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 06/01/2009 and ending 05/31/2010

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
PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1987

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

11 GREENWAY PLAZA
22ND FLOOR
HOUSTON, TX 77046

11 GREENWAY PLAZA
22ND FLOOR
HOUSTON, TX 77046

2b Employer Identification Number (EIN)
74-1975450

2c Sponsor's telephone number
713-965-0608

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.	02/02/2011	DANIEL BOGGIO
	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")

PBK ARCHITECTS, INC.

11 GREENWAY PLAZA
22ND FLOOR
HOUSTON, TX 77046

3b Administrator's EIN
74-1975450

3c Administrator's telephone number
713-965-0608

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**	385
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**	265
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	96
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	361
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	361
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	315
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	15
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 2T 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)		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)		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)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 06/01/2009 and ending 05/31/2010

A Name of plan
PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PBK ARCHITECTS, INC.

D Employer Identification Number (EIN)
74-1975450

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JANUS SERVICES LLC

43-1804048

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37 60	RECORDKEEPER	26657	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

UHY, LLP

20-0694403

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/AUDITOR	16633	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

EDWARD D JONES & CO

43-0354811

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61	ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANZ NFJ INTLVL A - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLNZ NFJ SMCP VAL A - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM CENT HERITAGE A - AMERICAN CENTU 44-0619208	0.25%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLKRK EQUITY DIV A - PNC GLOBAL INV 04-2871943	0.25%	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLKRK INTL OPP A - PNC GLOBAL INVES 04-2871943	0.25%	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLKRK NAT RESOURCE A - PNC GLOBAL I 04-2871943	0.25%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLKRK SCI&TECH OP A - PNC GLOBAL IN 04-2871943	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL MAR 21ST CENT A - COLUMBIA MANA 04-2838628	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA ACORN A - COLUMBIA MANAGEM 04-2838628	0.25%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HTFD CAPITAL APPR R4 - HARTFORD ADM 41-0679409	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HTFD GRTH OPPS R4 - HARTFORD ADMINI 41-0679409	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS DEVELOP MKTS A - AIM INVESTMEN 76-0528004	0.35%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS BALANCED S - JANUS SERVICES L 43-1804048	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS FORTY S - JANUS SERVICES LLC 43-1804048	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM EQUITY IDX A - BOSTON FINANCIAL 04-2526037	$15.00

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LM CBA APPR A - BOSTON FINANCIAL DA 04-2526037	$12.00

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PERKINS MID CP VAL S - JANUS SERVIC 43-1804048	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIONEER CULLEN VAL A - PIONEER INVE 04-2890696	0.35%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
EDWARD D JONES & CO	61	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL MAR 21ST CENT A - COLUMBIA MANA 04-3156901	$0-<$3M=1.00% $3M-<$50M=0.50% $50M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
EDWARD D JONES & CO	61	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA ACORN A - COLUMBIA MANAGEM 04-3156901	$0-<$3M=1.00% $3M-<$50M=0.50% $50M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
EDWARD D JONES & CO	61	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIONEER CULLEN VAL A - PIONEER FUND 04-3042318	$0-<$50M=0.50% $50M+=0.25%

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: UHY LLP	**b** EIN: 20-0694403	
c Position: ACCOUNTANT		
d Address: 12 GREENWAY PLAZA, 12TH FLOOR HOUSTON, TX 77046	**e** Telephone: 713-561-6500	

Explanation: AUDIT FEES WERE TOO HIGH.

a Name:	**b** EIN:	
c Position:		
d Address:	**e** Telephone:	

Explanation:

a Name:	**b** EIN:	
c Position:		
d Address:	**e** Telephone:	

Explanation:

a Name:	**b** EIN;	
c Position:		
d Address:	**e** Telephone:	

Explanation:

a Name:	**b** EIN;	
c Position:		
d Address:	**e** Telephone:	

Explanation:

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 06/01/2009 and ending 05/31/2010

A Name of plan
PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PBK ARCHITECTS, INC.

D Employer Identification Number (EIN)
74-1975450

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)	456665	375072
(2) Participant contributions	1b(2)	101157	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	674651	774632
(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)	407632	308976
(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)	9458688	13543068
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	11098793	15001748
	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	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11098793	15001748

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)	375072	
	(B) Participants	2a(1)(B)	1389822	
	(C) Others (including rollovers)	2a(1)(C)	569912	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2334806
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	262	
	(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)	17003	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		17265
	(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)	178438	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		178438
	(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)		1743815
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4274324
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	324109	
(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)		324109
f Corrective distributions (see instructions)	2f		3963
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)	43297	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		43297
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		371369
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3902955
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: PMB HELIN DONOVAN, LLP (2) EIN: 74-3001153

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		44098
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		500000
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		X	

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 06/01/2009 and ending 05/31/2010

A Name of plan
PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PBK ARCHITECTS, INC.

D Employer Identification Number (EIN)
74-1975450

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** 0

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): 04-6568107

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**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

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**

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):

PMB Helin Donovan

CONSULTANTS & CERTIFIED PUBLIC ACCOUNTANTS

PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

Financial Statements and Supplemental Schedules
May 31, 2010 and 2009

(With Independent Auditors' Report Thereon)

PBK ARCHITECTS, INC. 401(K) PLAN & TRUST
Index to Financial Statements and Supplemental Schedules
May 31, 2010 and 2009

	Page
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits, May 31, 2010 and 2009	2
Statement of Changes in Net Assets Available for Benefits, Year Ended May 31, 2010	3
Notes to Financial Statements	4-10
Supplemental Schedule - Assets Held for Investment Purposes at End of Year (May 31, 2010) (Unaudited)	11-12
Supplemental Schedule - Delinquent Participant Contributions, Year Ended May 31, 2010	13
Supplemental Schedule – Excess Company Contributions, Year Ended May 31, 2010	14

PMB Helin Donovan
CONSULTANTS & CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To The Plan Administrator
PBK Architects, Inc. 401(k) Profit Sharing Plan and Trust:

We were engaged to audit the financial statements of PBK Architects, Inc. 401(k) Profit Sharing Plan and Trust (the Plan) as of May 31, 2010 and 2009, and for the year ended May 31, 2010, and the supplemental schedules as of May 31, 2010 as listed in the accompanying index. These financial statements and supplemental schedules 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 C, which was certified by Fidelity Management Trust Company, the trustee of the Plan, with respect to information as of May 31, 2010 and 2009, except for comparing the information with the related information included in the financial statements and supplemental schedules. The plan administrator has informed us that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of May 31, 2010 and 2009 and for the year ended May 31, 2010, that the information provided to the plan administrator by the trustee 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, has been audited by us in accordance with generally accepted auditing standards 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.

PMB Helin Donovan, LLP

PMB Helin Donovan, LLP

Austin, Texas
December 17, 2010

PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
May 31, 2010 and 2009

	2009	2008
ASSETS		
Investments, at fair value		
Money market fund	$ 774,632	$ 674,651
Mutual funds	13,543,068	9,458,688
Loans to participants	308,976	407,632
Total investments	14,626,676	10,540,971
Receivables		
Employee	375,072	101,157
Employer	-	456,665
Total Receivables	375,072	557,822
TOTAL ASSETS	15,001,748	11,098,793
Liabilities		
Corrective Distributions Payable	44,098	3,963
Total Liabilities	44,098	3,963
NET ASSETS AVAILABLE FOR BENEFITS	$ 14,957,650	$ 11,094,830

See accompanying notes and independent auditors' report.

PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended May 31, 2010

ADDITIONS:		
Additions to net assets attributable to:		
Investment income		
Net appreciation in fair value of investments	$	1,922,253
Dividends and interest		17,265
Total investment income		1,939,518
Contributions		
Participants		1,389,822
Rollover		569,912
Employer		375,072
Total contributions		2,334,806
Total Additions		4,274,324
DEDUCTIONS:		
Deductions from net assets attributable to:		
Benefits paid to participants		324,109
Corrective distributions		44,098
Administrative expense		43,297
Total deductions		411,504
NET INCREASE		3,862,820
Net Assets Available for Benefits:		
BEGINNING OF YEAR		11,094,830
END OF YEAR	$	14,957,650

See accompanying notes and independent auditors' report.

NOTE A-DESCRIPTION OF PLAN

The following description of the PBK Architects, Inc. ("Company") 401(k) Profit Sharing Plan & Trust ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit-sharing plan with 401(k) option covering all employees of the Company who have completed a consecutive three-month period of service, except for those subject to a collective bargaining agreement, certain non-resident aliens and residents of Puerto Rico. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective March 1, 2009, the Plan was amended to allow participants the option to make Roth after-tax contributions to the Plan in addition to the already pre-tax contributions, to increase the maximum pre-tax contributions from 30% to 50% of eligible compensation, and to permit in-service withdrawals for participants who have attained age 59 ½ .

Contributions

Participants may contribute the lesser of 50% of their eligible compensation or the maximum amount allowed by law ($16,500 for 2009) of pretax annual compensation, as defined in the Plan. Participants may designate some or all of their contributions as Roth deferrals. Once designated as Roth deferral, this election is irrevocable and cannot be changed back to pretax contribution. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The catch-up contribution limit for the 2009 Plan year is $5,000. Participants direct all contributions made on their behalf into various investment funds offered by the Plan

The Company may make annual discretionary contributions in an amount determined at each plan year end by the Board of Directors. For 2009, the Company elected to contribute up to 2.2% of their total eligible compensation for eligible participants. To be eligible for the discretionary contribution, a participant must work at least 1,000 hours annually and must be employed on the last day of the Plan year. The Company contribution is invested pro-rata with the participant contributions. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts. Allocations are based on participant compensation 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.

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at which are commensurate with prevailing rates as determined by the Plan administrator. All Plan loans must be repaid in 5 years, except those that are used for the purchase of a principal residence in which case the loan can be extended for 10 years. In most cases, repayment of the loan will be made through after-tax payroll deductions.

NOTE A-DESCRIPTION OF PLAN (Continued)

Vesting
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service as summarized as follows:

Years of Service	Vested Percentage
Less than two years	0%
Two years	20%
Three years	40%
Four years	60%
Five years	80%
Six years or more	100%

Payment of Benefits
Benefits become available to participants on the earliest of four events: (1) termination of employment, (2) death of the participant (benefits are payable to the participants spouse or beneficiary), (3) upon the participant's retirement, or (4) disability.

If the terminating participant's account balance exceeds $1,000 the participant may choose to keep the funds in the Plan, request a direct rollover to another qualified plan, or take a lump sum distribution (with consent of the participants spouse, if applicable). If the participant's account balance is $1,000 or less the funds cannot remain in the Plan in which case the Plan Administrator may direct the Trustee to distribute via lump sum distribution without participant's consent.

On termination of service due to death prior to retirement, 100% of the Company contributions become immediately vested. The account balance is paid to the participant's spouse or beneficiary in a lump sum.

On termination of service due to retirement after age 59 ½, 100% of the Company contributions become immediately vested. The account balance is paid to the participant in a lump sum. However, should a participant reach age 65 and not elect to terminate employment, the participant can take an in-service distribution from the vested account balance.

If the participant becomes disabled and is eligible for Social Security disability benefits, or is determined disabled by a physician selected by the Plan Administrator, the full value of the participant's account becomes 100% vested.

Forfeited Accounts
At May 31, 2010 and 2009, forfeited non-vested accounts totaled $95,802 and $75,274, respectively. These accounts may be used to reduce future Plan administrative expenses and employer contributions. In the 2009 Plan year, $30,728 of forfeited non-vested account balance was utilized to pay administrative expenses.

NOTE A-DESCRIPTION OF PLAN (Continued)

Distributions During Employment
As a general rule, participant's contributions will remain in the Plan as long as the participant remains employed by the Company. The Plan does provide exceptions to this rule for withdrawals of the participant's contributions under certain circumstances (subject to the satisfaction of the Plan Administrator) that include the following:

- Medical expenses,
- Purchase of a principal residence,
- Post secondary education for participant or their dependents,
- To prevent eviction from or foreclosure on the participants principal residence.
- Burial expenses for dependents,
- Expenses for the repair of damage to a participant's principal residence that would qualify for the casualty deduction under the Internal Revenue Code

However, should a participant reach age 59 ½ and not elect to terminate employment, the participant can take an in-service distribution from their vested account balance.

Plan Expenses
The expenses of operating and maintaining the Plan have been paid by the Company and through utilization of forfeited accounts. In the event the Company does not continue to pay the Plan expenses, the Plan expenses will be paid by the Plan and charged on a pro-rata basis to the value of the participants account balances.

NOTE B-SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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
The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Dividends are recorded on the ex-dividend date. Loans to participants are valued at the discounted value of future payments using the loan rate at the end of the year. Net appreciation in fair value of investments includes realized gains and losses on investments sold during the year as well as net appreciation of the investments held at the end of the year.

Payment of Benefits
Benefits are recorded when paid.

NOTE C-INVESTMENTS (UNAUDITED)

The following presents investments that are 5% or more of the Plan's net assets at May 31, 2010 and 2009:

	2010	2009
Money Market Funds, at Fair Value		
Fidelity Prime Fund	$ 774,632	$ 674,651
Mutual Funds, at Fair Value		
Janus Advisor Forty Fund	$ 960,249	$ 976,706
BlackRock Equity Dividend Fund Investor	$ 855,569	$ 664,309
Columbia Acorn Fund	$ 2,065,718	$ 1,314,120
Fidelity Advisor Diversified International Fund	$ 1,010,307	$ 875,113
Fidelity Advisor Freedom Insights Fund	$ 1,584,044	$ 1,309,485
Fidelity Advisor Government Income Fund*	$ 589,404	$ 576,350
Invesco Developing Markets A**	$ 804,463	$ 486,243
Fidelity Advisor Freedom 2020**	$ 1,316,048	$ 539,887

*Represents less than 5% of net assets at May 31, 2010.
**Represents less than 5% of net assets at May 31, 2009.

During the 2009 Plan year, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,922,253, as follows:

Mutual funds	**$ 1,922,253**

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the trustee of the plan, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

a. Investments, as shown in the Statements of Net Assets Available for Benefits, as of May 31, 2010 and 2009.
b. Net appreciation in fair value of investments, dividends and interest, as shown in the Statement of Changes in Net Assets Available for Benefits, for the year ended May 31, 2010.
c. The Schedule of Assets Held for Investment Purposes at End of Year as of May 31, 2010, as shown in the attached schedule at pages 11 and 12.

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

NOTE D-FAIR VALUE MEASUREMENTS

The Plan discloses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 Unadjusted exchange quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 Quoted prices in markets that are not active, or inputs that are observable either directly or indirectly (i.e. quoted prices on similar assets), for substantially the full term of the asset or liability;

Level 3 Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable (i.e. supported by little or no market activity).

The following table presents the assets and liabilities that are measured at fair value on a recurring basis by level within the fair value hierarchy as reported on the consolidated statements of financial condition at May 31, 2010 and 2009. Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

		Fair Value Measurements at Reporting Date Using:		
	May 31, 2010	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets:				
Investment securities:				
Money market	$ 774,632	$ 774,632	$ —	$ —
Mutual funds	13,543,068	13,543,068	—	—
Participant loans	308,976	—	308,976	—
Total assets	$ 14,626,676	$ 14,317,700	$ 308,976	$ —

		Fair Value Measurements at Reporting Date Using:		
	May 31, 2009	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets:				
Investment securities:				
Money market	$ 674,651	$ 674,651	$ —	$ —
Mutual funds	9,458,688	9,458,688	—	—
Participant loans	407,632	—	407,632	—
Total assets	$ 10,540,971	$ 10,133,339	$ 407,632	$ —

NOTE D-FAIR VALUE MEASUREMENTS (Continued)

The investment securities are reported at fair value utilizing Level 1 and Level 2 inputs. The prices for these instruments are obtained through the Plan Trustee with whom the Company has historically transacted both purchases and sales of investment securities. In addition to the loans to participants, prices obtained from these sources include market quotations and matrix pricing. The fair value measurements consider observable data that may include market quotes, market spreads, cash flows, and the current participant loan rates offered, among other things. Management reviews the data and assumptions used in pricing the securities by its third party providers to ensure the lowest level of significant input is market observable data.

NOTE E-NONPARTICIPANT-DIRECTED INVESTMENTS

The Plan's participants direct all investments. There are no non-participant directed investments as of May 31, 2010 and 2009.

NOTE F-RELATED PARTY TRANSACTIONS

Certain Plan expenses totaling $30,728 during the 2009 Plan year for administrative fees and other charges were paid by the Plan to Fidelity Management Trust Company (the Plan Trustee).

NOTE G-PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE H-TAX STATUS

The Plan obtained its latest determination letter, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE I-RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materiality affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE J-FIDELITY BOND

The Plan was covered by a $500,000 fidelity bond during the 2009 Plan year.

NOTE K-PROHIBITED TRANSACTIONS

During the 2009 Plan year, the Plan Sponsor failed to remit certain participant contributions in a timely manner. The Plan Sponsor identified ten instances for a total of $410,371 where participant contributions were remitted to the Plan in violation of Department of Labor (DOL) regulations. The $410,371 of participant contributions have been funded to the Plan in 2010. The missed earnings and interest have been calculated; however submission via the Voluntary Fiduciary Correction Program ("VFCP") is pending. The Plan Sponsor intends to enter into the DOL VFCP subsequent to May 31, 2010.

During the 2009 Plan year, the Plan Sponsor failed to exclude fringe benefits, which is not a part of eligible compensation as defined in the Plan, from the calculation of discretionary Company contributions. The Plan Sponsor identified a series of instances where fringe benefits were included in the calculation for discretionary Company contributions. The Plan Sponsor estimated the amount of excess discretionary Company contributions to be approximately $713 as of May 31, 2010 and will correct the excess amount subsequent to May 31, 2010.

NOTE L-RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at May 31, 2010 and 2009 to Schedule H of Form 5500:

	2009	2008
Net assets available for benefits per the financial statements	$ 14,957,650	$ 11,094,830
Corrective distributions payable	44,098	3,963
Net assets available for benefits per Schedule H of the Form 5500	$ 15,001,748	$ 11,098,793

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended May 31, 2010 to Schedule H of Form 5500:

Net increase per the financial statements	$ 3,862,820
Adjustment for 2009 corrective distributions payable	44,098
Adjustment for 2008 corrective distributions payable	(3,963)
Net increase per Schedule H of the Form 5500	$ 3,902,955

NOTE M- SUBSEQUENT EVENTS

The Plan Sponsor has evaluated subsequent events through December 17, 2010, the date the financial statements were issued.

PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST
SUPPLEMENTAL SCHEDULE - ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR
May 31, 2010
(Unaudited)

(a)	(b) Identity of issuer, borrower, lesser, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Money Market Funds			
*	Fidelity Management Trust Company	Fidelity Prime Fund	**	**$ 774,632**
	Mutual Funds			
	Janus Adviser	Janus Adviser Forty Fund	**	960,249
	Columbia	Columbia Marsico 21st Century Fund	**	302,620
	Pioneer	Pioneer Cullen value Fund	**	11,228
	Invesco	Invesco Developing Markets A	**	804,463
	Hartford	Hartford Growth Opportunities R4	**	543
	BlackRock	BlackRock Equity Dividend Fund Investor	**	855,569
	Allianz NFJ	Allianz NFJ Small-Cap Value Fund	**	175,195
	Allianz NFJ	Allianz NFJ International Value Fund	**	96,431
	Hartford	Hartford Capital Appreciation Fund	**	90,459
	JPMorgan	JPMorgan Equity Index Fund	**	353,740
	Columbia	Columbia Acorn Fund	**	2,065,718
	Legg Mason	Legg Mason Partners	**	12,615
	American Century	American Century Heritage Fund	**	704,702
	BlackRock	BlackRock International Opportunities Fund	**	127,858
	Janus Adviser	Janus Balanced S	**	282,108
	Janus Adviser	Janus Adviser Perkins Mid Cap Value Fund	**	56,672
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Small Cap Fund	**	158,087
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor High Income Fund	**	195,283
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Diversified International Fund	**	1,010,307
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2010	**	19,439
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2020	**	1,316,048
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2030	**	569,571
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2040	**	147,940
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom Income Fund	**	110,293
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom New Insights Fund	**	1,584,044
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2005	**	13,427
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2015	**	59,469
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2025	**	72,672
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2035	**	206,868
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor International Discovery Fund	**	8,213
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2045	**	112,058
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2050	**	65,528
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Government Income Fund	**	589,404
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Asset Manager 85% Fund	**	404,247
				13,543,068

PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST
SUPPLEMENTAL SCHEDULE - ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR
May 31, 2010
(Unaudited)

*	**Participant Loans**	(4.25% to 4.50%)		**308,976**
	Total Assets Held for Investment Purposes		**	**$ 14,626,676**

* **Party-in-interest**
** **Self-directed investment**

PBK ARCHITECTS, LLP 401(k) PROFIT SHARING PLAN & TRUST
Supplemental Schedule – Delinquent Participant Contributions
May 31, 2010

	Total that Constitutes Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to the Plan	**Contributions Not Corrected**	**Contributions Corrected Outside VFCP**	**Contributions Pending Correction in VFCP**	**Interest Funded**	**Total Fully Corrected Under VFCP and PTE 2002-51**
$50,756	$50,756	$ -	$50,851	$ 35	$ -
$51,216	$51,216	$ -	$51,306	$ 48	$ -
$49,781	$49,781	$ -	$49,863	$ 40	$ -
$48,102	$48,102	$ -	$48,176	$ 22	$ -
$500	$500	$ -	$502	$ 1	$ -
$47,557	$47,557	$ -	$47,630	$ 33	$ -
$45,846	$45,846	$ -	$45,916	$ 31	$ -
$1,600	$1,600	$ -	$1,604	$ 3	$ -
$58,474	$58,474	$ -	$58,557	$ 20	$ -
$56,539	$56,539	$ -	$56,626	$ 38	$ -

Amounts are being shown as "Not Corrected" as interest has been calculated; however, submission via the Voluntary Fiduciary Correction Program ("VFCP") is pending. The actual participant contributions have been funded to the Plan.

PBK ARCHITECTS, LLP 401(k) PROFIT SHARING PLAN & TRUST
Supplemental Schedule – Excess Company Contributions
May 31, 2010

	Total that Constitutes Nonexempt Prohibited Transactions				
Excess Employer Contributions	**Excess Contributions Not Corrected**	**Excess Contributions Corrected Outside VFCP**	**Excess Contributions Pending Correction in VFCP**	**Interest Funded**	**Total Fully Corrected Under VFCP and PTE 2002-51**
$713	$713	$ -	$713	$ -	$ -

During the 2009 Plan year, the Plan Sponsor failed to exclude fringe benefits from the calculation of discretionary Company contributions. The Plan Sponsor identified a series of instances where fringe benefits were included in the calculation of discretionary Company contributions. Amounts are being shown as "Not Corrected" as submission via the Voluntary Fiduciary Correction Program ("VFCP") is pending. The Plan Sponsor will correct the excess contribution amounts subsequent to May 31, 2010.

ATTACHMENT To Sch. H/I (FORM 5500) QUESTION 4a.

PBK ARCHITECTS, LLP 401(k) PROFIT SHARING PLAN & TRUST

Supplemental Schedule – Delinquent Participant Contributions

May 31, 2010

74-1975450 PLAN 001

	Total that Constitutes Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to the Plan	**Contributions Not Corrected**	**Contributions Corrected Outside VFCP**	**Contributions Pending Correction in VFCP**	**Interest Funded**	**Total Fully Corrected Under VFCP and PTE 2002-51**
$50,756	$50,756	$ -	$50,851	$ 35	$ -
$51,216	$51,216	$ -	$51,306	$ 48	$ -
$49,781	$49,781	$ -	$49,863	$ 40	$ -
$48,102	$48,102	$ -	$48,176	$ 22	$ -
$500	$500	$ -	$502	$ 1	$ -
$47,557	$47,557	$ -	$47,630	$ 33	$ -
$45,846	$45,846	$ -	$45,916	$ 31	$ -
$1,600	$1,600	$ -	$1,604	$ 3	$ -
$58,474	$58,474	$ -	$58,557	$ 20	$ -
$56,539	$56,539	$ -	$56,626	$ 38	$ -

Amounts are being shown as "Not Corrected" as interest has been calculated; however, submission via the Voluntary Fiduciary Correction Program ("VFCP") is pending. The actual participant contributions have been funded to the Plan.

Form **5558**
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
PBK Architects, Inc.
Number, street, and room or suite no. (If a P.O. box, see instructions)
11 Greenway Plaza22nd Floor
City or town, state, and ZIP code
Houston, TX 77046

B Filer's identifying number (see instructions).
☒ Employer identification number (EIN).
74 1975450
☐ Social security number (SSN)

C	Plan name	Plan number	Plan year ending— MM	DD	YYYY
1	PBK Architects, Inc. 401(k) Profit Sharing Plan & Trust	0 0 1	05	31	2010
2					
3					

Part II Extension of Time to File Form 5500 or Form 5500-EZ *(see instructions)*

1 I request an extension of time until 03 / 15 / 2011 to file Form 5500 or Form 5500-EZ.

The application **is automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 *(see instructions)*

2 I request an extension of time until ____/____/____ to file Form 5330.
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ a

b Enter the payment amount attached . . . . . ▶ b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ c

3 **State in detail why you need the extension**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ **Date** ▶

11 Greenway Plaza, 22nd Floor
Houston, Texas 77046
Phone 713·965·0608
Fax 713·961·4571
PBK.com

PBK
Architecture
Engineering
Planning
Technology
Facility Consulting

January 17, 2011

Dallas Regional Office
525 Griffin Street, Rm. 707
Dallas, Texas 75202-5025

PBK Architects, Inc. sponsors a section 401(k) plan (EIN # 74-1975450). PBK Architects, Inc. is reasonably able to segregate participant contributions no later than 8 business days after each pay period in which participant contributions are withheld from employees' paychecks. The following is the timeline of events from the payroll date to the completion of the employee contributions to our 401(k) administrator, Alliance Payroll Services, Inc. (Alliance). The payroll administrator submits a file with the payroll information no later than the ending payroll date. Alliance will process the file to determine the accuracy of the calculation within five business days and notify the payroll administrator about the correct amount to be wired to the Plan. Once authorization from Alliance is received then payroll administrator will verify the amount and wire the funds into the Plan.

PBK Architects, Inc. has found ten instances in the 2009 Plan year in which they did not remit the withheld contributions in a timely manner for the following pay periods: May 15th, June 15th, July 15th, August 14th, September 1st, September 15th, October 15th, December 3rd, February 12th and March 15th. The delays were caused by high turnover and reduced headcount in the payroll manager and accounting department positions. PBK Architects, Inc. has taken corrective actions to mitigate late payments in the future. The plan had a current fidelity bond that meets the requirements of section 412 of ERISA. Western Surety Company was PBK Architects, Inc. provider and the policy number was 69664661.

The Plan is using the EBSA Voluntary Fiduciary Correction Program (VFCP) Online Calculator to compute Lost Earnings and interest that need to be paid to the plan for the delay on the ten pay dates:

Principal Amount	Loss Date [1]	Recovery Date [2]	Correction Amount [3]
$50,756	5/26/2009	6/1/2009	$35.40
$51,216	6/23/2009	7/1/2009	$47.47
$49,781	7/23/2009	7/30/2009	$40.25
$48,102	8/24/2009	8/28/2009	$22.15
$500	9/9/2009	9/29/2009	$1.15
$47,557	9/23/2009	9/29/2009	$32.73

$45,846	10/23/2009	10/29/2009	$31.45
$1,600	12/11/2009	12/28/2009	$3.09
$58,474	2/22/2010	2/25/2010	$19.79
$56,539	3/23/2010	3/29/2010	$38.15

(1) The Loss Date is the date on which the participant contributions became plan assets and should have been deposited in the plan's trust account.

(2) The Recovery Date is the date that the participant contributions were deposited in the plan's trust account.

(3) Since the Principal Amount has already been paid to the Plan, the Correction Amount represents the amount to be paid to the plan for Lost Earnings (per the EBSA Voluntary Fiduciary Correction Program (VFCP) Online Calculator). The 401(k) Plan offers thirty-seven investment alternatives with daily asset valuation.

The Online Calculator provides a combined total for the two years of $271.63, which is the Lost Earnings and interest on Lost Earnings. To comply with the VFCP, PBK Architects, Inc. remitted the full $271.63 of the Lost Earnings on November 22, 2010. The initial tax on a prohibited transaction is 15% of the amount involved in each prohibited transaction for each year or part of a year in the taxable period. The excise tax came out to $40.74 ($271.63 x 15%) for the 2009 Plan year. The Department notes that if the excise tax due under section 4975 of the Code for failing to timely transmit participant contributions and loan repayments is less than or equal to $100, the Company will be allowed to waive the excise tax. The excise tax of $40.74 is less than $100, so as a result, PBK Architects, Inc. will not have to pay the excise tax for failing to transmit the participant contributions on a timely matter during the 2009 Plan year, but will need to include the Form 5330s with the VFCP package. The Form 5330s will be used for information purpose only.

Plan Sponsor

Elizabeth Chapman

Form **5330**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Return of Excise Taxes Related to Employee Benefit Plans

(Under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979, 4979A, 4980, and 4980F of the Internal Revenue Code)

OMB No. 1545-0575

Filer tax year beginning 6/1/2009 , and ending 5/31/10 ,

A Name of filer (see instructions)
PBK Architects, Inc.
Number, street, and room or suite no. (If a P.O. box or foreign address, see instructions)
11 Greenway Plaza, 22nd Floor
City or town, state, and ZIP code
Houston, TX 77046

B Filer's identifying number (see instructions)
Employer identification number (EIN)
74 1975450
Social security number (SSN)

C Name of plan
PBK Architects, Inc. 401(k) Profit Sharing Plan & Trust

E Plan sponsor's EIN
74 1975450

D Name and address of plan sponsor
PBK Architects, Inc. 11 Greenway Plaza, 22nd Floor, Houston, TX 77046

F Plan year ending (MM/DD/YYYY)
05/31/2010

H If this is an **amended return,** check here ▶ ☐

G Plan number
001

Part I Taxes. You can only complete one section of Part I for each Form 5330 filed (see instructions).

Section A. Taxes that are reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)	FOR IRS USE ONLY			
1 Section 4972 tax on nondeductible contributions to qualified plans (from Schedule A, line 12)	161	1	0	
2 Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from Schedule B, line 12)	164	2	0	
3a Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)	159	3a	40	74
b Section 4975(b) tax on failure to correct prohibited transactions	224	3b	0	
4 Section 4976 tax on disqualified benefits for funded welfare plans	200	4	0	
5a Section 4978 tax on ESOP dispositions	209	5a	0	
b The tax on line 5a is a result of the application of: ☐ Sec. 664(g) ☐ Sec. 1042		5b		
6 Section 4979A tax on certain prohibited allocations of qualified ESOP securities.	203	6	0	
7 **Total Section A taxes.** Add lines 1 through 6. Enter here and on Part II, line 17 ▶		7	40	74
Section B. Taxes that are reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year				
8a Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)	163	8a	0	
b Section 4971(b) tax for failure to correct minimum funding standards	225	8b	0	
9a Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)	226	9a	0	
b Section 4971(f)(2) tax for failure to correct liquidity shortfall	227	9b	0	
10a Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation plan (see instructions)	450	10a	0	
b Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status (from Schedule F, line 1c)	451	10b	0	
c Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)	452	10c	0	
Section B1. Tax that is reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees				
11 Section 4977 tax on excess fringe benefits (from Schedule G, line 4)	201	11	0	
12 **Total Section B taxes.** Add lines 8a through 11. Enter here and on Part II, line 17 ▶		12	0	
Section C. Tax that is reported by the last day of the 15th month after the end of the plan year				
13 Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). Enter here and on Part II, line 17 ▶	205	13	0	

Name of Filer: PBK Architects, Inc. Filer's identifying number: 74-1975450

Section D. Tax that is reported by the last day of the month following the month in which the reversion occurred

14	Section 4980 tax on reversion of qualified plan assets to an employer (from Schedule I, line 3). Enter here and on Part II, line 17 ▶	204	14	0	

Section E. Tax that is reported by the last day of the month following the month in which the failure occurred

15	Section 4980F tax on failure to provide notice of significant reduction in future accruals (from Schedule J, line 5). Enter here and on Part II, line 17 ▶	228	15	0	

Section F. Taxes reported on or before the 15th day of the 5th month following the close of the entity manager's taxable year during which the plan became a party to a prohibited tax shelter transaction

16	Section 4965 tax on prohibited tax shelter transactions for entity managers (from Schedule K, line 2). Enter here and on Part II, line 17 ▶	237	16	0	

Part II Tax Due

17	Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable)	17	40	74
18	Enter amount of tax paid with Form 5558 or any other tax paid prior to filing this return	18	0	
19	**Tax due.** Subtract line 18 from line 17. If the result is greater than zero, enter here, and attach check or money order payable to "United States Treasury." Write your name, identifying number, plan number, and "Form 5330, Section(s) A " on your payment ▶	19	40	74

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Elizabeth Chapman — Your signature | 713.9650608 — Telephone number | 2/2/11 — Date

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶ PMB Helin Donovan, LLP 5918 W. Courtyard Dr, Suite 500, Austin, TX 78730		EIN 74 : 3001153 Phone no. (512) 258-9670	

Name of Filer: **PBK Architects, Inc.** Filer's identifying number: **74-1975450**

Schedule A. Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section 4972) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1	Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 408(k), or 408(p))			1	
2	Amount allowable as a deduction under section 404			2	
3	Subtract line 2 from line 1			3	
4	Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86	4			
5	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year for any prior tax year	5			
6	Subtract line 5 from line 4	6			
7	Amount of line 6 carried forward and deductible in this tax year	7			
8	Subtract line 7 from line 6			8	
9	Tentative taxable excess contributions. Add lines 3 and 8			9	
10	Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax			10	
11	Taxable excess contributions. Subtract line 10 from line 9			11	
12	Multiply line 11 by 10%. Enter here and on Part I, line 1 ▶			12	0

Schedule B. Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a)(3)) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1	Total amount contributed for current year less rollovers (see instructions)	1	
2	Amount excludable from gross income under section 403(b) (see instructions)	2	
3	Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0-	3	
4	Prior year excess contributions not previously eliminated. If zero, go to line 8	4	
5	Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0-	5	
6	Total of all prior years' distributions out of the account included in your gross income under section 72(e) and not previously used to reduce excess contributions	6	
7	Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4	7	
8	Taxable excess contributions. Add lines 3 and 7	8	
9	Multiply line 8 by 6%	9	
10	Enter the value of your account as of the last day of the year	10	
11	Multiply line 10 by 6%	11	
12	**Excess contributions tax.** Enter the lesser of line 9 or line 11 here and on Part I, line 2 ▶	12	0

Name of Filer: **PBK Architects, Inc.** Filer's identifying number: **74-1975450**

Schedule C. Tax on Prohibited Transactions (Section 4975) *(see instructions)* **Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)** *(continued)*

1 Is the excise tax a result of a prohibited transaction that was (box "a" or box "b" must be checked):
a ☑ discrete b ☐ other than discrete (a lease or a loan)

2 Complete the table below to disclose the prohibited transactions and figure the initial tax (see instructions)

(a) Transaction number	(b) Date of transaction (see instructions)	(c) Description of prohibited transaction	(d) Amount involved in prohibited transaction (see instructions)	(e) Initial tax on prohibited transaction (multiply each transaction in column (d) by the appropriate rate (see instructions))
(i)	5/26/2009	Late remittance of participant contributions	35.40	5.31
(ii)	6/23/2009	Late remittance of participant contributions	47.47	7.12
(iii)	7/23/09	Late remittance of participant contributions	40.25	6.04
(iv)	8/24/2009	Late remittance of participant contributions	22.15	3.32
(v)	9/9/2009	Late remittance of participant contributions	1.15	0.17
(vi)	9/23/2009	Late remittance of participant contributions	32.73	4.91
(vii)	10/23/2009	Late remittance of participant contributions	31.45	4.72
(viii)	12/11/2009	Late remittance of participant contributions	3.09	0.46
(ix)	2/22/2010	Late remittance of participant contributions	19.79	2.97
(x)	3/23/2010	Late remittance of participant contributions	38.15	5.72
(xi)				
(xii)				

3 Add amounts in column (e); enter here and on Part I, line 3a . . . . . ▶ 40.74

4 Have you corrected all of the prohibited transactions that you are reporting on this return? If "Yes," complete Schedule C, line 5, on the next page. If "No," attach statement (see instructions) . . . . ▶ ☑ Yes ☐ No

Name of Filer: **PBK Architects, Inc.** Filer's identifying number: **74-1975450**

Schedule C. Tax on Prohibited Transactions (Section 4975) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return) *(continued)*

5 Complete the table below, if applicable, of other participating disqualified persons and description of correction (see instructions).

(a) Item no. from line 2	(b) Name and address of disqualified person	(c) EIN or SSN	(d) Date of correction	(e) Description of correction

Schedule D. Tax on Failure to Meet Minimum Funding Standards (Section 4971(a)) Reported by the last day of the 7th month after the end of the employer's tax year or 8 ½ months after the last day of the plan year that ends within the filer's tax year

1	Aggregate unpaid required contributions (accumulated funding deficiency for multiemployer plans) (see instructions)	1	0
2	Multiply line 1 by 10% (5% for multiemployer plans). Enter here and on Part I, line 8a ▶	2	0

Name of Filer: **PBK Architects, Inc.** Filer's identifying number: **74-1975450**

Schedule E. Tax on Failure to Pay Liquidity Shortfall (Section 4971(f)(1)) Reported by the last day of the 7th month after the end of the employer's tax year or 8 ½ months after the last day of the plan year that ends within the filer's tax year

		(a) 1st Quarter	(b) 2nd Quarter	(c) 3rd Quarter	(d) 4th Quarter	(e) Total Add cols. a-d for line 3
1 Amount of shortfall	1					
2 Shortfall paid by the due date	2					
3 Net shortfall amount	3					

4 Multiply line 3 column (e) by 10% (5% for multiemployer plans). Enter here and on Part I, line 9a ▶ 4 **0**

Schedule F. Tax on Multiemployer Plans in Endangered or Critical Status (Section 4971(g)(3), 4971(g)(4)) Reported by the last day of the 7th month after the end of the employer's tax year or 8 ½ months after the last day of the plan year that ends within the filer's tax year

1	Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status	1	
a	Enter the amount of contributions necessary to meet the applicable benchmarks or requirements	1a	
b	Enter the amount of the accumulated funding deficiency	1b	
c	Enter the greater of line 1a or line 1b, here and on Part I, line 10b ▶	1c	
2	Section 4971(g)(4) tax on failure to adopt rehabilitation plan	2	
a	Enter the amount of the excise tax on the accumulated funding deficiency under section 4971(a)(2) from Schedule D, line 2	2a	
b	Enter the number of days during the tax year which are included in the period beginning on the first day of the 240 day period and ending on the day the rehabilitation plan is adopted ▶ _____	2b	
c	Multiply line 2b by $1,100	2c	
d	Enter the greater of line 2a or line 2c, here and on Part I, line 10c ▶	2d	**0**

Schedule G. Tax on Excess Fringe Benefits (Section 4977) Reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees

1	Did you make an election to be taxed under section 4977? ☐ Yes ☐ No		
2	If "Yes," enter the calendar year (YYYY) in which the excess fringe benefits were paid ▶ _____		
3	If line 1 is "Yes," enter the excess fringe benefits on this line (see instructions)	3	
4	Enter 30% of line 3 here and on Part I, line 11 ▶	4	**0**

Schedule H. Tax on Excess Contributions to Certain Plans (Section 4979) Reported by the last day of the 15th month after the end of the plan year

1	Enter the amount of an excess contribution under a cash or deferred arrangement that is part of a plan qualified under section 401(a), 403(a), 403(b), 408(k), or 501(c)(18) or excess aggregate contributions	1	
2	Multiply line 1 by 10% and enter here and on Part I, line 13 ▶	2	**0**

Schedule I. Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980) Reported by the last day of the month following the month in which the reversion occurred

1	Date reversion occurred ▶ MM _____ DD _____ YY _____		
2a	Employer reversion amount _____ b Excise tax rate _____		
3	Multiply line 2a by line 2b and enter the amount here and on Part I, line 14 ▶	3	**0**
4	Explain below why you qualify for a rate other than 50%:		

Schedule J. Tax on Failure to Provide Notice of Significant Reduction in Future Accruals (Section 4980F) Reported by the last day of the month following the month in which the failure occurred

1	Enter the number of applicable individuals who were not provided ERISA section 204(h) notice ▶ _____	1	
2	Enter the effective date of the amendment ▶ MM _____ DD _____ YY _____	2	
3	Enter the number of days in the noncompliance period ▶ _____	3	
4	Enter the total number of failures to provide ERISA section 204(h) notice (see instructions)	4	
5	Multiply line 4 by $100. Enter here and on Part I, line 15 ▶	5	**0**
6	Provide a brief description of the failure, and of the correction, if any		

Schedule K. Tax on Prohibited Tax Shelter Transactions (Section 4965) Reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction

1	Enter the number of prohibited tax shelter transactions you caused the same plan to be a party to ▶ _____	1	
2	Multiply line 1 by $20,000. Enter the result here and on Part I, line 16 ▶	2	**0**

PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST
SUPPLEMENTAL SCHEDULE - ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR
May 31, 2010
(Unaudited)

(a)	(b) Identity of issuer, borrower, lesser, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Money Market Funds			
*	Fidelity Management Trust Company	Fidelity Prime Fund	**	**$ 774,632**
	Mutual Funds			
	Janus Adviser	Janus Adviser Forty Fund	**	960,249
	Columbia	Columbia Marsico 21st Century Fund	**	302,620
	Pioneer	Pioneer Cullen value Fund	**	11,228
	Invesco	Invesco Developing Markets A	**	804,463
	Hartford	Hartford Growth Opportunities R4	**	543
	BlackRock	BlackRock Equity Dividend Fund Investor	**	855,569
	Allianz NFJ	Allianz NFJ Small-Cap Value Fund	**	175,195
	Allianz NFJ	Allianz NFJ International Value Fund	**	96,431
	Hartford	Hartford Capital Appreciation Fund	**	90,459
	JPMorgan	JPMorgan Equity Index Fund	**	353,740
	Columbia	Columbia Acorn Fund	**	2,065,718
	Legg Mason	Legg Mason Partners	**	12,615
	American Century	American Century Heritage Fund	**	704,702
	BlackRock	BlackRock International Opportunities Fund	**	127,858
	Janus Adviser	Janus Balanced S	**	282,108
	Janus Adviser	Janus Adviser Perkins Mid Cap Value Fund	**	56,672
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Small Cap Fund	**	158,087
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor High Income Fund	**	195,283
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Diversified International Fund	**	1,010,307
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2010	**	19,439
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2020	**	1,316,048
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2030	**	569,571
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2040	**	147,940
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom Income Fund	**	110,293
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom New Insights Fund	**	1,584,044
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2005	**	13,427
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2015	**	59,469
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2025	**	72,672
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2035	**	206,868
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor International Discovery Fund	**	8,213
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2045	**	112,058
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Freedom 2050	**	65,528
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Government Income Fund	**	589,404
*	Fidelity Mgmt. Trust Co.	Fidelity Advisor Asset Manager 85% Fund	**	404,247
				13,543,068

PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST
SUPPLEMENTAL SCHEDULE - ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR
May 31, 2010
(Unaudited)

*	**Participant Loans**	(4.25% to 4.50%)		**308,976**
	Total Assets Held for Investment Purposes		**	**$ 14,626,676**

*** Party-in-interest**
**** Self-directed investment**