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
PERKOWITZ RUTH ARCHITECTS 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 03/01/1988

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

PERKOWITZ RUTH INCORPORATED
PERKOWITZ RUTH ARCHITECTS

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

2b Employer Identification Number (EIN)
95-3384842

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

2d Business code (see instructions)
541310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2012	STEVEN RUTH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

3b Administrator's EIN
95-3384842

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

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	302
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**	179
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	96
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	275
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	275
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	236
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
PERKOWITZ RUTH ARCHITECTS 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
95-3384842

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
31-4156830	66869	GAP-B2-TK24	252	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
2448	612

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2448	612	ADMINISTRATIVE SERVICES	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	387554
c	Additions: (1) Contributions deposited during the year	7c(1)	30120		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	11559		
	(4) Transferred from separate account	7c(4)	41774		
	(5) Other (specify below)	7c(5)	867		
	▶ LOAN PRINCIPAL				
	(6) Total additions			7c(6)	84320
d	Total of balance and additions (add **b** and **c(6)**)			7d	471874
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	11379		
	(2) Administration charge made by carrier	7e(2)	39		
	(3) Transferred to separate account	7e(3)	161		
	(4) Other (specify below)	7e(4)	766		
	▶ FORFEITURES, LOAN				
	(5) Total deductions			7e(5)	12345
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	459529

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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
PERKOWITZ RUTH ARCHITECTS 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
95-3384842

Part I 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

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(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)

CLS INVESTMENTS, LLC

4020 SOUTH 147TH ST.
OMAHA, NE 68137

(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?
51	INVESTMENT ADVISOR	16567	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [ ]

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

FINANCIAL WEST INVESTMENT GROUP, IN

(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?
52			Yes [X] No [ ]	Yes [X] No [ ]	7848	Yes [ ] No [ ]

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

RIA SERVICES, INC.

9696 SKILLMAN ST., SUITE 320
DALLAS, TX 75243

(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?
52			Yes [X] No [ ]	Yes [X] No [ ]	8720	Yes [ ] 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
(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.	

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

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

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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(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:	**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
PERKOWITZ RUTH ARCHITECTS 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
95-3384842

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	228365	217838
(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)	284301	245211
(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)	7108435	7021826
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	387554	459529
(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	8008655	7944404
	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	8008655	7944404

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)		
	(B) Participants	2a(1)(B)	624048	
	(C) Others (including rollovers)	2a(1)(C)	40253	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		664301
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)	8947	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8947
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-303512
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		369736
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	433987	
(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)		433987
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		433987
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-64251
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: WERTZ AND COMPANY **(2)** EIN: 02-0639624

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		750000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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
PERKOWITZ RUTH ARCHITECTS 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
95-3384842

Part I Distributions

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

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

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

EIN(s): 31-4156830

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c** 0

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

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

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure 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):

PERKOWITZ + RUTH ARCHITECTS 401(k)
PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

As of December 31, 2011

with

INDEPENDENT AUDITORS' REPORT THEREON

PERKOWITZ + RUTH ARCHITECTS 401(k)
PROFIT SHARING PLAN

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WERTZ & COMPANY LLP
Client Centered Professional Services
Audit • Tax • Consulting • Financial

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Perkowitz + Ruth Architects 401(k) Profit Sharing Plan

We were engaged to audit the accompanying statement of net assets available for benefits of Perkowitz + Ruth Architects 401(k) Profit Sharing Plan as of December 31, 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule, Schedule H, line 4i - Schedule of Assets Held At End of Year as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the plan as of December 31, 2010, were audited by other auditors. 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 the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the custodian. Their report, dated October 17, 2011, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were 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.

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 3, which was certified by Nationwide Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the 2011 financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investments assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the Plan's 2011 financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on these accompanying 2011 financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the 2011 financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wertz & Company, LLP

WERTZ & COMPANY, LLP

Irvine, California
October 9, 2012

PERKOWITZ + RUTH ARCHITECTS 401(k)
PROFIT SHARING PLAN

STATEMENTS OF NET
ASSETS AVAILABLE FOR BENEFITS

December 31, 2011 and 2010

ASSETS	2011	2010
Investments, at fair value	$ 7,709,546	$ 7,737,965
Notes receivable from participants	245,211	240,900
Total assets	7,954,757	7,978,865
LIABILITIES		
Excess contributions payable	-	500
Net assets available for benefits	$ 7,954,757	$ 7,978,365

See accompanying notes to financial statements

PERKOWITZ + RUTH ARCHITECTS 401(k)
PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET
ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2011

ADDITIONS	
Participant contributions	$ 624,048
Participant rollovers	40,253
Interest income on notes receivable from participants	8,947
Investment income:	
Net depreciation in fair value of investments	(318,177)
Interest income	11,407
Total additions	366,478
DEDUCTIONS	
Benefits paid to participants	390,086
Total deductions	390,086
Net decrease	(23,608)
Net assets available for benefits at beginning of year	7,978,365
Net assets available for benefits at end of year	$ 7,954,757

See accompanying notes to financial statements

NOTE 1 – DESCRIPTION OF PLAN

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

General

The Plan, established March 1, 1988, is a defined contribution plan covering all eligible employees of Perkowitz + Ruth Architects ("Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Employees of the Company who have completed three months of service and have attained the age of 21 are eligible to participate in the Plan. The Plan allows employees to begin participating the first day of the month coinciding with or next following the date the eligibility requirements are met.

Contributions

The Plan permits eligible participants to contribute up to 100% of compensation, subject to certain Internal Revenue Code limitations ($16,500 in 2011 and 2010; $22,000 for employees over the age of 50). Participants may also contribute (transfer) amounts representing distributions from other qualified plans. All contributions to participants' accounts are participant-directed in the different investment options offered by the Plan. The Plan allows for discretionary matching contributions and discretionary nonelective contributions by the Company. There were no such contributions for the year ended December 31, 2011.

Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect each participant's contributions and any employer contributions, as well as the participant's share of his investment income or loss, less an allocation of administrative expenses. Investment income allocations are based on the proportion of each participant's investment account balance to the total of the participants' account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

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

NOTE 1 – DESCRIPTION OF PLAN, CONTINUED

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance, whichever is less. Loan terms range from one to five years. A 15 year loan is available for the purchase of a primary residence. The balance in the borrower's Plan account secures the loans; interest rates that range from 4.25% to 9.25% reflect current rates on similar loans. Principal and interest is paid ratably through payroll deductions.

Hardship Withdrawals

A withdrawal from a participant's account may be permitted if the participant has a financial hardship as defined in the Plan document.

Payment of Benefits

On termination of service, death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or receive installment payments as required with respect to lifetime minimum required distributions, as defined in the Plan. Participants may also elect an in-service distribution after attaining age 59½.

Forfeited Accounts

Forfeited employer contributions may first be used to pay administrative expenses of the Plan and any remaining forfeitures may be allocated to eligible participants as additional employer discretionary matching contributions. As of December 31, 2011 and 2010, forfeited nonvested accounts totaled $9,920 and $10,226, respectively. There was no allocation of forfeited amounts during the year ended December 31, 2011.

Administrative Expenses

Certain expenses incurred in the administration of the Plan are paid directly by the Company.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value on a recurring basis. 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 5 – Fair Value Measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance, including accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Reclassifications

Certain amounts in the financial statements for the year ended December 31, 2010 have been reclassified to conform to the December 31, 2011 presentation.

Subsequent Events

Subsequent events have been evaluated through October 9, 2012, which is the date the financial statements were available to be issued.

NOTE 3 – UNAUDITED INFORMATION CERTIFIED BY THE PLAN CUSTODIAN

The following information included in the accompanying financial statements was certified as complete and accurate by the custodian as of December 31:

	2011	2010
Investments, at fair value	$ 7,709,546	$ 7,737,965
Notes receivable from participants	245,211	240,900
Net depreciation in fair value of investments	(318,177)	
Interest income	11,407	
Interest income on notes receivable from participants	8,947	

NOTE 4 – INVESTMENTS

The Plan's investments are held by the custodian. The following table presents the fair value of those investments that represent 5% or more of the Plan's net assets at December 31:

	2011	2010
American Funds Growth Fund of America R5	$ 399,307	$ 505,218
AdvisorOne Amerigo N	508,569	558,529
Fidelity Puritan	406,523	-
Janus Twenty T	467,956	517,867
Yacktman Focused	447,948	-
BOA Fixed Fund	459,529	401,165

Realized and unrealized gains and losses for the year ended December 31, 2011 are reported in net depreciation in fair value of investments and totaled $318,177 as follows:

Mutual funds	$ (313,375)
Money market fund	(1,544)
Guaranteed investment contract	(3,258)
	$ (318,177)

NOTE 5 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value on a recurring basis in the statement of net assets available for benefits in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 - "Fair Value Measurements and Disclosures." This pronouncement defines fair value, establishes a framework for measuring fair value, enhances fair value disclosure requirements and creates a three-level valuation hierarchy for disclosure of fair value measurement. This valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels of the inputs to the valuation methodology are defined as follows:

- Level 1 – Observable, quoted market prices (unadjusted) in active markets for identical assets and liabilities that the reporting entity has the ability to access at the measurement date.

- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data. This input level includes those financial instruments that are valued using models or other valuation methodologies where substantially all of the assumptions are observable in the marketplace, can be derived from observable market data, or are supported by observable levels at which transactions are executed in the marketplace.

- Level 3 – Unobservable inputs that are not corroborated by market data. This level of input includes financial instruments whose fair value is estimated based on internally developed models or methodologies utilizing significant inputs that are generally less readily observable from observable sources.

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 Plan management believes that the 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.

Investment assets stated at fair value consist of the following as of December 31:

	2011	2010
Level 1 Fair Value Measurements:		
Mutual funds	$ 7,021,826	$ 7,108,435
Money market fund	217,838	228,365
Level 3 Fair Value Measurements:		
Guaranteed investment contract	469,882	401,165
Total investments at fair value	$ 7,709,546	$ 7,737,965

NOTE 5 – FAIR VALUE MEASUREMENTS, CONTINUED

The mutual funds and money market fund are considered to be Level 1 type assets, as defined; that is, their fair value is measured on a recurring basis using quoted prices in active markets for identical assets, which are considered to most reliably reflect fair value. The guaranteed investment contract is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer; this account is considered to be a Level 3 type asset, as defined.

The following table provides further details of the assets whose fair value is measured according to Level 3 criteria:

	2011	2010
Guaranteed Investment Contract		
Balance at beginning of year	$ 401,165	$ 150,024
Interest income	11,407	9,165
Unrealized gain/(loss)	(3,258)	11,368
Purchases, sales, issuances, settlements, net	60,568	230,608
Balance at end of year	$ 469,882	$ 401,165

The custodian is unable to calculate the purchases, issuances, sales and settlements amounts on the gross basis.

NOTE 6 – RELATED PARTY TRANSACTIONS

Certain administrative functions are performed by officers or employees of the Plan sponsor and, therefore, these transactions qualify as party-in-interest transactions. No officer or employee of the Company receives compensation from the Plan. Certain Plan expenses are paid directly by the Plan sponsor.

Certain administrative functions are performed by the investment brokers of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Total fees were $10,908 for the year ended December 31, 2011 and are included in the net depreciation in fair value of investments on the statement of changes in net assets available for benefits.

Certain investments are managed by the investment advisors of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Total fees were $25,287 for the year ended December 31, 2011 and are included in the net depreciation in fair value of investments on the statement of changes in net assets available for benefits

NOTE 6 – RELATED PARTY TRANSACTIONS, CONTINUED

Certain administrative functions are performed by the third-party administrator and the custodian. Fees paid to the third-party administrator were $13,054 for the year ended December 31, 2011 and paid directly by the Plan sponsor. Fees paid to the custodian were $500 for the year ended December 31, 2011 and paid directly by the Plan sponsor.

NOTE 7 – TAX STATUS

The Plan obtained its latest income tax status determination letter on March 31, 2008, 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. According to the third party administrator, the Plan has been amended since receiving the determination letter through prototype amendments only. However, the plan administrator and the third party administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2008.

NOTE 8 – EXCESS CONTRIBUTIONS PAYABLE

At December 31, 2011 and 2010, liabilities of $0 and $500, respectively, are recorded for amounts refundable by the Plan to participants for contributions made in excess of amounts allowed by the Internal Revenue Service.

NOTE 9 – 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 account balances.

NOTE 10 – 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 materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 11 – 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 to Schedule H of Form 5500 at December 31:

	2011	2010
Net assets available for benefits per the financial statements	$ 7,954,757	$ 7,978,365
Less: adjustment from fair value to contract value for guaranteed investment contract	(10,353)	(13,611)
Add: deemed loan distributions	-	43,401
Add: excess contributions payable	-	500
Net assets available for benefits per Schedule H of Form 5500	$ 7,944,404	$ 8,008,655

The following is a reconciliation of net increase per the financial statements to net income per Schedule H of Form 5500 for the year ended December 31, 2011:

Net decrease per the financial statements	$ (23,608)
Add: change in adjustment from fair value to contract value for guaranteed investment contract	3,258
Less: deemed loan distributions at December 31, 2010	(43,401)
Less: excess contribution payable at December 31, 2010	(500)
Net income per Schedule H of Form 5500	$ (64,251)

SUPPLEMENTAL SCHEDULE

PERKOWITZ + RUTH ARCHITECTS 401(k)
PROFIT SHARING PLAN

EIN 95-3384842, PN 002

SCHEDULE H, LINE 4i –
SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2011

(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 Century Real Estate A	Mutual fund		$ 2,187
	American Century Value A	Mutual fund		6
	American Funds American High Income Trust R5	Mutual fund		11
	American Funds Growth Fund of America R5	Mutual fund		399,307
	American Funds New World R5	Mutual fund		2,257
	Baron Asset Retail	Mutual fund		247,970
	Blackrock International Opportunities Investor A	Mutual fund		96,125
*	AdvisorOne Select Appreciation N	Mutual fund		119,767
*	AdvisorOne Select Allocation N	Mutual fund		224,979
*	AdvisorOne Enhanced Income N	Mutual fund		78,539
*	AdvisorOne Amerigo N	Mutual fund		508,569
*	AdvisorOne Descartes N	Mutual fund		215,672
*	AdvisorOne Liahona N	Mutual fund		268,094
*	AdvisorOne Flex Income N	Mutual fund		100,733
*	AdvisorOne Clermont N	Mutual fund		236,232
*	AdvisorOne Shelter N	Mutual fund		223
*	Nationwide Investor Destinations Aggressive	Mutual fund		203,943
*	Nationwide Investor Destinations Conservative	Mutual fund		28,274
*	Nationwide Investor Destinations Moderate Aggressive	Mutual fund		310,933
*	Nationwide Investor Destinations Moderate Conservative	Mutual fund		5,519
*	Nationwide Investor Destinations Moderate	Mutual fund		86,286
	Davis New York Venture A	Mutual fund		215,018
	Fidelity Advisor Leveraged Company Stock I	Mutual fund		167,616
	Fidelity Asset Manager 50%	Mutual fund		66,758
	Fidelity Puritan	Mutual fund		406,523
	Fidelity Advisor Real Estate A	Mutual fund		94,089
	Invesco Global Core Equity A	Mutual fund		144,674
	Harbor International Investor	Mutual fund		3,632
	Heartland Value Plus	Mutual fund		30,310
	JP Morgan Small Cap Equity A	Mutual fund		158,496
	Janus Twenty T	Mutual fund		467,956
	Loomis Sayles Bond Admin	Mutual fund		197,261
*	Nationwide S&P 500 Index	Mutual fund		260,202
	Neuberger Berman Partners Trust	Mutual fund		206,038
	PIMCO Total Return A	Mutual fund		230,178
	Oppenheimer Global A	Mutual fund		1,687

PERKOWITZ + RUTH ARCHITECTS 401(k)
PROFIT SHARING PLAN

EIN 95-3384842, PN 002

SCHEDULE H, LINE 4i –
SCHEDULE OF ASSETS HELD AT END OF YEAR, CONTINUED

December 31, 2011

	(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
		Oppenheimer International Bond A	Mutual fund		11
		DWS Equity Dividend A	Mutual fund		50
		DWS High Income Instl	Mutual fund		11
		Oppenheimer Limited-Term Government A	Mutual fund		6
		Pioneer Strategic Income A	Mutual fund		22
		Rydex Nova Advisor	Mutual fund		97
		RidgeWorth Small Cap Value Equity I	Mutual fund		284,165
		RidgeWorth Mid Cap Value Equity I	Mutual fund		40,647
		TCW Total Return Bond N	Mutual fund		106,416
		Thornburg International Value I	Mutual fund		239,677
		Invesco Van Kampen Equity and Income A	Mutual fund		11
		Ivy Asset Strategic Y	Mutual fund		5
		Yacktman Focused	Mutual fund		447,948
		Janus Balanced S	Mutual fund		116,696
*		Nationwide Money Market Institutional	Money market fund		217,838
*		BOA Fixed Fund	Guaranteed investment contract		459,529
					7,699,193
*		Participant loans	Maturity dates 8/2012 - 11/2024, at 4.25% - 9.25% interest		245,211
					$ 7,944,404

* Party-in-interest

** Column (d) is blank as all investments are participant-directed.

Perkowitz + Ruth Architects
401(k) Profit Sharing Plan
95-3384842 Plan #002
2011 Form 5500 Schedule H Attachment
Schdedule H, Line 4i, Schedule of Assets (Held at end of year)

(a)	(b)	(c)	(d)	(e)
	IDENTITY OF ISSUE	DESCRIPTION	COSTS	CURRENT VALUE
*	Advone Amerigo N	shares of mutual funds	408,347	508,569
*	Advone Clermont N	shares of mutual funds	217,591	236,232
*	Advone Descartes N	shares of mutual funds	181,507	215,672
*	Advone Enhcd Inc N	shares of mutual funds	75,515	78,539
*	Advone Flex Inc N	shares of mutual funds	93,743	100,733
*	Advone Liahona N	shares of mutual funds	245,298	268,094
*	Advone Sel Alloc N	shares of mutual funds	192,681	224,979
*	Advone Sel App N	shares of mutual funds	111,009	119,767
*	Advone Shltr N	shares of mutual funds	227	223
	Amcent Realest A	shares of mutual funds	2,194	2,187
	Amcent Val A	shares of mutual funds	6	6
	Amfds Am Hi Inc Tr R5	shares of mutual funds	11	11
	Amfds Gr Fd Am R5	shares of mutual funds	378,167	399,307
	Amfds New Wld R5	shares of mutual funds	1,707	2,257
	Baron Asst	shares of mutual funds	231,031	247,970
	Blkrk Intl Oppr Inv A	shares of mutual funds	101,744	96,125
	Dws Hi Inc Inst	units of GIC	11	11
	Dws Strat Val A	shares of mutual funds	47	50
	Davis Ny Vntr A	shares of mutual funds	227,086	215,018
	Fid Asst Mgr 50	shares of mutual funds	60,471	66,758
	Fid Puritan	shares of mutual funds	378,216	406,523
	Fidadv Levr Co Stk Inst	shares of mutual funds	157,632	167,616
	Fidadv Realest A	shares of mutual funds	94,853	94,089
	Harbor Intl Inv	shares of mutual funds	3,465	3,632
	Heartland Val Pls Inv	shares of mutual funds	33,320	30,310
	Invsco Glbl Cor Eq A	shares of mutual funds	170,412	144,674
	Invsco Vk Eq Inc A	shares of mutual funds	11	11
	Jpm Smcap Eq A	shares of mutual funds	146,575	158,496
	Jns Bal S	shares of mutual funds	98,772	116,696
	Jns Twnty T	shares of mutual funds	479,076	467,956
	Loomis Bd Admn	shares of mutual funds	194,524	197,262
*	Nw Inv Dest Aggr Svc	shares of mutual funds	196,776	203,943
*	Nw Inv Dest Cnsrv Svc	shares of mutual funds	27,459	28,275
*	Nw Inv Dest Mod Aggr Svc	shares of mutual funds	290,493	310,933
*	Nw Inv Dest Mod Cnsrv Svc	shares of mutual funds	4,755	5,519
*	Nw Inv Dest Mod Svc	shares of mutual funds	77,308	86,286
*	Nw Mny Mkt Inst	shares of mutual funds	221,477	217,838
*	Nw S P 500 Indx Svc	shares of mutual funds	252,084	260,202
	Neuber Ptnrs Tr	shares of mutual funds	216,996	206,038
	Opp Glbl A	shares of mutual funds	1,254	1,687
	Opp Intl Bd A	shares of mutual funds	11	11
	Opp Ltd Trm Govt A	shares of mutual funds	6	6
	Pimco Ttl Rtn A	shares of mutual funds	226,751	230,178
	Pionr Strat Inc A	shares of mutual funds	22	22
	Rdgwrth Mdcap Val Eq I	shares of mutual funds	45,767	40,647
	Rdgwrth Smcap Val Eq I	shares of mutual funds	313,091	284,166
	Rydexsgi Nova Adv	shares of mutual funds	81	97
	Tcw Ttl Rtn Bd N	shares of mutual funds	106,248	106,416
	Thrnbrg Intl Val I	shares of mutual funds	242,278	239,677
	Wr Ivy Asst Strat Y	shares of mutual funds	6	5
	Ycktmn Focs	shares of mutual funds	452,315	447,948
*	BOA-Fixed	units of GIC	NA	459,529
*	Participant Loans	various maturities	NA	245,952