Effective March 16, 2009 the Firm discontinued making matching contributions. During the period from January 1, 2009 through March 15, 2009, the Firm matched each participant's deferrals at the rate of 25% of the first 6% of salary deferrals. The Firm matching contributions were $34,297, for the year ended December 31, 2009. The Plan also provides for discretionary nonelective Firm contributions, of which there was none for the year ended December 31, 2009.

### Participant Accounts

Each participant's account is credited with the participant's contribution, and allocations of the Firm's contribution, and Plan earnings, and charged with any withdrawals or distributions requested by the participant, investment losses and allocation of administrative expenses, if applicable. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Firm's contribution portion of their accounts is based on years of service. Participants are vested in Firm contributions, as defined in the Plan, over a six-year period. A participant's account is fully vested and distributable upon death or total and permanent disability.

**NOTE 1. PLAN DESCRIPTION (Continued)**

Forfeitures

Forfeitures of discretionary Firm contributions may first be used to pay Plan expenses and any remaining forfeitures will be reallocated to eligible participants as additional discretionary Firm matching contributions. No forfeitures were utilized for the year ended December 31, 2009. As of December 31, 2009, forfeitures of $75,425 and will be allocated to eligible participants as discretionary matching contributions in 2009.

Payment of Benefits

For termination of service due to death, disability, retirement, or for other reasons, a participant will receive either an annuity or a lump-sum amount equal to the value of the participant's vested interest in his or her account. Installment payments are permitted for participants that are required to receive lifetime required minimum distributions, as defined by the Plan.

Administrative Expenses

Administrative expenses incidental to the administration of the Plan, including fees of the administrative agent and independent public accountants may be paid by the Plan. Expenses not paid by the Firm are paid by the Plan.

Most investment options have management fees that reduce the overall return on assets. The net appreciation of investments is inclusive of the management fees.

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America, primarily from data provided by the Custodian.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

All investments are presented at their fair values and participant loans are stated at the unpaid principal amount, which is deemed to approximate fair value. The Custodian has indicated that the BOA Fixed Fund is not fully benefit-responsive and therefore is recorded at fair market value.

Investments are valued daily. Interest income is recorded on an accrual basis.

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Concentration of Risk

The Plan's investments have exposure to risk to the extent that the investments are subject to market and interest rate fluctuations that may materially affect the value of the investment balances.

Benefits Payable to Participants

Benefits are recorded when paid.

Fair Value

The Plan accounts for its financial instruments using a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value measurement hierarchy is based on three levels of inputs, of which the first two are considered observable and the last unobservable. The three levels of the fair value hierarchy are the following:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are inactive; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 – Inputs to the valuation that are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

*Guaranteed Interest Contract* – Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer and therefore classified as Level 2 within the valuation hierarchy.

*Money Market Account* – This is a cash equivalent priced at par and classified as Level 1 within the valuation hierarchy.

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Fair Value (Continued)

*Mutual Funds* – This category consists of publicly traded funds of registered investment companies. The net asset value of the mutual fund's shares is quoted on the exchange where the fund is traded and therefore classified as Level 1 within the valuation hierarchy.

*Participant Loans* - Participant loans are valued at their unpaid principal amount which approximates fair value and are classified as Level 3 investments.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

| | Assets at Fair Value | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual Funds: | | | | |
| Blend funds | $ 1,639,543 | $ - | $ - | $ 1,639,543 |
| Value funds | 672,542 | - | - | 672,542 |
| Growth funds | 4,019,552 | - | - | 4,019,552 |
| Fixed income fund | 560,127 | - | - | 560,127 |
| Total mutual funds | 6,891,764 | - | - | 6,891,764 |
| Money Market Account | 344,606 | - | - | 344,606 |
| Guaranteed Interest Contract | - | 150,024 | - | 150,024 |
| Participant Loans | - | - | 251,166 | 251,166 |
| Total assets at fair value | $ 7,236,370 | $ 150,024 | $ 251,166 | $ 7,637,560 |

The table below sets forth a summary of changes in the fair value of the participant loans for the year ended December 31, 2009:

| | |
|---|---|
| Balance, beginning of year | $ 223,983 |
| Issuances, repayments and settlements, net | 27,183 |
| Balance, end of year | $ 251,166 |

## NOTE 3. INVESTMENTS

Investment options are selected by the Plan Sponsor and are participant-directed. The participants have several investments they may choose from. See the attached Schedule of Assets (Held at End of Year) for a detail listing of investments.

| | |
|---|---|
| American Funds Growth Fund of America R5 | $ 397,406 |
| AdvisorOne Amerigo Fund | $ 729,191 |
| Janus Twenty Fund | $ 553,639 |
| Aberdeen Small Cap Fund | $ 481,298 |

For the year ended December 31, 2009 net appreciation of investments in registered investment companies (mutual funds) was $1,604,577.

## NOTE 4. PARTICIPANT LOANS

Participants in the Plan may borrow against their vested account balance within specified guidelines, as defined in the Plan. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25 percent to 9.25 percent. Principal and interest is paid ratably through payroll deductions.

## NOTE 5. RELATED PARTY TRANSACTIONS

The Custodian of the Plan holds all assets, manages certain investment options, and charges fees for those services. Transactions between the Custodian and the Plan qualify as party-in-interest transactions for which exemptions exist.

## NOTE 6. PLAN TERMINATION

The Firm has the right under the Plan to amend or terminate the Plan at any time subject to the provisions of ERISA. If the Plan is terminated, the rights of all participants to their interests in the Plan will become 100 percent vested.

## NOTE 7. FINANCIAL DATA CERTIFIED BY THE CUSTODIAN

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by the Custodian and was not subjected to any auditing procedures performed by the independent public accountants:

**NOTE 7. FINANCIAL DATA CERTIFIED BY THE CUSTODIAN (Continued)**

a. Participant-directed investments as shown in the accompanying statements of net assets available for plan benefits of $7,637,560 not including participant loans of $251,166 as of December 31, 2009, and $6,463,576 not including participant loans of $223,983 as of December 31, 2008.

b. Net appreciation of investments of $1,604,577 and interest income of $19,431 as shown in the accompanying statement of changes in net assets available for plan benefits for the year ended December 31, 2009.

c. Investments as of December 31, 2009 as shown in the accompanying Schedule of Assets (Held at End of Year).

**NOTE 8. FEDERAL INCOME TAX STATUS**

The Firm received a determination letter dated December 16, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been subsequently amended and the Firm believes that the Plan currently is being operated in compliance with the applicable requirements of the IRC and, accordingly, the Plan Administrator believes that the Plan is exempt from federal income taxes.

**NOTE 9. RECONCILATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following table reconciles net assets available for plan benefits per the financial statements to the Form 5500 as filed by the Firm for the years ended December 31:

| | 2009 | 2008 |
|---|---|---|
| Net assets available for plan benefits per the financial statements | $ 7,637,565 | $ 6,463,576 |
| Participants' contribution receivable | (5) | |
| Adjustment of Guaranteed Interest Contract to fair market value | (2,243) | 2,986 |
| Net assets available for plan benefits per the Form 5500 | $ 7,635,317 | $ 6,466,562 |

**NOTE 10. SUBSEQUENT EVENT**

The Firm has evaluated subsequent events that have occurred from December 31, 2009 through October 14, 2010, which is the date that the financial statements were available to be issued, and determined that there were no subsequent events or transactions that required recognition or disclosure in the financial statements.

# PERKOWITZ + RUTH ARCHITECTS
## 401(k) PROFIT SHARING PLAN
EIN # 95-3384842 PLAN #002
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

| | Identity of issuer | Description of investment | | Current value |
|---|---|---|---|---|
| * | BOA Fixed Fund | Guaranteed Interest Contract | $ | 150,024 |
| * | Nationwide Money Market Fund | Money Market Account | | 344,606 |
| * | American Century Real Estate Fund | Mutual Fund | | 7,469 |
| * | American Century Value Fund | Mutual Fund | | 15,886 |
| * | American Funds Growth Fund of America R3 | Mutual Fund | | 4,289 |
| * | American Funds Growth Fund of America R5 | Mutual Fund | | 397,406 |
| * | American Funds New World Fund | Mutual Fund | | 2,276 |
| * | Baron Asset Fund | Mutual Fund | | 299,082 |
| * | BlackRock International Opportunities Portfolio | Mutual Fund | | 154,765 |
| * | AdvisorOne Berolina Fund | Mutual Fund | | 205,592 |
| * | AdvisorOne Amerigo Fund | Mutual Fund | | 729,191 |
| * | AdvisorOne Descartes Fund | Mutual Fund | | 166,781 |
| * | AdvisorOne Liahona Fund | Mutual Fund | | 90,716 |
| * | AdvisorOne Clermont Fund | Mutual Fund | | 172,522 |
| * | Nationwide Investor Destinations Aggressive Fund | Mutual Fund | | 154,169 |
| * | Nationwide Investor Destinations Conservative Fund | Mutual Fund | | 20,950 |
| * | Nationwide Investor Destinations Moderately Aggressive Fund | Mutual Fund | | 206,001 |
| * | Nationwide Investor Destinations Moderately Conservative Fund | Mutual Fund | | 9,213 |
| * | Nationwide Investor Destinations Moderate Fund | Mutual Fund | | 48,494 |
| * | Davis NY Venture Fund | Mutual Fund | | 332,915 |
| * | Fidelity Advisor Leveraged Co. Stock Fund | Mutual Fund | | 165,281 |
| * | Fidelity Asset Manager Fund | Mutual Fund | | 76,191 |
| * | Fidelity Puritan Fund | Mutual Fund | | 272,228 |
| * | Harbor International Fund | Mutual Fund | | 49,228 |
| * | Ivy Mortgage Securities Fund | Mutual Fund | | 112,078 |
| * | JP Morgan Small Cap Equity Fund | Mutual Fund | | 42,231 |
| * | Janus Twenty Fund | Mutual Fund | | 553,639 |
| * | Janus Worldwide Fund | Mutual Fund | | 131,965 |
| * | Loomis Sayles Bond Fund | Mutual Fund | | 71,528 |
| * | BlackRock Large Cap Value | Mutual Fund | | 336,615 |
| * | Nationwide S&P 500 Index Fund | Mutual Fund | | 240,793 |
| * | Neuberger Berman Partners Short Duration Bond Trust Fund | Mutual Fund | | 441 |
| * | Neuberger Berman Partners Fund | Mutual Fund | | 337,496 |
| * | PIMCO Total Return Fund | Mutual Fund | | 290,574 |
| * | Oppenheimer Global Fund | Mutual Fund | | 7,995 |
| * | Oppenheimer International Bond Fund | Mutual Fund | | 25,663 |
| * | DWS Dreman High Return Equity | Mutual Fund | | 65,347 |
| * | DWS High Income Instl Fund | Mutual Fund | | 24,142 |
| * | PIMCO Low Duration Fund | Mutual Fund | | 16,389 |
| * | Pioneer Strategic Income Fund | Mutual Fund | | 60,082 |

Continued next page

*See notes to financial statements and accompanying auditors' report.*

# PERKOWITZ + RUTH ARCHITECTS
## 401(k) PROFIT SHARING PLAN
EIN # 95-3384842 PLAN #002
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009
(Continued)

| | Identity of issuer | Description of investment | Current value |
|---|---|---|---|
| * | Aberdeen Small Cap Fund | Mutual Fund | 481,298 |
| * | American Funds Growth Fund of America R6 | Mutual Fund | 68,133 |
| * | American Funds High Income Trust Fund | Mutual Fund | 30,758 |
| * | Rydex Series Nova Fund | Mutual Fund | 1,859 |
| * | American Funds New World Fund | Mutual Fund | 12,384 |
| * | Thornburg International Value Fund | Mutual Fund | 251,571 |
| * | Van Kampen Equity and Income Fund | Mutual Fund | 17,885 |
| * | Ivy Asset Strategy Fund | Mutual Fund | 12,582 |
| * | Janus Balanced Fund | Mutual Fund | 117,671 |
| * | Participant Loans | Interest from 4.25% to 9.25% | 251,166 |
| | Total investments | | $ 7,637,560 |

* Indicates a party-in-interest to the Plan.

*See notes to financial statements and accompanying auditors' report.*

## Authorization for Electronic Filing of Form 5500

Sponsor Name: Perkowitz + Ruth Architects

Plan Name: Perkowitz + Ruth Architects 401K Profit Sharing Plan

On behalf of the above named sponsor, the undersigned hereby grants permission to The Senex Group to electronically file the plans sponsor's Form 5500 annually, but only upon receipt of a copy of the manually signed pages one and two of Form 5500.

The sponsor has been notified that the image of the plan administrator's/plan sponsor's manual signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.

The employer may revoke or change this authorization any time by notification in writing to The Senex Group.

Authorized by: _____ Date: 10/15/10

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning and ending

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [x] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [x] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
PERKOWITZ RUTH ARCHITECTS 401K PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 03/01/1988

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
PERKOWITZ RUTH INCORPORATED
PERKOWITZ RUTH ARCHITECTS

111 W OCEAN BLVD. 21ST FLOOR
LONG BEACH CA 90802

**2b** Employer Identification Number (EIN)
95-3384842

**2c** Sponsor's telephone number
562-628-8020

**2d** Business code (see instructions)
541310

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| SIGN HERE | Signature of plan administrator | Date: 10/15/10 | Enter name of individual signing as plan administrator: STEVEN RUTH |
| SIGN HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | Signature of DFE | Date | Enter name of individual signing as DFE |

**Perkowitz + Ruth Architects**
**401(k) Profit Sharing Plan**
**95-3384842 Plan #002**

**2009 Form 5500 Schedule H Attachment**
**Schdedule H, Line 4i, Schedule of Assets (Held at end of year)**

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | IDENTITY OF ISSUE | DESCRIPTION | COSTS | CURRENT VALUE |
| | Abrden SmCap A | shares of mutual funds | $481,297.65 | $481,297.65 |
| * | AdvOne Amerigo N | shares of mutual funds | $729,191.06 | $729,191.06 |
| * | AdvOne Berolina | shares of mutual funds | $205,591.99 | $205,591.99 |
| * | AdvOne Clermont | shares of mutual funds | $172,521.94 | $172,521.94 |
| * | AdvOne Descartes | shares of mutual funds | $166,780.70 | $166,780.70 |
| * | AdvOne Liahona N | shares of mutual funds | $90,716.48 | $90,716.48 |
| | AmCent RealEst A | shares of mutual funds | $7,469.20 | $7,469.20 |
| | AmCent Val A | shares of mutual funds | $15,886.47 | $15,886.47 |
| | AmFds Gr Fd Am R | shares of mutual funds | $4,289.41 | $4,289.41 |
| | AmFds Gr Fd Am R | shares of mutual funds | $397,406.39 | $397,406.39 |
| | AmFds Gr Fd Am R | shares of mutual funds | $68,132.52 | $68,132.52 |
| | AmFds Hi Inc Tr | shares of mutual funds | $30,758.38 | $30,758.38 |
| | AmFds New Wld R5 | shares of mutual funds | $2,276.48 | $2,276.48 |
| | AmFds New Wld R6 | shares of mutual funds | $12,383.57 | $12,383.57 |
| | Baron Asst | shares of mutual funds | $299,082.03 | $299,082.03 |
| | BlkRk Intl Oppr | shares of mutual funds | $154,765.37 | $154,765.37 |
| | BlkRk LgCap Val | shares of mutual funds | $336,615.08 | $336,615.08 |
| | BOA-Fixed | units of GIC | $147,780.86 | $147,780.86 |
| | Davis NY Vntr A | shares of mutual funds | $332,915.11 | $332,915.11 |
| | DWS Hi Inc Inst | shares of mutual funds | $24,141.67 | $24,141.67 |
| | DWS VS Strat Val | shares of mutual funds | $65,347.46 | $65,347.46 |
| | Fid Asst Mgr 50% | shares of mutual funds | $76,191.02 | $76,191.02 |
| | Fid Puritan | shares of mutual funds | $272,226.81 | $272,226.81 |
| | FidAdv Levr Co | shares of mutual funds | $165,281.47 | $165,281.47 |
| | Harbor Intl Inv | shares of mutual funds | $49,227.62 | $49,227.62 |
| | Ivy Asset | shares of mutual funds | $12,581.92 | $12,581.92 |
| | Ivy Mortgage Sec | shares of mutual funds | $112,077.83 | $112,077.83 |
| | Jns Bal S | shares of mutual funds | $117,671.42 | $117,671.42 |
| | Jns Twnty J | shares of mutual funds | $553,638.60 | $553,638.60 |
| | Jns WW J | shares of mutual funds | $131,964.72 | $131,964.72 |
| | JPM SmCap Eq A | shares of mutual funds | $42,231.27 | $42,231.27 |
| | Loomis Bd Admn | shares of mutual funds | $71,527.52 | $71,527.52 |
| | Neu Ber Partners | shares of mutual funds | $337,496.10 | $337,496.10 |
| | NeuBer Shrt Dur | shares of mutual funds | $440.71 | $440.71 |
| * | NW Inv Dest Aggr | shares of mutual funds | $154,169.06 | $154,169.06 |
| * | NW Inv Dest Cnsr | shares of mutual funds | $20,950.23 | $20,950.23 |
| * | NW Inv Dest Mod | shares of mutual funds | $206,001.05 | $206,001.05 |
| * | NW Inv Dest Mod | shares of mutual funds | $9,212.91 | $9,212.91 |
| * | NW Inv Dest Mod | shares of mutual funds | $48,494.48 | $48,494.48 |
| * | NW Mny Mkt Inst | shares of mutual funds | $344,606.25 | $344,606.25 |
| * | NW S&P 500 Indx | shares of mutual funds | $240,792.96 | $240,792.96 |
| | Opp Glbl A | shares of mutual funds | $7,994.93 | $7,994.93 |
| | Opp Intl Bd A | shares of mutual funds | $25,663.21 | $25,663.21 |
| | PIMCO Low Dur A | shares of mutual funds | $16,388.52 | $16,388.52 |
| | PIMCO Ttl Rtn A | shares of mutual funds | $290,573.88 | $290,573.88 |
| | Pionr Strat Inc | shares of mutual funds | $60,081.62 | $60,081.62 |
| | Rydex Ser Nova F | shares of mutual funds | $1,858.65 | $1,858.65 |
| | Thornburg Intl | shares of mutual funds | $251,571.12 | $251,571.12 |
| | Van Kampen Equit | shares of mutual funds | $17,885.16 | $17,885.16 |
| | Participant loans | various maturities | $251,166.00 | $251,166.00 |