

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan WILBUR SMITH ASSOCIATES, INC EMPLOYEES PROFIT-SHARING RETIREMENT PLAN	1b	Three-digit plan number (PN) ▶ 004
		1c	Effective date of plan 01/01/1961
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) WILBUR SMITH ASSOCIATES, INC. POST OFFICE BOX 92 COLUMBIA, SC 29202	2b	Employer Identification Number (EIN) 57-0405950
		2c	Sponsor's telephone number 803-758-4500
		2d	Business code (see instructions) 541330

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.	08/18/2010	DANIEL T. HOUSTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

DANIEL T. HOUSTON
WILBUR SMITH ASSOCIATES, INC.
POST OFFICE BOX 92
COLUMBIA, SC 29202

3b Administrator's EIN

57-0405950

3c Administrator's telephone number

803-758-4500

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**

1117

6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

830

b Retired or separated participants receiving benefits.....**6b**

14

c Other retired or separated participants entitled to future benefits.....**6c**

210

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

1054

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e****f** Total. Add lines **6d** and **6e**.....**6f**

1054

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

951

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ 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) ☐ **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) ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information - Small Plan)
(3) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan WILBUR SMITH ASSOCIATES, INC EMPLOYEES PROFIT-SHARING RETIREMENT PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 WILBUR SMITH ASSOCIATES, INC.	D Employer Identification Number (EIN) 57-0405950	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY MEGELLAN	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
FID CONTRAFUND	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVST GR BD	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FID GROWTH & INCOME	82 DEVONSHIRE STREET BOSTON, MA 02109

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

FID VALUE 82 DEVONSHIRE STREET
BOSTON, MA 02109

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

FID ASSET MGR 50% 82 DEVONSHIRE STREET
BOSTON, MA 02109

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

FIDELITY LOW PR STOCK 82 DEVONSHIRE STREET
BOSTON, MA 02109

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

FID DIVERSIFIED INTL 82 DEVONSHIRE STREET
BOSTON, MA 02109

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

FID SM CAP INDEPEND 82 DEVONSHIRE STREET
BOSTON, MA 02109

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

FID FREEDOM INCOME 82 DEVONSHIRE STREET
BOSTON, MA 02109

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

FID FREEDOM 2000 82 DEVONSHIRE STREET
BOSTON, MA 02109

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

FID FREEDOM 2010 82 DEVONSHIRE STREET
BOSTON, MA 02109

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

FID FREEDOM 2020

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

FID FREEDOM 2030

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

SPTN EXTND MKT INDEX

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

SPARTAN INTL INDEX

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

FIDELITY RETIRE MMKT

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

FID MGD INC PORT

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

SPARTAN 500 INDEX

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

FID FREEDOM 2040

82 DEVONSHIRE STREET
BOSTON, MA 02109

82 DEVONSHIRE STREET
BOSTON, MA 02109

82 DEVONSHIRE STREET
BOSTON, MA 02109

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BOSTON, MA 02109

82 DEVONSHIRE STREET
BOSTON, MA 02109

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

SCHRODER US OPPS I

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

NB PARTNERS TRUST

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

JANUS WORLDWIDE J

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

PIM TOTAL RT INST

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

CALAMOS GROWTH

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

AIM BASIC VALUE A

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

ABF SM CAP VAL INV

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

HARTFORD SMALL CO Y

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

82 DEVONSHIRE STREET
BOSTON, MA 02109

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	6929	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 ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ABF CAP VAL INV 04-1867445	STATE STREET BANK TRUST CO. BOSTON, MA 02109	0.35%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ABF CAP VAL INV 04-1867445	STATE STREET BANK TRUST CO. BOSTON, MA 02109	0.35%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AIM BASIC VALUE A 98-0557567	INVESCO AIM INVEST SERVICES, INC. BOSTON, MA 02109	0.35%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BROKERAGE LINK 82 DEVONSHIRE STREET BOSTON, MA 02109	NOT AVAILABLE

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CALAMOS GROWTH A US BANCORP FUND SERVICES, LLC BOSTON, MA 02109 39-0281260	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARTFORD SMALL CO Y ADMINISTRATIVE SERVICES CO BOSTON, MA 02109 41-0679409	0.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS WORLDWIDE J 43-1804048	JANUS SERVICES, LLC BOSTON, MA 02109	0.33%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NB PARTNERS TRUST	ONE LINCOLN STREET BOSTON, MA 02111	0.35%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SCHRODER US OPPTS I	BOSTON FINANCIAL DATA SERVICE LLC BOSTON, MA 02109	0.15%
04-2526037		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP DIV GROWTH 52-1184650 T ROWE PRICE INVESTMENT SERVICES, I BOSTON, MA 02109	0.15%	
(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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	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:

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
WILBUR SMITH ASSOCIATES, INC EMPLOYEES PROFIT-SHARING RETIREMENT PLAN

B Three-digit plan number (PN)	▶	004
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WILBUR SMITH ASSOCIATES, INC.

D Employer Identification Number (EIN)
57-0405950

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FIDELITY MANAGED INCOME PORTFOLIO**

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN 04-3022712-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9426681
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
----------	---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>WILBUR SMITH ASSOCIATES, INC EMPLOYEES PROFIT-SHARING RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WILBUR SMITH ASSOCIATES, INC.</u>	D Employer Identification Number (EIN) <u>57-0405950</u>	

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		<u>5409</u>
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>600000</u>	
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>27079</u>	<u>51532</u>
(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)	<u>110632</u>	<u>260791</u>
(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)	<u>544601</u>	<u>679860</u>
(9) Value of interest in common/collective trusts.....	1c(9)	<u>12322579</u>	<u>9426681</u>
(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)	<u>28545114</u>	<u>38591989</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	42150005	49016262

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	42150005	49016262
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	4129232	
(C) Others (including rollovers)	2a(1)(C)	63189	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4192421

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	163	
(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)	39772	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		39935

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1960	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	707340	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		709300

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	68764	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	67517	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1247

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	42007	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		42007
(6) Net investment gain (loss) from common/collective trusts	2b(6)		183288
(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)		8237328
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		13405526

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6532045	
(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)		6532045
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	7224	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		7224
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6539269

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6866257
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: DAVIS AND COMPANY, PA

(2) EIN: 42-1575695

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		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.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

Davis and Company

Certified Public Accountants

American Institute of CPAs • South Carolina Association of CPAs

Phone (803) 788-0702 • FAX (803) 788-1444

INDEPENDENT AUDITORS' REPORT

Administrative Committee
Wilbur Smith Associates, Inc.
Employees' Profit Sharing Retirement Plan

We were engaged to audit the statements of net assets available for benefits of the Wilbur Smith Associates, Inc., Employees' Profit Sharing Retirement Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedule as listed in the accompanying index. These financial statements and accompanying schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Columbia, South Carolina
July 23, 2010

Davis and Company

WILBUR SMITH ASSOCIATES, INC.
EMPLOYEES' PROFIT SHARING RETIREMENT PLAN
DECEMBER 31, 2009
EIN: 57-0405950
PLAN #: 004

SCHEDULE H, LINE 41 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Party in Interest	Identity of Issue	Description	Cost	Value
(a)	(b)	(c)	(d)	(e)
	Cash		\$ 5,409	\$ 5,409
	Common Stock			
	American Lithium Minerals, Inc.		138	60
	American Sierra Gold Corp		124	72
	Bank of America Corp		171	151
	BB&T Corp		6,907	5,074
	Brookfield Renewable Power Fd Tr		2,714	3,663
	Capstone Management Corp		322	268
	CitiGroup Inc.		3,957	3,310
	Deutsche Bank AG		6,636	7,010
	Endeavour Silver Corp		399	728
	Ford Motor Co.		872	1,000
	Freeport Mcmoran Copper & Gold Class B		6,631	8,029
	Gabelli Global Gold Nat Res & Income Trust		11,261	11,264
	Gamestop Corp		21,649	21,940
	General Electric Co.		-	-
	Goldcorp, Inc. New		7,592	7,932
	Great Basin Gold		851	1,026
	Harvard Bioscience. Inc.		3,611	3,570
	Ishares Silver Trust		1,204	1,489
	Ishares Comex Gold Trust		1,206	1,396
	Kinross Gold Corp		20,051	18,528
	Lowes Companies NFS		385	474
	Motors Liq Co.		13	2
	Novagold Resources		3,003	2,452
	Oceanfreight, Inc.		7,923	7,335
	Range Resources Corp		61,461	71,469
	Red Back Mining, Inc.		301	315
	SPDR Gold Trust		1,326	1,502
	Silver Wheaton Corp		6,121	8,261
	Solar Power, Inc.		110	123
	Sonic Corp		236	201
	Target Corp		612	629
	Trailer Bridge, Inc.		5,698	6,720
	Under Armour, Inc.		2,581	2,727
	United States Nat Gas Fund		5,891	3,024
	Valero Energy Corp		-	-
	VirtualHealth Technologies, Inc.		33	20
	World Fuel Services Corp		549	536
	Yamana Gold, Inc.		9,384	10,741
	Realty Income Corp		4,966	5,182
	Fidelity Select Natural Resources		40,427	42,568
	Fidelity Cash Reserves		51,532	51,532
	Total common stock		298,848	312,323
	Common Trust Funds:			
	Fidelity Managed Income Portfolio		\$ 9,426,681	\$ 9,426,681
	Mutual Funds:			
	Brokeragelink Unit		-	-
	Calamos Growth A		1,244,940	1,211,666
	AIM Basic Value A		-	-
	ABF Small Cap Value		656,196	590,092
	ABF Large Cap Value		410,486	366,081
	Fidelity Fund		-	-
	Fidelity Fund Realty Income Corp		-	-
	Fidelity Magellan Fund		3,184,561	2,156,958
	Fidelity Contrafund		6,847,231	7,322,549
	Fidelity Investment Grade Bond Fund		2,828,472	2,769,048
	Fidelity Growth & Income Fund		-	-
	Fidelity Value		499,208	447,233
	Fidelity Low-Priced Stock Fund		2,599,795	2,572,107
	Fidelity Diversified International		3,952,147	3,638,413
	Fidelity Small Capital Independent		-	-
	Fidelity Freedom Income		401,591	383,482
	Fidelity Freedom 2000		239,396	243,644
	Fidelity Freedom 2005		53,655	51,373
	Fidelity Freedom 2010		1,444,977	1,340,882
	Fidelity Freedom 2015		3,097,376	2,805,517
	Fidelity Freedom 2020		1,791,873	1,706,471
	Fidelity Freedom 2025		824,554	796,634
	Fidelity Freedom 2030		2,021,856	1,840,545
	Fidelity Freedom 2035		599,664	572,771
	Fidelity Freedom 2040		1,337,876	1,226,998
	Fidelity Freedom 2045		300,690	315,609
	Fidelity Freedom 2050		82,515	87,000
	Hartford Small Co.		522,096	535,552
	NB Partner's Trust		820,805	762,331
	Pimco Total Return Inst		2,216,047	2,270,135
	Spartan 500 Index		551,276	548,750
	Spartan Extended Market Index		262,298	258,850
	Spartan US Equity Index		48,913	52,885
	TRP Div Growth		1,694,251	1,718,413
	Total mutual funds		40,534,745	38,591,989
	Participant loans 4.25% to 9.25%		-	679,860
	Total assets held for investment		50,265,683	49,016,262

**Application for Extension of Time
To File Certain Employee Plan Returns**

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)

WILBUR SMITH ASSOCIATES, INC.

Number, street, and room or suite no. (If a P.O. box, see instructions)

POST OFFICE BOX 92

City or town, state, and ZIP code

COLUMBIA, SC 29202

B Filer's identifying number (see instr.)

☒ Employer identification number (EIN).

57-0405950

☐ Social security number (SSN)

C Plan name

Plan
number

Plan year ending -

MM DD YYYY

1 WILBUR SMITH ASSOCIATES, INC EMPLOYEES PROFIT

004

12

31

2009

2

3

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

1 I request an extension of time until **10/15/2010** to file Form 5500 or Form 5500-EZ.

The application is automatically approved to the date shown on line 1 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (b) the date on line 1 is no more than 2 1/2 months after the normal due date.

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

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

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

2 I request an extension of time until _____ to file Form 5330.

You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax **a**

b Enter the payment amount attached **b**

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

3 State in detail why you need the extension

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

Signature

Date

8/2/10

Form **5558** (Rev. 1-2008)

WILBUR SMITH ASSOCIATES, INC.
EMPLOYEES' PROFIT
SHARING RETIREMENT PLAN

FINANCIAL STATEMENTS WITH
ACCOMPANYING INFORMATION

YEARS ENDED DECEMBER 31, 2009 AND 2008
AND
INDEPENDENT AUDITORS' REPORT

* * * * *

WILBUR SMITH ASSOCIATES, INC.
EMPLOYEES' PROFIT SHARING RETIREMENT PLAN

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Accompanying Information: Schedule of Assets (Held at End of Year)	14

Davis and Company

Certified Public Accountants

American Institute of CPAs • South Carolina Association of CPAs

Phone (803) 788-0702 • FAX (803) 788-1444

INDEPENDENT AUDITORS' REPORT

Administrative Committee
Wilbur Smith Associates, Inc.
Employees' Profit Sharing Retirement Plan

We were engaged to audit the statements of net assets available for benefits of the Wilbur Smith Associates, Inc., Employees' Profit Sharing Retirement Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedule as listed in the accompanying index. These financial statements and accompanying schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Columbia, South Carolina
July 23, 2010

Davis and Company

WILBUR SMITH ASSOCIATES, INC.
EMPLOYEES' PROFIT SHARING RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS,
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Participant direct investments, at fair value:		
Cash	\$ 5,409	\$ -
Common stock	312,323	157,459
Common trust funds	9,426,681	12,322,579
Mutual funds	38,591,989	28,525,366
Participant loans	<u>679,860</u>	<u>544,601</u>
Total investments	49,016,262	41,550,005
Receivables:		
Employer contributions	<u>-</u>	<u>600,000</u>
Net assets available for benefits	<u><u>49,016,262</u></u>	<u><u>42,150,005</u></u>

The accompanying notes are an integral part of this statement

WILBUR SMITH ASSOCIATES, INC.
EMPLOYEES' PROFIT SHARING RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS,
YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Additions to net assets attributed to:		
Investment Income:		
Net appreciation (depreciation)		
in fair value of investments	\$ 9,171,211	\$ (16,963,607)
Interest and dividends	<u>41,895</u>	<u>53,484</u>
Total gain (loss) on investments	9,213,106	(16,910,123)
Contributions:		
Participant	4,192,420	4,449,010
Employer	<u>-</u>	<u>600,000</u>
Total contributions	4,192,420	5,049,010
Total additions (subtractions)	13,405,526	(11,861,113)
Deductions from net assets attributed to:		
Benefits paid to participants	6,532,045	6,324,154
Administrative expense	<u>7,224</u>	<u>5,999</u>
Total deductions	6,539,269	6,330,153
Net increase (decrease)	6,866,257	(18,191,266)
Net assets available for benefits,		
Beginning of year	<u>42,150,005</u>	<u>60,341,271</u>
Net assets available for benefits,		
End of year	<u><u>49,016,262</u></u>	<u><u>42,150,005</u></u>

The accompanying notes are an integral part of this statement

WILBUR SMITH ASSOCIATES, INC.
EMPLOYEES' PROFIT SHARING RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS, DECEMBER 31, 2009 AND 2008

NOTE 1 - DESCRIPTION OF PLAN:

The following description of the Wilbur Smith Associates, Inc. (Company) Employees' Profit Sharing Retirement Plan (Plan) provides general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all full-time employees of the Company who meet certain length of service requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Company contributions are discretionary as determined by the Company's board of directors. Participants may contribute up to 50% of their annual compensation, except where regulations impose other limitations. Participant catch-up contributions may also be made to the extent of limits imposed by the regulations.

Participant Accounts: Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contribution, (b) investment earnings or losses, and (c) forfeitures of terminated participants' non-vested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately fully vested in their voluntary contributions plus actual earnings or losses thereon. Vesting in the remainder of their accounts is based on years of service. A participant is 100 percent vested after six years of credited service.

Forfeiture Allocations: Forfeitures are allocated to participant in the same manner as Company contributions for the plan year.

Investment Options: Upon enrollment in the Plan, a participant may direct employee and employer contributions into a number of investment options. Participants may change their investment options daily.

Participant Loans: Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Loan Account. Loan terms range from one to five years. The loans are secured by the balance in the participants' account and bear interest at a rate commensurate with prevailing prime plus 1% rates. The interest rate on these loans range from 4.25% to 9.25%. Principal and interest are paid ratably through payroll deductions.

WILBUR SMITH ASSOCIATES, INC.
EMPLOYEES' PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED):

Payment of Benefits: On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in any of several distribution options. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Plan expenses: The Plan sponsor paid substantially all of the operational costs to administer the Plan for the years December 31, 2009 and 2008.

Date of Management's Review: Subsequent events were evaluated through August 17, 2010, which is the date the financial statements were available to be issued.

Reclassifications: Certain amounts in the 2008 financial statements have been reclassified to conform to the 2009 presentation. These reclassifications had no impact on the results of operations of the Plan.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES:

Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

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

Financial Information Provided by Plan Trustee: The financial information pertaining to investment assets, investment transactions, investment income and the Schedule of Investments was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

Investment Valuation and Income Recognition: The Plan's investments are valued at quoted market prices which represent the net asset value of shares held by the plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits: Benefits are recorded when paid.

WILBUR SMITH ASSOCIATES, INC.
EMPLOYEES' PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3 - FAIR VALUE MEASUREMENTS:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

Fair Value
Measurements Using:

<u>December 31, 2009</u>	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical Assets <u>(Level 1)</u>	Significant Unobservable Inputs <u>(Level 3)</u>
Cash	\$ 5,409	\$ 5,409	\$ -
Common stock	312,323	312,323	-
Common trust funds	9,426,681	9,426,681	-
Mutual funds	38,591,989	38,591,989	-
Participant loans	<u>679,860</u>	<u>-</u>	<u>679,860</u>
Total	<u>49,016,262</u>	<u>48,336,402</u>	<u>679,860</u>
 <u>December 31, 2008</u>			
Cash	\$ 27,079	\$ 27,079	\$ -
Common stock	110,632	110,632	-
Common trust funds	12,322,579	12,322,579	-
Mutual funds	28,545,114	28,545,114	-
Participant loans	<u>544,601</u>	<u>-</u>	<u>544,601</u>
Total	<u>41,550,005</u>	<u>41,005,404</u>	<u>544,601</u>

WILBUR SMITH ASSOCIATES, INC.
EMPLOYEES' PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED):

FASB ASC 820-10, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements: The fair value of common stock, common trust funds and mutual funds are based on quoted net asset values of the shares held by the Plan at year-end.

Level 3 Fair Value Measurements: The participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of Level 3 fair value measurements.

Fair value Measurements Using Significant Unobservable Inputs (Level 3)

	<u>Participant Loans</u>
<u>December 31, 2009</u>	
Beginning balance	\$ 544,601
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-
Purchases, sales, issuances, and settlements (net)	<u>135,259</u>
Ending balance	<u><u>679,860</u></u>

WILBUR SMITH ASSOCIATES, INC.
EMPLOYEES' PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED):

December 31, 2008

Beginning balance	\$	617,418
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits		-
Purchases, sales, issuances, and settlements (net)		<u>(72,817)</u>
Ending balance		<u>544,601</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years 2009 and 2008 are reported in net appreciation and depreciation in fair value of investments.

WILBUR SMITH ASSOCIATES, INC.
EMPLOYEES' PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 4 - INVESTMENTS:

The Plan's investments consist of various trustee-administered trust fund. The following table presents the fair values of investments at December 31, 2009 and 2008. Investments that represent 5% or more of the Plan's net assets are separately identified.

	<u>2009</u>	<u>2008</u>
Cash	\$ 5,409	\$ -
Common Stock:		
American Lithium Minerals, Inc.	60	-
American Sierra Gold Corp.	72	-
Bank of America Corp.	151	-
BB&T Corp.	5,074	5,492
Brookfield Renewable Power Fd Tr	3,663	-
Capstone Management Corp.	268	-
CitiGroup, Inc.	3,310	-
Deutsche Bank AG	7,010	-
Endeavour Silver Corp.	728	-
Ford Motor Co.	1,000	-
Freeport McMoran Copper & Gold Class B	8,029	2,444
Gabelli Global Gold Nat res & Income Trust	11,264	8,069
Gamestop Corp.	21,940	-
General Electric Co.	-	3,240
Goldcorp, Inc. New	7,932	6,325
Great Basin Gold	1,026	-
Harvard Bioscience, Inc.	3,570	-
Ishares Silver Trust	1,489	-
Ishares Comex Gold Trust	1,396	-
Kinross Gold Corp.	18,528	18,465
Lowes Companies, NSF	474	-
Motors Liq. Co.	2	-
Novagold Resources	2,452	588
Oceanfreight, Inc.	7,335	-
Range Resources Corp.	71,469	49,211
Red Back Mining, Inc.	315	-
SPDR Gold Trust	1,502	-
Silver Wheaton Corp.	8,261	3,570
Solar Power, Inc.	123	-
Sonic Corp.	201	-
Target Corp.	629	-
Trailer Bridge, Inc.	6,720	-
Under Armour, Inc.	2,727	2,384
United States Nat Gas Fund	3,024	1,390

WILBUR SMITH ASSOCIATES, INC.
EMPLOYEES' PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 4 - INVESTMENTS (CONTINUED):

	<u>2009</u>	<u>2008</u>
Valero Energy Corp.	-	2,202
VirtualHealth Technologies, Inc.	20	-
World Fuel Services Corp.	536	-
Yamana Gold, Inc.	10,741	7,252
Realty Income Corp.	5,182	-
Fidelity Select Natural Resources	42,568	19,748
Fidelity Cash Reserves	<u>51,532</u>	<u>27,079</u>
Total common stock	312,323	157,459
Common trust funds:		
Fidelity Managed Income Portfolio Fund	9,426,681	12,322,579
Mutual funds:		
Brokeragelink Unit	-	4,630
Calamos Growth A	1,211,666	652,271
AIM Basic Value A	-	147,891
ABF Small Cap Value	590,092	392,274
ABF Large Cap Value	366,081	262,161
Fidelity Magellan Fund	2,156,958	1,711,634
Fidelity Contrafund	7,322,549	5,721,386
Fidelity Investment Grade Bond Fund	2,769,048	2,653,104
Fidelity Growth & Income Fund	-	1,275,252
Fidelity Value	447,233	277,258
Fidelity Low-Priced Stock Fund	2,572,107	1,773,911
Fidelity Diversified International	3,638,413	2,735,233
Fidelity Small Capital Independent	-	409,143
Fidelity Freedom Income	383,482	360,019
Fidelity Freedom 2000	243,644	133,142
Fidelity Freedom 2005	51,373	34,734
Fidelity Freedom 2010	1,340,882	1,443,362
Fidelity Freedom 2015	2,805,517	2,681,994
Fidelity Freedom 2020	1,706,471	1,038,303
Fidelity Freedom 2025	796,634	396,220
Fidelity Freedom 2030	1,840,545	1,305,896
Fidelity Freedom 2035	572,771	310,706

WILBUR SMITH ASSOCIATES, INC.
EMPLOYEES' PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 4 - INVESTMENTS (CONTINUED):

	<u>2009</u>	<u>2008</u>
Fidelity Freedom 2040	1,226,998	685,293
Fidelity Freedom 2045	315,609	118,502
Fidelity Freedom 2050	87,000	47,118
Hartford Small Co.	535,552	-
NB Partner's Trust	762,331	416,406
Pimco Total Return Inst	2,270,135	999,944
Spartan 500 Index	548,750	-
Spartan Extended Market Index	258,850	139,491
Spartan US Equity Index	52,885	398,088
TRP Div Growth	<u>1,718,413</u>	<u>-</u>
Total Mutual funds	38,591,989	28,525,366
Participant loans:	<u>679,860</u>	<u>544,601</u>
Total Investments	<u>49,016,262</u>	<u>41,550,005</u>

NOTE 5 - PLAN TERMINATION

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

NOTE 6 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated September 26, 2008 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). 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 IRC.

NOTE 7 - RISKS AND UNCERTAINTIES

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

These notes are an integral part of the accompanying statements

WILBUR SMITH ASSOCIATES, INC.
EMPLOYEES' PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 8 - SUBSEQUENT EVENT:

At a special meeting on May 26, 2010, the plan sponsor unanimously decided to move forward with due diligence and integration planning for a possible merger with another company. These activities will take several months. The due diligence will determine the final financial details of this transaction. An information package similar to a prospectus will be developed for presentation to stockholders for review so that they can make an informed decision and vote on this possible merger in early October. The effect of this merger, if approved, has not been reflected in the Plan's financial statements.

WILBUR SMITH ASSOCIATES, INC.
EMPLOYEES' PROFIT SHARING RETIREMENT PLAN
DECEMBER 31, 2009
EIN: 57-0405950
PLAN #: 004
SCHEDULE H, LINE 41 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Party in Interest	Identity of Issue	Description	Cost	Value
(a)	(b)	(c)	(d)	(e)
	Cash		\$ 5,409	\$ 5,409
	Common Stock			
	American Lithium Minerals, Inc.		138	60
	American Sierra Gold Corp		124	72
	Bank of America Corp		171	151
	BB&T Corp		6,907	5,074
	Brookfield Renewable Power Fd Tr		2,714	3,663
	Capstone Management Corp		322	268
	CitiGroup Inc.		3,957	3,310
	Deutsche Bank AG		6,636	7,010
	Endeavour Silver Corp		399	728
	Ford Motor Co.		872	1,000
	Freeport McMoran Copper & Gold Class B		6,631	8,029
	Gabelli Global Gold Nat Res & Income Trust		11,261	11,264
	Gamestop Corp		21,649	21,940
	General Electric Co.		-	-
	Goldcorp, Inc. New		7,592	7,932
	Great Basin Gold		851	1,026
	Harvard Bioscience, Inc.		3,611	3,570
	Ishares Silver Trust		1,204	1,489
	Ishares Comex Gold Trust		1,206	1,396
	Kinross Gold Corp		20,051	18,528
	Lowes Companies NFS		385	474
	Motors Liq Co.		13	2
	Novagold Resources		3,003	2,452
	Oceanfreight, Inc.		7,923	7,335
	Range Resources Corp		61,461	71,469
	Red Back Mining, Inc.		301	315
	SPDR Gold Trust		1,326	1,502
	Silver Wheaton Corp		6,121	8,261
	Solar Power, Inc.		110	123
	Sonic Corp		236	201
	Target Corp		612	629
	Trailer Bridge, Inc.		5,698	6,720
	Under Armour, Inc.		2,581	2,727
	United States Nat Gas Fund		5,891	3,024
	Valero Energy Corp		-	-
	VirtualHealth Technologies, Inc.		33	20
	World Fuel Services Corp		549	536
	Yamana Gold, Inc.		9,384	10,741
	Realty Income Corp		4,966	5,182
	Fidelity Select Natural Resources		40,427	42,568
	Fidelity Cash Reserves		51,532	51,532
	Total common stock		298,848	312,323
	Common Trust Funds:			
	Fidelity Managed Income Portfolio		\$ 9,426,681	\$ 9,426,681
	Mutual Funds:			
	Brokeragelink Unit		-	-
	Calamos Growth A		1,244,940	1,211,666
	AIM Basic Value A		-	-
	ABF Small Cap Value		656,196	590,092
	ABF Large Cap Value		410,486	366,081
	Fidelity Fund		-	-
	Fidelity Fund Realty Income Corp		-	-
	Fidelity Magellan Fund		3,184,561	2,156,958
	Fidelity Contrafund		6,847,231	7,322,549
	Fidelity Investment Grade Bond Fund		2,828,472	2,769,048
	Fidelity Growth & Income Fund		-	-
	Fidelity Value		499,208	447,233
	Fidelity Low-Priced Stock Fund		2,599,795	2,572,107
	Fidelity Diversified International		3,952,147	3,638,413
	Fidelity Small Capital Independent		-	-
	Fidelity Freedom Income		401,591	383,482
	Fidelity Freedom 2000		239,396	243,644
	Fidelity Freedom 2005		53,655	51,373
	Fidelity Freedom 2010		1,444,977	1,340,882
	Fidelity Freedom 2015		3,097,376	2,805,517
	Fidelity Freedom 2020		1,791,873	1,706,471
	Fidelity Freedom 2025		824,554	796,634
	Fidelity Freedom 2030		2,021,856	1,840,545
	Fidelity Freedom 2035		599,664	572,771
	Fidelity Freedom 2040		1,337,876	1,226,998
	Fidelity Freedom 2045		300,690	315,609
	Fidelity Freedom 2050		82,515	87,000
	Hartford Small Co.		522,096	535,552
	NB Partner's Trust		820,805	762,331
	Pimco Total Return Inst		2,216,047	2,270,135
	Spartan 500 Index		551,276	548,750
	Spartan Extended Market Index		262,298	258,850
	Spartan US Equity Index		48,913	52,885
	TRP Div Growth		1,694,251	1,718,413
	Total mutual funds		40,534,745	38,591,989
	Participant loans 4.25% to 9.25%		-	679,860
	Total assets held for investment		50,265,683	49,016,262

See auditor's report