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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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
CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1994

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES

6053 WEST CENTURY BLVD, SUITE 1100
LOS ANGELES, CA 90045-6430

2b Employer Identification Number (EIN)
95-4040623

2c Plan Sponsor's telephone number
310-342-4610

2d Business code (see instructions)
722110

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.	01/08/2015	MONICA ROCHA
	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

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor

CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES

6053 WEST CENTURY BLVD, SUITE 1100
LOS ANGELES, CA 90045-6430

3b Administrator's EIN: 95-4040623

3c Administrator's telephone number: 310-342-4610

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**	10391
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	10042
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	8863
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	370
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	9233
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	9233
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1288
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
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 Characteristics 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 Characteristics 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)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES

D Employer Identification Number (EIN)
95-4040623

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

LINCOLN NATIONAL 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
35-0472300	65676	GP 55234	1045	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
14635	0

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

LINCOLN FINANCIAL ADVISORS
1300 SOUTH CLINTON STREET
FORT WAYNE, IN 46835

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14635			4

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

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

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

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

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

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

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

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

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

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

(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 ▶ GROUP FIXED ANNUITY

b	Balance at the end of the previous year			7b	6148700
c	Additions: (1) Contributions deposited during the year	7c(1)	1217075		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	198817		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	177488		
	▶ LOAN PMT, FORF, ADJ				
	(6) Total additions			7c(6)	1593380
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	7742080
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	525623		
	(2) Administration charge made by carrier	7e(2)	2482		
	(3) Transferred to separate account	7e(3)	6166		
	(4) Other (specify below)	7e(4)	260815		
	▶ NEW LOANS, FORF, ADJ				
	(5) Total deductions			7e(5)	795086
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	6946994

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 line **9c(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, line 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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES

D Employer Identification Number (EIN)
95-4040623

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

LINCOLN NATIONAL LIFE INSURANCE CO

35-1140070

(b) Enter name and EIN or address of person who provided you disclosure 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)

LINCOLN NATIONAL CORPORATION

35-1140070

(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?
13	SERVICE PROVIDER	4108	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 [ ]

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

(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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES

D Employer Identification Number (EIN)
95-4040623

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)	469456	0
(2) Participant contributions	1b(2)	161867	0
(3) Other	1b(3)	29289	18356
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	131241	30931
(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)	1151677	1237046
(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)	12274205	14896881
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	6148700	6946994
(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	20366435	23130208
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	130891	18359
k	Total liabilities (add all amounts in lines 1g through1j)	1k	130891	18359
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	20235544	23111849

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)	2392136	
	(C) Others (including rollovers)	2a(1)(C)	157945	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2550081
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6	
	(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)	48648	
	(F) Other	2b(1)(F)	198817	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		247471
	(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)	295586	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		295586
	(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)		0
	(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)		0

		(a) Amount	(b) Total
(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)		1471236
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4564374
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1682684	
(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)		1682684
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)	5385	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5385
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1688069
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2876305
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: SINGERLEWAK LLP **(2)** EIN: 95-2302317

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	

			Yes	No	Amount
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			

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES
RETIREMENT SAVINGS PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION
FOR THE YEAR ENDED
DECEMBER 31, 2010

CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES
RETIREMENT SAVINGS PLAN
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December 31, 2010

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SingerLewak LLP

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Los Angeles
Orange County
Woodland Hills
Monterey Park
San Diego
Silicon Valley

INDEPENDENT AUDITOR'S REPORT

To the Trustees
California Pizza Kitchen, Inc. and Subsidiaries
Retirement Savings Plan
Los Angeles, California

We were engaged to audit the accompanying statements of net assets available for benefits of California Pizza Kitchen, Inc. and Subsidiaries Retirement Savings Plan (the "Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 investment information summarized in Note 3, which was certified by Wilmington 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. As disclosed in Note 3, the Plan Administrator has obtained a certification from the trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of and for the year ended December 31, 2010, and as of December 31, 2009.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

SingerLewak LLP

Irvine, California
October 7, 2011

CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES
RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	2010	2009
ASSETS		
Investments, at fair value		
Cash and cash equivalents	$ 30,931	$ 131,241
Group annuity contract	7,196,528	6,148,700
Mutual funds	14,896,881	12,274,205
Total investments, at fair value	22,124,340	18,554,146
Receivables		
Notes from participants	1,237,046	1,151,677
Participant contributions	75,732	161,867
Employer contributions	426,525	469,456
Other	18,356	29,289
Total receivables	1,757,659	1,812,289
Total assets	23,881,999	20,366,435
LIABILITIES		
Participant loan payable	-	20,941
Distributions payable	98,041	-
Due to broker for securities purchased	18,359	109,950
Total liabilities	116,400	130,891
Net assets available for benefits at fair value	23,765,599	20,235,544
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	249,534	-
Net assets available for benefits	**$ 23,516,065**	**$ 20,235,544**

The accompanying notes are an integral part of these financial statements.

CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES
RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010

Additions to net assets attributed to	
Income	
Net appreciation in fair value of mutual funds	$ 1,471,236
Interest and dividend income on investments	494,409
Interest income on notes from participants	48,648
Total income	2,014,293
Contributions	
Participant	2,467,868
Employer	426,525
Rollovers	157,945
Total contributions	3,052,338
Total additions	5,066,631
Deductions from net assets attributed to	
Benefits paid to participants	1,682,684
Corrective distributions	98,041
Administrative expenses	5,385
Total deductions	1,786,110
Net increase	3,280,521
Net assets available for benefits, beginning of year	20,235,544
Net assets available for benefits, end of year	**$ 23,516,065**

The accompanying notes are an integral part of these financial statements.

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the California Pizza Kitchen, Inc. and Subsidiaries Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined contribution plan established by California Pizza Kitchen, Inc. (the "Employer") under the provisions of Section 401(k) of the Internal Revenue Code ("IRC"). The Plan provides for a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Employer. The Plan is administered by the Employer and Lincoln Financial Group, the Third-Party Administrator ("TPA"), and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Wilmington Trust Company, the trustee, is responsible for the custody and management of the Plan's assets.

Eligibility

All employees who have completed six months of employment and who are age twenty-one (21) or older are eligible for participation in the Plan. The Plan was amended effective January 1, 2009, and highly compensated employees are eligible to participate in the Plan. However, non-resident aliens and employees who were part of a merger or acquisition are excluded from being eligible to participate in the Plan. The eligible employee will enter the Plan as a participant on January 1, April 1, July 1, or October 1 that coincides with, or following the day, the employee becomes eligible.

Employee Contributions

Participants may elect to contribute, on a tax-deferred basis, to the Plan in an amount not in excess of the maximum allowed by the IRC. The Plan was amended effective January 1, 2009 to allow participants to defer up to 100% of their bonuses. Participants who have obtained age 50 before the end of the Plan year are eligible to make catch-up contributions. However, Section 401(k) of the IRC and the Plan limit the amount certain highly compensated employees may contribute based on amounts contributed by lower-compensated employees. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Employer Contributions

Each year, the Employer may, at the directive of its Board of Directors or its stockholders, make a discretionary matching contribution annually. For the year ended December 31, 2010, the Employer made a matching contribution to the Plan of 30% of employee contributions up to 6% of their annual salary.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participant Accounts
Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions, rollovers from qualified plans of the participant's previous employers, employer matching contributions, and allocations of the Plan's earnings and administrative expenses. Allocations of earnings and expenses are based on the proportion that each participant's account balance bears to the total of all participant account balances.

Investment Options
Participants may direct participant and Employer contributions, as desired, in any of several investment options held by the trustee and may change their investment options daily.

Vesting
Employee contributions, rollovers, and actual earnings on all such contributions are fully vested at all times. Vesting of Employer matching contributions and actual earnings thereon are based upon the participant's years of service with the Employer as follows:

Years of Service	Vesting Percentage
1	33%
2	66%
3	100%

Notes from Participants
Participants may borrow from their account a minimum of $1,000 up to a maximum of 50% of their vested account balance (not to exceed $50,000 less the highest outstanding loan balance during the prior (12) twelve-month period). The loans are secured by the vested account balance in the participant's account and bear a reasonable rate of interest as determined by the Plan Administrator. Loan terms range from one to five years or up to fifteen (15) years for the purchase of a primary residence. A participant can only have one outstanding loan at any time. Current loans bear interest ranging between 3.25% and 9.50%.

Benefit Payments
Upon termination of employment with the Employer, a participant will receive a lump sum disbursement if his or her vested account balance is $5,000 or less. If the vested account balance is greater than $5,000, the participant is entitled to receive a lump sum amount or installment payments. In the event of death or total and permanent disability, a participant's beneficiary or the participant is entitled to the total value of the participant's account.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Administrative Expense
The Employer pays substantially all administrative expenses of the Plan.

Forfeitures
Forfeitures of terminated participants' nonvested accounts are applied against future Employer contributions. As of December 31, 2010 and 2009, there were $51,063 and $13,758 of forfeitures available, respectively.

Subsequent Events
The Plan Administrator has evaluated subsequent events through October 7, 2011, the date the financial statements were available to be issued.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The accompanying financial statements of the Plan have been prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America. Certain amounts in the prior year financial statements have been reclassified to conform to the current presentation.

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. 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. Dividends are recorded on the ex-dividend date.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)
Certain management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

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

Payment of Benefits
Benefits payments to participants are recorded when paid. As of December 31, 2010, there were no benefits payable to participants who elected to withdraw from the Plan.

Cash and Cash Equivalents
The Plan considers all highly liquid investments purchased with a maturity of three months or less to be cash equivalents.

Recently Adopted Accounting Pronouncement
In September 2010, the Financial Accounting Standards Board ("FASB") issued an amendment, Plan Accounting—Defined Contribution Pension Plans (Topic 962): *Reporting Loans to Participants by Defined Contribution Pension Plans* (Accounting Standards Update 2010-25), which provides guidance on how loans to participants should be classified and measured by defined contribution pension plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. This amendment was effective for periods ending after December 15, 2010, with early adoption permitted. This amendment requires retrospective application to all periods presented. This amendment was adopted for the year ended December 31, 2010 and retrospectively applied to December 31, 2009. There was no impact to the Plan's net assets as of December 31, 2010 or 2009, as a result of the adoption.

NOTE 3 – INFORMATION CERTIFIED BY TRUSTEE

The following is a summary of the Plan's asset information as of December 31, 2010 and 2009, and for the year ended December 31, 2010, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the trustee, Wilmington Trust Company, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following investments and notes receivable from participants are complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the trustee, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental schedule.

	2010	2009
Lincoln Group Fixed Annuity Contract	$ 7,196,528*	$ 6,148,700*
American Growth Fund of America	4,229,866*	3,705,824*
Van Kampen American Growth and Income Fund	2,318,846*	1,977,291*
Delaware Pooled Trust Diversified Income Fund	1,767,192*	1,295,036*
Other investments certified by the trustee	6,611,908	5,427,295
Total investments	**$ 22,124,340**	**$ 18,554,146**
Notes from participants	**$ 1,237,046**	**$ 1,151,677**

* Denotes single investments representing more than 5% of the Plan's net assets available for benefits as of December 31, 2010 and 2009.

The trustee also certified the completeness and accuracy of $1,471,236 of net appreciation in the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) and $543,057 of interest and dividend income for the year ended December 31, 2010. The net appreciation in investments is attributed entirely to the Plan's mutual funds. The Plan's interest and dividend income consisted of $494,409 attributable to dividends and interest income from investments and $48,648 attributable to interest on notes from participants.

NOTE 4 – FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification Topic No. 820, *Fair Value Measurements and Disclosures* ("ASC 820"), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value:

Cash and cash equivalents: Valued at the carrying value, which approximates fair value due to the short-term nature of such instruments.

Group annuity contract: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Investments, at fair value				
Cash and cash equivalents	$ 30,931	$ -	$ -	$ 30,931
Group annuity contract	-	-	7,196,528	7,196,528
Mutual funds				
Growth funds	8,585,764	-	-	8,585,764
Value funds	3,599,413	-	-	3,599,413
Bond funds	1,767,192	-	-	1,767,192
Other funds	944,512	-	-	944,512
Total mutual funds	14,896,881	-	-	14,896,881
Total	**$14,927,812**	**$ -**	**$ 7,196,528**	**$22,124,340**

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

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Investments, at fair value				
Cash and cash equivalents	$ 131,241	$ -	$ -	$ 131,241
Group annuity contract	-	-	6,148,700	6,148,700
Mutual funds				
Growth funds	7,270,716	-	-	7,270,716
Value funds	2,982,055	-	-	2,982,055
Bond funds	1,295,036	-	-	1,295,036
Other funds	726,398	-	-	726,398
Total mutual funds	12,274,205	-	-	12,274,205
Total	**$12,405,446**	**$ -**	**$ 6,148,700**	**$18,554,146**

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2010:

	Group Annuity Contract
Balance, beginning of year	$ 6,148,700
Dividend income and other earnings	198,817
Issuances and settlements, net	849,011
Balance, end of year	**$ 7,196,528**

NOTE 5 – ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

The Financial Accounting Standards Board issued new guidance on accounting for uncertainty in income taxes. The Plan adopted this new guidance for the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2007.

NOTE 6 – FULLY BENEFIT RESPONSIVE GUARANTEED FIXED INCOME CONTRACT WITH INSURANCE COMPANY

The Plan maintains an investment in a group annuity contract (Lincoln Group Fixed Annuity Contract) with Lincoln National Life Insurance Company, which is determined to be fully-benefit responsive. The contract is included in the financial statements at contract value as reported to the Plan by Lincoln. Lincoln National Life Insurance Company maintains the contribution in a general account. The account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value. The guaranteed fixed income contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2010 and 2009 was $7,196,528 and $6,148,700, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 3.0%. Such interest rates are reviewed on a daily basis for resetting.

NOTE 6 – FULLY BENEFIT RESPONSIVE GUARANTEED FIXED INCOME CONTRACT WITH INSURANCE COMPANY (Continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

Description	Year Ended December 31, 2010	2009
Average yields		
Based on actual earnings	3.00%	3.28%
Based on interest rate credited to participants	3.00%	3.30%

NOTE 7 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Third-Party Administrator, Lincoln Financial Group, is a party-in-interest with respect to the Plan. The fixed annuity contract is a product of Lincoln National Life Insurance, an affiliate of Lincoln Financial Group. Wilmington Trust Company, the trustee of the Plan, and California Pizza Kitchen, Inc., the Plan sponsor, are also considered parties-in-interest. Notes receivable from participants and the related interest income of $48,648 are considered related party transactions.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various securities, including mutual funds. Investment securities, in general, are normally exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is 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 statements of net assets available for benefits.

NOTE 9 – INTERNAL REVENUE SERVICE STATUS

Effective May 14, 2002, the Plan adopted a standardized form of a prototype plan sponsored by Lincoln National Life Insurance Co. The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by the Plan. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 10 – EXCESS PARTICIPANT CONTRIBUTIONS PAYABLE

The Plan failed the pre-tax plan limits test for the year ended December 31, 2010. In order to comply with the pre-tax plan limits test, the Plan refunded contributions subsequent to year end to several highly compensated participants.

Amounts totaling $98,041 are recorded as distributions payable in the accompanying statements of net assets available for benefits and as corrective distributions in the accompanying statement of changes in net assets available for benefits at December 31, 2010.

NOTE 11 – PLAN TERMINATION

Although it has not expressed such intent, the Employer, by action of its Board of Directors, reserves the right, at any time, to amend or terminate the Plan. Upon termination of the Plan, further contributions to the Plan shall cease and all participants who are affected by such termination shall become 100% vested. Net assets available for benefits would be distributed to the participants based on each participant's interest in the Plan.

NOTE 12 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits and benefits paid to participants per the financial statements as of December 31, 2010 and 2009 to the Form 5500:

	2010	2009
Net assets available for benefits per the financial statements	$ 23,516,065	$ 20,235,544
Less employer contributions receivable	(426,525)	-
Less participant contributions receivable	(75,732)	-
Add distributions payable	98,041	-
Net assets available for benefits per Form 5500	**$ 23,111,849**	**$ 20,235,544**

SUPPLEMENTAL INFORMATION

CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES
RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2010

Plan Sponsor EIN #95-4040623
Plan #002

(a)	(b) Identity of Issuer, Borrower, Lessor Similar Party	(c) Description of Investment Including Rate of Interest	(e) Current Value
	Allianz Funds	Allianz NFJ Small-Cap Value Fund	$ 634,674
	American Funds	American Century Equity Income Fund	544,208
	American Funds	American EuroPacific Growth Fund	669,168
	American Funds	American Growth Fund of America	4,229,865
	American Funds	American Washington Mutual Investments Fund	1,030,307
	Columbia Funds	Columbia Acorn Trust Class Z Stock	771,633
	Delaware Pooled Trust	Delaware Pooled Trust Diversified Income Fund	1,767,192
	Fidelity Funds	Fidelity Advisor Mid-Cap Fund	684,440
	Heartland Funds	Heartland Value Fund Inc. Common	101,685
	JP Morgan	JP Morgan Small Cap Growth Fund A	131,103
*	Lincoln Financial Group	First American Real Estate	172,879
*	Lincoln Financial Group	Lincoln Group Fixed Annuity Contract	7,196,528
	Oppenheimer Funds	Oppenheimer Capital Appreciation Fund	970,045
	Oppenheimer Funds	Oppenheimer Global Fund	870,836
	Van Kampen Funds	Van Kampen American Growth and Income Fund	2,318,846
*	Wilmington Trust	Wilmington Prime Money Market	30,931
		Total investments held	22,124,340
*	Notes from participants	Interest rates from 3.25% to 9.50%, with maturities from 2011 to 2025	1,237,046
		Total	**$ 23,361,386**

* Denotes party-in-interest

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

2010

This Form is Open to Public Inspection.

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

A Name of plan
CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES

D Employer Identification Number (EIN)
95-4040623

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): 51-6502293

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **6a**

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

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

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

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

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

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES
RETIREMENT SAVINGS PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION
FOR THE YEAR ENDED
DECEMBER 31, 2010

CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES
RETIREMENT SAVINGS PLAN
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December 31, 2010

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SingerLewak LLP

www.SingerLewak.com

Los Angeles
Orange County
Woodland Hills
Monterey Park
San Diego
Silicon Valley

INDEPENDENT AUDITOR'S REPORT

To the Trustees
California Pizza Kitchen, Inc. and Subsidiaries
Retirement Savings Plan
Los Angeles, California

We were engaged to audit the accompanying statements of net assets available for benefits of California Pizza Kitchen, Inc. and Subsidiaries Retirement Savings Plan (the "Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 investment information summarized in Note 3, which was certified by Wilmington 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. As disclosed in Note 3, the Plan Administrator has obtained a certification from the trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of and for the year ended December 31, 2010, and as of December 31, 2009.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

SingerLewak LLP

Irvine, California
October 7, 2011

CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES
RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	2010	2009
ASSETS		
Investments, at fair value		
Cash and cash equivalents	$ 30,931	$ 131,241
Group annuity contract	7,196,528	6,148,700
Mutual funds	14,896,881	12,274,205
Total investments, at fair value	22,124,340	18,554,146
Receivables		
Notes from participants	1,237,046	1,151,677
Participant contributions	75,732	161,867
Employer contributions	426,525	469,456
Other	18,356	29,289
Total receivables	1,757,659	1,812,289
Total assets	23,881,999	20,366,435
LIABILITIES		
Participant loan payable	-	20,941
Distributions payable	98,041	-
Due to broker for securities purchased	18,359	109,950
Total liabilities	116,400	130,891
Net assets available for benefits at fair value	23,765,599	20,235,544
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	249,534	-
Net assets available for benefits	**$ 23,516,065**	**$ 20,235,544**

The accompanying notes are an integral part of these financial statements.

CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES
RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010

Additions to net assets attributed to	
Income	
Net appreciation in fair value of mutual funds	$ 1,471,236
Interest and dividend income on investments	494,409
Interest income on notes from participants	48,648
Total income	2,014,293
Contributions	
Participant	2,467,868
Employer	426,525
Rollovers	157,945
Total contributions	3,052,338
Total additions	5,066,631
Deductions from net assets attributed to	
Benefits paid to participants	1,682,684
Corrective distributions	98,041
Administrative expenses	5,385
Total deductions	1,786,110
Net increase	3,280,521
Net assets available for benefits, beginning of year	20,235,544
Net assets available for benefits, end of year	**$ 23,516,065**

The accompanying notes are an integral part of these financial statements.

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the California Pizza Kitchen, Inc. and Subsidiaries Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined contribution plan established by California Pizza Kitchen, Inc. (the "Employer") under the provisions of Section 401(k) of the Internal Revenue Code ("IRC"). The Plan provides for a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Employer. The Plan is administered by the Employer and Lincoln Financial Group, the Third-Party Administrator ("TPA"), and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Wilmington Trust Company, the trustee, is responsible for the custody and management of the Plan's assets.

Eligibility

All employees who have completed six months of employment and who are age twenty-one (21) or older are eligible for participation in the Plan. The Plan was amended effective January 1, 2009, and highly compensated employees are eligible to participate in the Plan. However, non-resident aliens and employees who were part of a merger or acquisition are excluded from being eligible to participate in the Plan. The eligible employee will enter the Plan as a participant on January 1, April 1, July 1, or October 1 that coincides with, or following the day, the employee becomes eligible.

Employee Contributions

Participants may elect to contribute, on a tax-deferred basis, to the Plan in an amount not in excess of the maximum allowed by the IRC. The Plan was amended effective January 1, 2009 to allow participants to defer up to 100% of their bonuses. Participants who have obtained age 50 before the end of the Plan year are eligible to make catch-up contributions. However, Section 401(k) of the IRC and the Plan limit the amount certain highly compensated employees may contribute based on amounts contributed by lower-compensated employees. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Employer Contributions

Each year, the Employer may, at the directive of its Board of Directors or its stockholders, make a discretionary matching contribution annually. For the year ended December 31, 2010, the Employer made a matching contribution to the Plan of 30% of employee contributions up to 6% of their annual salary.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participant Accounts
Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions, rollovers from qualified plans of the participant's previous employers, employer matching contributions, and allocations of the Plan's earnings and administrative expenses. Allocations of earnings and expenses are based on the proportion that each participant's account balance bears to the total of all participant account balances.

Investment Options
Participants may direct participant and Employer contributions, as desired, in any of several investment options held by the trustee and may change their investment options daily.

Vesting
Employee contributions, rollovers, and actual earnings on all such contributions are fully vested at all times. Vesting of Employer matching contributions and actual earnings thereon are based upon the participant's years of service with the Employer as follows:

Years of Service	Vesting Percentage
1	33%
2	66%
3	100%

Notes from Participants
Participants may borrow from their account a minimum of $1,000 up to a maximum of 50% of their vested account balance (not to exceed $50,000 less the highest outstanding loan balance during the prior (12) twelve-month period). The loans are secured by the vested account balance in the participant's account and bear a reasonable rate of interest as determined by the Plan Administrator. Loan terms range from one to five years or up to fifteen (15) years for the purchase of a primary residence. A participant can only have one outstanding loan at any time. Current loans bear interest ranging between 3.25% and 9.50%.

Benefit Payments
Upon termination of employment with the Employer, a participant will receive a lump sum disbursement if his or her vested account balance is $5,000 or less. If the vested account balance is greater than $5,000, the participant is entitled to receive a lump sum amount or installment payments. In the event of death or total and permanent disability, a participant's beneficiary or the participant is entitled to the total value of the participant's account.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Administrative Expense
The Employer pays substantially all administrative expenses of the Plan.

Forfeitures
Forfeitures of terminated participants' nonvested accounts are applied against future Employer contributions. As of December 31, 2010 and 2009, there were $51,063 and $13,758 of forfeitures available, respectively.

Subsequent Events
The Plan Administrator has evaluated subsequent events through October 7, 2011, the date the financial statements were available to be issued.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The accompanying financial statements of the Plan have been prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America. Certain amounts in the prior year financial statements have been reclassified to conform to the current presentation.

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. 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. Dividends are recorded on the ex-dividend date.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)
Certain management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

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

Payment of Benefits
Benefits payments to participants are recorded when paid. As of December 31, 2010, there were no benefits payable to participants who elected to withdraw from the Plan.

Cash and Cash Equivalents
The Plan considers all highly liquid investments purchased with a maturity of three months or less to be cash equivalents.

Recently Adopted Accounting Pronouncement
In September 2010, the Financial Accounting Standards Board ("FASB") issued an amendment, Plan Accounting—Defined Contribution Pension Plans (Topic 962): *Reporting Loans to Participants by Defined Contribution Pension Plans* (Accounting Standards Update 2010-25), which provides guidance on how loans to participants should be classified and measured by defined contribution pension plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. This amendment was effective for periods ending after December 15, 2010, with early adoption permitted. This amendment requires retrospective application to all periods presented. This amendment was adopted for the year ended December 31, 2010 and retrospectively applied to December 31, 2009. There was no impact to the Plan's net assets as of December 31, 2010 or 2009, as a result of the adoption.

NOTE 3 – INFORMATION CERTIFIED BY TRUSTEE

The following is a summary of the Plan's asset information as of December 31, 2010 and 2009, and for the year ended December 31, 2010, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the trustee, Wilmington Trust Company, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following investments and notes receivable from participants are complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the trustee, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental schedule.

	2010	2009
Lincoln Group Fixed Annuity Contract	$ 7,196,528*	$ 6,148,700*
American Growth Fund of America	4,229,866*	3,705,824*
Van Kampen American Growth and Income Fund	2,318,846*	1,977,291*
Delaware Pooled Trust Diversified Income Fund	1,767,192*	1,295,036*
Other investments certified by the trustee	6,611,908	5,427,295
Total investments	**$ 22,124,340**	**$ 18,554,146**
Notes from participants	**$ 1,237,046**	**$ 1,151,677**

* Denotes single investments representing more than 5% of the Plan's net assets available for benefits as of December 31, 2010 and 2009.

The trustee also certified the completeness and accuracy of $1,471,236 of net appreciation in the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) and $543,057 of interest and dividend income for the year ended December 31, 2010. The net appreciation in investments is attributed entirely to the Plan's mutual funds. The Plan's interest and dividend income consisted of $494,409 attributable to dividends and interest income from investments and $48,648 attributable to interest on notes from participants.

NOTE 4 – FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification Topic No. 820, *Fair Value Measurements and Disclosures* ("ASC 820"), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value:

Cash and cash equivalents: Valued at the carrying value, which approximates fair value due to the short-term nature of such instruments.

Group annuity contract: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Investments, at fair value				
Cash and cash equivalents	$ 30,931	$ -	$ -	$ 30,931
Group annuity contract	-	-	7,196,528	7,196,528
Mutual funds				
Growth funds	8,585,764	-	-	8,585,764
Value funds	3,599,413	-	-	3,599,413
Bond funds	1,767,192	-	-	1,767,192
Other funds	944,512	-	-	944,512
Total mutual funds	14,896,881	-	-	14,896,881
Total	**$14,927,812**	**$ -**	**$ 7,196,528**	**$22,124,340**

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

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Investments, at fair value				
Cash and cash equivalents	$ 131,241	$ -	$ -	$ 131,241
Group annuity contract	-	-	6,148,700	6,148,700
Mutual funds				
Growth funds	7,270,716	-	-	7,270,716
Value funds	2,982,055	-	-	2,982,055
Bond funds	1,295,036	-	-	1,295,036
Other funds	726,398	-	-	726,398
Total mutual funds	12,274,205	-	-	12,274,205
Total	**$12,405,446**	**$ -**	**$ 6,148,700**	**$18,554,146**

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2010:

	Group Annuity Contract
Balance, beginning of year	$ 6,148,700
Dividend income and other earnings	198,817
Issuances and settlements, net	849,011
Balance, end of year	**$ 7,196,528**

NOTE 5 – ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

The Financial Accounting Standards Board issued new guidance on accounting for uncertainty in income taxes. The Plan adopted this new guidance for the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2007.

NOTE 6 – FULLY BENEFIT RESPONSIVE GUARANTEED FIXED INCOME CONTRACT WITH INSURANCE COMPANY

The Plan maintains an investment in a group annuity contract (Lincoln Group Fixed Annuity Contract) with Lincoln National Life Insurance Company, which is determined to be fully-benefit responsive. The contract is included in the financial statements at contract value as reported to the Plan by Lincoln. Lincoln National Life Insurance Company maintains the contribution in a general account. The account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value. The guaranteed fixed income contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2010 and 2009 was $7,196,528 and $6,148,700, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 3.0%. Such interest rates are reviewed on a daily basis for resetting.

NOTE 6 – FULLY BENEFIT RESPONSIVE GUARANTEED FIXED INCOME CONTRACT WITH INSURANCE COMPANY (Continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

Description	Year Ended December 31, 2010	2009
Average yields		
Based on actual earnings	3.00%	3.28%
Based on interest rate credited to participants	3.00%	3.30%

NOTE 7 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Third-Party Administrator, Lincoln Financial Group, is a party-in-interest with respect to the Plan. The fixed annuity contract is a product of Lincoln National Life Insurance, an affiliate of Lincoln Financial Group. Wilmington Trust Company, the trustee of the Plan, and California Pizza Kitchen, Inc., the Plan sponsor, are also considered parties-in-interest. Notes receivable from participants and the related interest income of $48,648 are considered related party transactions.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various securities, including mutual funds. Investment securities, in general, are normally exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is 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 statements of net assets available for benefits.

NOTE 9 – INTERNAL REVENUE SERVICE STATUS

Effective May 14, 2002, the Plan adopted a standardized form of a prototype plan sponsored by Lincoln National Life Insurance Co. The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by the Plan. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 10 – EXCESS PARTICIPANT CONTRIBUTIONS PAYABLE

The Plan failed the pre-tax plan limits test for the year ended December 31, 2010. In order to comply with the pre-tax plan limits test, the Plan refunded contributions subsequent to year end to several highly compensated participants.

Amounts totaling $98,041 are recorded as distributions payable in the accompanying statements of net assets available for benefits and as corrective distributions in the accompanying statement of changes in net assets available for benefits at December 31, 2010.

NOTE 11 – PLAN TERMINATION

Although it has not expressed such intent, the Employer, by action of its Board of Directors, reserves the right, at any time, to amend or terminate the Plan. Upon termination of the Plan, further contributions to the Plan shall cease and all participants who are affected by such termination shall become 100% vested. Net assets available for benefits would be distributed to the participants based on each participant's interest in the Plan.

NOTE 12 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits and benefits paid to participants per the financial statements as of December 31, 2010 and 2009 to the Form 5500:

	2010	2009
Net assets available for benefits per the financial statements	$ 23,516,065	$ 20,235,544
Less employer contributions receivable	(426,525)	-
Less participant contributions receivable	(75,732)	-
Add distributions payable	98,041	-
Net assets available for benefits per Form 5500	**$ 23,111,849**	**$ 20,235,544**

SUPPLEMENTAL INFORMATION

CALIFORNIA PIZZA KITCHEN, INC. AND SUBSIDIARIES
RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2010

Plan Sponsor EIN #95-4040623
Plan #002

(a)	(b) Identity of Issuer, Borrower, Lessor Similar Party	(c) Description of Investment Including Rate of Interest	(e) Current Value
	Allianz Funds	Allianz NFJ Small-Cap Value Fund	$ 634,674
	American Funds	American Century Equity Income Fund	544,208
	American Funds	American EuroPacific Growth Fund	669,168
	American Funds	American Growth Fund of America	4,229,865
	American Funds	American Washington Mutual Investments Fund	1,030,307
	Columbia Funds	Columbia Acorn Trust Class Z Stock	771,633
	Delaware Pooled Trust	Delaware Pooled Trust Diversified Income Fund	1,767,192
	Fidelity Funds	Fidelity Advisor Mid-Cap Fund	684,440
	Heartland Funds	Heartland Value Fund Inc. Common	101,685
	JP Morgan	JP Morgan Small Cap Growth Fund A	131,103
*	Lincoln Financial Group	First American Real Estate	172,879
*	Lincoln Financial Group	Lincoln Group Fixed Annuity Contract	7,196,528
	Oppenheimer Funds	Oppenheimer Capital Appreciation Fund	970,045
	Oppenheimer Funds	Oppenheimer Global Fund	870,836
	Van Kampen Funds	Van Kampen American Growth and Income Fund	2,318,846
*	Wilmington Trust	Wilmington Prime Money Market	30,931
		Total investments held	22,124,340
*	Notes from participants	Interest rates from 3.25% to 9.50%, with maturities from 2011 to 2025	1,237,046
		Total	**$ 23,361,386**

* Denotes party-in-interest