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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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
MBH ARCHITECTS 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1990

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

MBH ARCHITECTS, INC.

2470 MARINER SQUARE LOOP
ALAMEDA, CA 94501

2b Employer Identification Number (EIN) 94-3104650

2c Sponsor's telephone number 510-865-8663

2d Business code (see instructions) 541310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2012	OLIVER MELLOWS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2012	OLIVER MELLOWS
	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")
MBH ARCHITECTS, INC.

2470 MARINER SQUARE LOOP
ALAMEDA, CA 94501

3b Administrator's EIN
94-3104650

3c Administrator's telephone number
510-865-8663

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**	154
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**	156
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	32
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	188
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	188
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	137
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 2S 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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MBH ARCHITECTS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-3104650

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).. . . . . ☐ 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

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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)

CITY NATIONAL BANK

95-1780067

(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?
15 19 21 25 37 38 59 60 62	PRIOR TRUSTEE /RK	42239	Yes [X] No [ ]	Yes [ ] No [X]	7614	Yes [ ] No [X]

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

NATIONAL FINANCIAL SERVICES LLC

04-3523567

(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?
19 33 57 59 62 63 71	SUB-CONTRACTOR OF CNB	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

US BANK

41-0255900

(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?
19 62	SUB-CONTRACTOR OF CNB	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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)

(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
CITY NATIONAL BANK	62	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.
CITY NATIONAL BANK 95-1780067	INTEREST ON EXCESS BALANCES (I.E., FLOAT) HELD AT FED RESERVE BANKS EQUAL TO 25 BASIS POINTS ON THE BALANCES.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	19	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.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	MAY EARN INTEREST (FLOAT) FROM THE USE OF PENDING AMOUNTS SUCH AS ITEMS PENDING SETTLEMENT. FLOAT EARNINGS WILL BE REALIZED AT RATES APPROX THE TARGET FEDERAL FUNDS RATE.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
US BANK	99	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.
US BANK 41-0255900	US BANK MAY RETAIN INCOME ON THE "FLOAT" AS COMP FOR CUSTODY SERVICES. THE FLOAT RATE IS GENERALLY NO MORE THAN THE TARGET FEDERAL FUNDS RATE OF INTEREST.

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

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

(complete as many entries as needed)

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:

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MBH ARCHITECTS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-3104650

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	55172	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		300000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	574690	0
(2) U.S. Government securities	1c(2)	418093	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	480682	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1455170	0
(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)	104579	140022
(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)	4096175	7321755
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	58735	0

			(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	7243296	7761777
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7243296	7761777

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)	300000	
	(B) Participants	2a(1)(B)	647456	
	(C) Others (including rollovers)	2a(1)(C)	59272	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1006728
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	3486	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3486
	(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)	119725	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		119725
	(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)		-169400
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		960539
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	424475	
(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)		424475
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	17583	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		17583
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		442058
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		518481
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: BAILEY AND UTLEY (2) EIN: 94-3345366

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
	4d		X	
e	Was this plan covered by a fidelity bond?			
	4e	X		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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MBH ARCHITECTS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-3104650

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): 20-0937408 95-1780067

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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): _____

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):

MBH ARCHITECTS 401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2011

MBH ARCHITECTS 401(k) PROFIT SHARING PLAN

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Supplemental Schedule	

BAILEY & UTLEY
CERTIFIED PUBLIC ACCOUNTANTS
303 WEST JOAQUIN AVENUE, SUITE 280
SAN LEANDRO, CALIFORNIA 94577

(510) 614-1895 • FAX (510) 614-1899

Independent Auditors' Report

To the Trustees of MBH Architects 401(k)
Profit Sharing Plan

We were engaged to audit the financial statements of MBH Architects 401(k) Profit Sharing Plan as of December 31, 2011 and 2010, and for the year ended December 31, 2011, and the supplemental schedule as of and for the year ended December 31, 2011, as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 6, which was certified by Verisight Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustees as of and for the years ended December 31, 2011 and 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 schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bailey & Utley
Certified Public Accountants

San Leandro, California
October 7, 2012

EXHIBIT A

MBH ARCHITECTS 401(k) PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS - DECEMBER 31, 2011 and 2010

	2011		2010	
ASSETS:				
Investments, at fair market value (Note 3):				
Common stocks	$ -0-		$1,455,170	
Mutual funds	7,321,755		4,096,175	
US Government securities	-0-		418,093	
Corporate obligations	-0-		499,978	
Municipal bonds	-0-	$7,321,755	39,439	$6,508,855
Receivables:				
Employer contributions		300,000		-0-
Cash and equivalents		-0-		629,862
Participant loans (Note 4)		140,022		104,579
NET ASSETS AVAILABLE FOR BENEFITS		$7,761,777		$7,243,296

See auditors' report and notes to financial statements.

EXHIBIT B

MBH ARCHITECTS 401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

YEAR ENDED DECEMBER 31, 2011

ADDITIONS (SUBTRACTIONS) TO NET ASSETS ATTRIBUTED TO:		
Investment income (losses):		
Net realized and unrealized gains on investments	($169,400)	
Interest and dividend income	123,211	($ 46,189)
Contributions:		
Participants		706,728
Employer		300,000
Total additions		$ 960,539
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		$ 424,475
Administrative expenses		17,583
Total deductions		$ 442,058
NET INCREASE		$ 518,481
NET ASSETS AVAILABLE FOR BENEFITS:		
January 1, 2011		7,243,296
December 31, 2011		$7,761,777

See auditors' report and notes to financial statements.

MBH ARCHITECTS 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - DECEMBER 31, 2011

Note 1. PLAN DESCRIPTION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The following description of the MBH Architects 401(k) Profit Sharing Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

GENERAL:

The Plan is commonly known as a Code Section 401(k) profit sharing plan. The profit sharing plan covers all employees of MBH Architects who have one year of service and are age twenty-one or older. The 401(k) arrangement is available to all employees who are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS:

Profit sharing contributions to the Plan are determined by MBH Architects on an annual basis. Participants of the 401(k) arrangement may elect to defer up to 15% of their yearly compensation, within statutory limits. MBH Architects made a $300,000 contribution to the Profit Sharing Plan for 2011 and no contribution for 2010.

ROLLOVER:

The rollover "contribution" was rolled over from the qualified plan(s) maintained by a new employee's prior employer(s).

PARTICIPANT ACCOUNTS:

Each participant in the Plan has a segregated account. The objective of the Plan provisions is to afford each participant, within reasonable administrative limits, wide flexibility in selecting investments for his or her account. The administrative committee, in its sole discretion, may authorize the trustee to invest each participant's account on a segregated basis in such manner as the participant may elect in writing from time to time. Each participant account is credited with the participant's contribution and allocation of a) the Company's contribution, and b) Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

VESTING:

Participants are subject to vesting under the profit sharing plan. Participants are vested in increments of 20% for each year after one year of employment. After year two, employees are 20% vested. After six years, employees are 100% vested.

PAYMENT OF BENEFITS:

On termination of employment, distributions shall be made in a single lump sum payment, in installments, or as an annuity.

ADMINISTRATIVE EXPENSES:

Plan administrative expenses are paid by MBH Architects, except for portfolio fee expenses.

MBH ARCHITECTS 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - DECEMBER 31, 2011

Note 1. PLAN DESCRIPTION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

DATE OF MANAGEMENT'S REVIEW:

Subsequent events were evaluated through October 7, 2012, which is the date the financial statements were available to be issued.

METHOD OF ACCOUNTING:

The financial statements are presented on the accrual basis of accounting.

CASH EQUIVALENTS:

Cash equivalents are considered to be short-term, highly liquid investments with original maturities of three months or less.

VALUATION OF INVESTMENTS:

Investments are shown at fair market values as determined by quoted market prices. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the dividend date.

Note 2. NATURE OF ESTIMATES:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosure. Accordingly, actual results could differ from those estimates.

Note 3. INVESTMENTS:

As of December 31, 2011 and 2010, the Plan has investments in the following:

	2011		2010	
	Cost	Fair Market Value	Cost	Fair Market Value
Common stocks	$ -0-	$ -0-	$1,297,424	$1,455,170
Mutual funds	7,817,624	7,321,755	3,870,995	4,096,175
US Government securities	-0-	-0-	412,096	418,093
Corporate obligations	-0-	-0-	490,776	499,978
Municipal bonds	-0-	-0-	40,495	39,439
Totals	$7,817,624	$7,321,755	$6,111,786	$6,508,855

MBH ARCHITECTS 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - DECEMBER 31, 2011

Note 4. PARTICIPANT LOANS:

Under terms of the Plan, participants may borrow from their accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance. The loans are secured by the balance in the participants' accounts or other security the Advisory Committee finds to be adequate. Interest will be a fixed rate of prime plus one percent as quoted in the Wall Street Journal on the date of the loan application.

Note 5. TAX STATUS:

Management believes that the Plan is qualified under Section 401(a) of the Internal Revenue Code, and therefore the trust is exempt from taxation under Section 501(a). The sponsor has provided the Company with a determination letter dated September 6, 1994 from the Internal Revenue Service wherein the Plan has deemed to be acceptable under Section 401(a).

Generally, contributions to a qualified plan are deductible by the Company when made, earnings of the trust are tax exempt, and participants are not taxed on their benefits until withdrawn from the plan.

Management is unaware of any variations in the operation of the Plan from the terms of the Plan documents as amended. Management believes the Plan is qualified under the applicable sections of the Internal Revenue Code and ERISA.

Note 6. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE:

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	2011	2010
Investments, at fair value:		
Common stocks	$ -0-	$1,455,170
Mutual Funds	7,321,755	4,096,175
U.S. Government Securities	-0-	418,093
Corporate obligations	-0-	499,978
Municipal bonds	-0-	39,439

MBH ARCHITECTS 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS – DECEMBER 31, 2011

Note 7. FAIR VALUE MEASUREMENTS:

The plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used only when Level 1 inputs were not available.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2011, and 2010.

		Fair Value Measurements at Reporting Date Using:	
December 31, 2011	**Fair Value**	**Level 1**	**Level 2**
Common Stocks	$ -0-	$ -0-	$-0-
Mutual funds	7,321,755	7,321,755	-0-
U.S. Government securities	-0-	-0-	-0-
Corporate obligations	-0-	-0-	-0-
Municipal bonds	-0-	-0-	-0-
Total	$7,321,755	$7,321,755	$-0-

MBH ARCHITECTS 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS – DECEMBER 31, 2011

Note 7. FAIR VALUE MEASUREMENTS (CONTINUED):

		Fair Value Measurements at Reporting Date Using:	
	Fair Value	**Level 1**	**Level 2**
December 31, 2010			
Common stock	$1,455,170	$1,455,170	$ -0-
Mutual funds	4,096,175	4,096,175	-0-
U.S. Government securities	418,093	-0-	418,093
Corporate obligations	499,978	-0-	499,978
Municipal bonds	39,439	-0-	39,439
Total	$6,508,855	$5,551,345	$957,510

Supplemental Schedule

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan

MBH ARCHITECTS 401(K) PROFIT SHARING PLAN

Employer Identification Number

94-3104650

Three-digit plan number ▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	AMERICAN FUNDS	AMER FUNDS HIGH-INCOME TRUST		103,925
	AMERICAN FUNDS	AMER FUNDS GRWTH FUND OF AMER		219,964
	DFA	DFA EMERGING MARKETS		188,303
	DFA	DFA LARGE CAP INTERNATIONAL		134,130
	DFA	DFA US TARGETED VALUE		114,441
	FIDELITY	FID SPARTAN EXTENDED MARKET		112,648
	PIMCO	PIMCO GLOBAL BOND		414,738
	PIMCO	PIMCO RETURN INSTITUTIONAL		450,335
	VANGUARD	VANGUARD 500 INDEX SIGNAL		160,097
	VANGUARD	VANGUARD INFLATION-PROTECTED S		104,779
	VANGUARD	VANGUARD INTERNATIONAL EXPLORE		175,916
	VANGUARD	VANGUARD MID CAP INDEX SIGNAL		156,227
	VANGUARD	VANGUARD MID CAP VALUE INDEX		54,817
	VANGUARD	VANGUARD PRIME MONEY MARKET		1,493,882
	VANGUARD	VANGUARD SHORT-TERM INVESTMENT		120,313
	VANGUARD	VANGUARD SMALL CAP GROWTH INDE		185,434
	VANGUARD	VANGUARD SMALL CAP INDEX SIGNA		17,631
	VANGUARD	VANGUARD TARGET RET. 2015		331,683
	VANGUARD	VANGUARD TARGET RET. 2035		238,576
	VANGUARD	VANGUARD TARGET RET. 2045		189,108
	VANGUARD	VANGUARD TARGET RET. 2050		137,575
	VANGUARD	VANGUARD TARGET RET. 2055		35,963
	VANGUARD	VANGUARD TARGET RET. 2025		298,619
	VANGUARD	VANGUARD TARGET RET. 2020		240,713
	VANGUARD	VANGUARD TARGET RET. 2030		462,949
	VANGUARD	VANGUARD TARGET RET. 2040		843,115
	VANGUARD	VANGUARD TARGET RETIREMENT INC		202,851
	VANGUARD	VANGUARD VALUE INDEX SIGNAL		133,023
*	PARTICIPANT LOANS	INTEREST RATES 3.25-7.25%		140,022
*	CITY NATIONAL BANK	DIRECTED BROKERAGE ACCTS		0
	AMERICAN FUNDS	AMERICAN BALANCE R		0
	COLUMBIA	COLUMBIA ACORN Z		0
	CNI	CNI CHARTER PRIME MONEY MARKET		0
	CALAMOS	CALAMOS GROWTH		0
	CNI	CNI CHARTER LARGE CAP VALUE EQ		0
	CNI	CNI CHARTER GOVERNMENT BOND		0
	COLUMBIA	COLUMBIA MID CAP VALUE Z		0
	DREYFUS	DREYFUS S&P INDEX FUND		0
	DREYFUS	DREYFUS SMALL CAP STOCK INDEX		0

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan

MBH ARCHITECTS 401(K) PROFIT SHARING PLAN

Employer Identification Number

94-3104650

Three-digit plan number ▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	DREYFUS	DREYFUS MIDCAP INDEX		0
	AMERICAN FUNDS	AMERICAN FDS NEW WORLD R4		0
	FIDELITY	FIDELITY ADV FREEDOM 2020 A		0
	FIDELITY	FIDELITY ADV FREEDOM 2040 A		0
	FIDELITY	FIDELITY ADV FREEDOM 2045 A		0
	FIDELITY	FIDELITY ADV FREEDOM 2050 A		0
	AMERICAN CENTURY	AMERICAN CENTURY SM CAP VAL A		0
	PIMCO	PIMCO TOTAL RETURN A		0
	ROYCE	ROYCE VALUE PLUS SERVICE		0
	AMERICAN FUNDS	AMERICAN EUROPACIFIC GROWTH R4		0
	TEMPLETON	TEMPLETON GLOBAL BOND A		0
	FIDELITY	FIDELITY ADV HIGH INC A		0
	FIDELITY	FIDELITY ADV TECHNOLOGY A		0
*	CITY NATIONAL BANK	MODEL I		0
*	CITY NATIONAL BANK	MODEL II		0
*	CITY NATIONAL BANK	MODEL III		0
*	CITY NATIONAL BANK	MODEL IV		0
*	CITY NATIONAL BANK	MODEL V		0
*	CITY NATIONAL BANK	POOLED PROFIT SHARING ACCT.		0

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan

MBH ARCHITECTS 401(K) PROFIT SHARING PLAN

Employer Identification Number

94-3104650

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	AMERICAN FUNDS	AMER FUNDS HIGH-INCOME TRUST		103,925
	AMERICAN FUNDS	AMER FUNDS GRWTH FUND OF AMER		219,964
	DFA	DFA EMERGING MARKETS		188,303
	DFA	DFA LARGE CAP INTERNATIONAL		134,130
	DFA	DFA US TARGETED VALUE		114,441
	FIDELITY	FID SPARTAN EXTENDED MARKET		112,648
	PIMCO	PIMCO GLOBAL BOND		414,738
	PIMCO	PIMCO RETURN INSTITUTIONAL		450,335
	VANGUARD	VANGUARD 500 INDEX SIGNAL		160,097
	VANGUARD	VANGUARD INFLATION-PROTECTED S		104,779
	VANGUARD	VANGUARD INTERNATIONAL EXPLORE		175,916
	VANGUARD	VANGUARD MID CAP INDEX SIGNAL		156,227
	VANGUARD	VANGUARD MID CAP VALUE INDEX		54,817
	VANGUARD	VANGUARD PRIME MONEY MARKET		1,493,882
	VANGUARD	VANGUARD SHORT-TERM INVESTMENT		120,313
	VANGUARD	VANGUARD SMALL CAP GROWTH INDE		185,434
	VANGUARD	VANGUARD SMALL CAP INDEX SIGNA		17,631
	VANGUARD	VANGUARD TARGET RET. 2015		331,683
	VANGUARD	VANGUARD TARGET RET. 2035		238,576
	VANGUARD	VANGUARD TARGET RET. 2045		189,108
	VANGUARD	VANGUARD TARGET RET. 2050		137,575
	VANGUARD	VANGUARD TARGET RET. 2055		35,963
	VANGUARD	VANGUARD TARGET RET. 2025		298,619
	VANGUARD	VANGUARD TARGET RET. 2020		240,713
	VANGUARD	VANGUARD TARGET RET. 2030		462,949
	VANGUARD	VANGUARD TARGET RET. 2040		843,115
	VANGUARD	VANGUARD TARGET RETIREMENT INC		202,851
	VANGUARD	VANGUARD VALUE INDEX SIGNAL		133,023
*	PARTICIPANT LOANS	INTEREST RATES 3.25-7.25%		140,022
*	CITY NATIONAL BANK	DIRECTED BROKERAGE ACCTS		0
	AMERICAN FUNDS	AMERICAN BALANCE R		0
	COLUMBIA	COLUMBIA ACORN Z		0
	CNI	CNI CHARTER PRIME MONEY MARKET		0
	CALAMOS	CALAMOS GROWTH		0
	CNI	CNI CHARTER LARGE CAP VALUE EQ		0
	CNI	CNI CHARTER GOVERNMENT BOND		0
	COLUMBIA	COLUMBIA MID CAP VALUE Z		0
	DREYFUS	DREYFUS S&P INDEX FUND		0
	DREYFUS	DREYFUS SMALL CAP STOCK INDEX		0

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan

MBH ARCHITECTS 401(K) PROFIT SHARING PLAN

Employer Identification Number

94-3104650

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	DREYFUS	DREYFUS MIDCAP INDEX		0
	AMERICAN FUNDS	AMERICAN FDS NEW WORLD R4		0
	FIDELITY	FIDELITY ADV FREEDOM 2020 A		0
	FIDELITY	FIDELITY ADV FREEDOM 2040 A		0
	FIDELITY	FIDELITY ADV FREEDOM 2045 A		0
	FIDELITY	FIDELITY ADV FREEDOM 2050 A		0
	AMERICAN CENTURY	AMERICAN CENTURY SM CAP VAL A		0
	PIMCO	PIMCO TOTAL RETURN A		0
	ROYCE	ROYCE VALUE PLUS SERVICE		0
	AMERICAN FUNDS	AMERICAN EUROPACIFIC GROWTH R4		0
	TEMPLETON	TEMPLETON GLOBAL BOND A		0
	FIDELITY	FIDELITY ADV HIGH INC A		0
	FIDELITY	FIDELITY ADV TECHNOLOGY A		0
*	CITY NATIONAL BANK	MODEL I		0
*	CITY NATIONAL BANK	MODEL II		0
*	CITY NATIONAL BANK	MODEL III		0
*	CITY NATIONAL BANK	MODEL IV		0
*	CITY NATIONAL BANK	MODEL V		0
*	CITY NATIONAL BANK	POOLED PROFIT SHARING ACCT.		0