Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 04/01/2010 and ending 03/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
GENSLER EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1987

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

2 HARRISON STREET, SUITE 400
SAN FRANCISCO, CA 94105

2b Employer Identification Number (EIN) 94-1663305

2c Sponsor's telephone number 415-433-3700

2d Business code (see instructions) 541310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/17/2012	KAREN DRAPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/17/2012	KAREN DRAPER
	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")

GENSLER

2 HARRISON STREET, SUITE 400
SAN FRANCISCO, CA 94105

3b Administrator's EIN
94-1663305

3c Administrator's telephone number
415-433-3700

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**	1906
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**	2047
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	167
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2214
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	2214
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1779
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	94
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:

2I 2O 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 04/01/2010 and ending 03/31/2011

A Name of plan
GENSLER EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GENSLER

D Employer Identification Number (EIN)
94-1663305

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NEW YORK LIFE INVESTMENT MANAGEMENT

52-2206685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 62 64	RETAINED BY CLIENT	1900	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 04/01/2010 and ending 03/31/2011

A Name of plan
GENSLER EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GENSLER

D Employer Identification Number (EIN)
94-1663305

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)	10331947	14039050
(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)	412615	2514715
(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)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	103246105	125962306
	(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	113990667	142516071
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	113990667	142516071

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)	16840000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		16840000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2381	
	(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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2381
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	17819910	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		17819910
(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)		
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		34662291
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3432288	
(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)		3432288
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)	2850	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2850
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3435138
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		31227153
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		2701749

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: BURR PILGER MAYER, INC (2) EIN: 26-3839190

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
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)
GENSLER 401(K) SAVINGS PLAN	94-1663305	003
GENSLER PROFIT SHARING PLAN	94-1663305	001

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 04/01/2010 and ending 03/31/2011

A Name of plan
GENSLER EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GENSLER

D Employer Identification Number (EIN)
94-1663305

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): 13-3808042

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):

BPM
BURR PILGER MAYER

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Phone 415.421.5757 **Fax** 415.288.6288 **Email** bpm@bpmcpa.com **Web** bpmcpa.com

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Gensler Employee Stock Ownership Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Gensler Employee Stock Ownership Plan (the Plan) as of March 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended March 31, 2011, and the supplemental schedules of (1) Schedule H, line 4i–Schedule of Assets (Held at End of Year), and (2) Schedule H, line 4j–Schedule of Reportable Transactions as of or for the year ended March 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 5, which was certified by New York Life Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedules. We have been informed by the Plan administrator that New York Life Trust Company holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the trustee as of March 31, 2011 and 2010, and for the year ended March 31, 2011, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, 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.

Burr Pilger Mayer, Inc.

San Francisco, California
January 12, 2012

GENSLER
EMPLOYEE STOCK OWNERSHIP PLAN

REPORT ON AUDIT OF FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

for the year ended March 31, 2011

GENSLER
EMPLOYEE STOCK OWNERSHIP PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Gensler Employee Stock Ownership Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Gensler Employee Stock Ownership Plan (the Plan) as of March 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended March 31, 2011, and the supplemental schedules of (1) Schedule H, line 4i–Schedule of Assets (Held at End of Year), and (2) Schedule H, line 4j–Schedule of Reportable Transactions as of or for the year ended March 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

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Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, 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.

Burr Pilger Mayer, Inc.

San Francisco, California
January 12, 2012

GENSLER
EMPLOYEE STOCK OWNERSHIP PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
March 31, 2011 and 2010

	2011	2010
ASSETS		
Investments, at fair value:		
Cash and cash equivalents–money market fund	$ 2,514,715	$ 412,615
Investment in sponsor company common stock	125,962,306	103,246,105
Total investments	128,477,021	103,658,720
Employer contribution receivable	14,039,050	10,331,947
Net assets available for benefits	$ 142,516,071	$ 113,990,667

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

GENSLER
EMPLOYEE STOCK OWNERSHIP PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
for the year ended March 31, 2011

Additions to net assets attributed to:	
Interest	$ 2,381
Net appreciation in fair value of investments	17,819,910
Employer contributions	16,840,000
Total additions to net assets	34,662,291
Deductions from net assets attributed to:	
Benefits paid directly to participants	3,432,288
Administrative fees	2,850
Total deductions from net assets	3,435,138
Net increase in net assets	31,227,153
Net assets available for benefits:	
Beginning of year	113,990,667
Transfers to other Gensler Plans	(2,701,749)
End of year	$ 142,516,071

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

1. Description of Plan

The following description of Gensler Employee Stock Ownership Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is an employee stock ownership plan established under Section 4975(e)(7) of the Internal Revenue Code (the Code). M. Arthur Gensler, Jr. & Associates, Inc. (the Company or Employer) originally established the Plan in 1987 to enable participating employees (Participants) to share in the growth and prosperity of the Company and to provide Participants with an opportunity to accumulate capital for their future economic security. The Plan was restated, effective April 1, 1994. All employees are eligible for participation in the Plan on the first day following his/her completion of 90 days of consecutive service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and certain provisions of the Internal Revenue Code (IRC). The Plan administrator is New York Life Retirement Plan Services and the sponsor is the Company.

Plan Administration

An Administrative Committee (the Committee), consisting of one or more individuals appointed by the Board of Directors of the Company, administers the Plan. In addition, a third party administrator assists with record-keeping and administration of the Plan. All Plan assets are held in a trust by New York Life Trust Company.

Contributions

The Company may make discretionary contributions to the Plan. The Board of Directors of the Company determines the Company's annual contribution, which may be paid in cash and/or in shares of Company common stock. Contributions are limited under Section 415(c) of the Internal Revenue Code. Contributions to this plan, the Gensler 401(k) Plan, and the Gensler Profit Sharing Plan are combined for purposes of the limitation test. In the event there are excess contributions, the 401(k) deferrals will be returned as a taxable distribution to the Participants through the Gensler 401(k) Plan to the extent needed to pass the limitation test. For the year ended March 31, 2011, the Company declared a cash contribution of $16,840,000 to the Plan. At March 31, 2011, $14,039,050 in cash was not yet received by the Plan; therefore, this amount was included in employer contribution receivable at year end. The cash contribution will be used to purchase shares of Gensler common stock and payment of benefits. During the Plan year ended March 31, 2011, the Plan purchased 7,910 shares.

The annual additions are the total of the employer contributions, forfeitures (including any income attributable to forfeitures) allocated to the accounts of a participant for the Plan year, plus the employer contributions and forfeitures allocated to the participant under the ESOP for the Plan year. The annual additions may not exceed 100% of their statutory compensation for the year, or $49,000 as may be increased pursuant to section 415(c)(1)(A) of the Code. Effective April 1, 2007, the Plan year is defined as the 12-month period ending on each anniversary date and coinciding with each fiscal year of the Company.

Continued

1. Description of Plan, continued

Contributions, continued

As of April 1, 2007, employer contributions for each Plan year shall be paid to the Trustee not later than the due date (including extensions) for filing the Company's Federal income tax return for that Plan year. Employer contributions may be paid in cash and/or in other forms of property and/or in shares of Company stock, as determined by the Board of Directors. The amount of any Employer contributions that are paid in a form of property other than cash shall be based upon its fair market value (as determined by the Board of Directors) on the date of its contribution to the Trust. If a contribution is made in the form of shares of Company stock, then its value shall be based upon fair market value as of the date such shares are issued to the Trust.

Participant Accounts

Each Participant's account is credited with the allocation of:

(1) The Company's contribution,
(2) Plan earnings and unrealized appreciation on sponsor company common stock, and
(3) Forfeitures of terminated Participants' nonvested accounts.

Company discretionary contributions and forfeitures are allocated based on each Participant's eligible compensation. Participants must be employed on the last day of the Plan year to receive the Company's contribution. Plan earnings are allocated based upon each Participant's account balance reduced by the amount of any distribution in the ratio that the balance of an account on the preceding Anniversary Date bears to the sum of such account balances for all Participants as of that date. The benefit to which a Participant is entitled is the benefit that can be provided from the Participant's vested account.

Vesting

In the event of termination of a Participant's service on or after attaining the normal retirement age or by reason of death or disability, the full value of the Participant's account shall become vested and nonforfeitable.

In the event of termination of a Participant's service prior to attaining normal retirement age, or for any reason other than death or disability, the percentage of the value of the account shall become vested and nonforfeitable as follows for each year in which the Participant is credited with at least 1,000 hours of service.

Continued

1. Description of Plan, continued

Vesting, continued

The interest of each Participant who is credited with an Hour of Service in their accounts shall become vested and nonforfeitable in accordance with the following schedule:

Credited Service Under Section 10	Vesting Percentage
Less than one year	0%
1	10%
2	25%
3	50%
4	75%
5 or more	100%

During the plan years ended March 31, 2011 and 2010, the Company's turnover rate exceeded 20%. As a result, participating employees with an employer-initiated severance from employment during the applicable period became fully vested in their account balances.

Payment of Benefits

When Participants leave the Company, upon retirement or for any other reason, those Participants (or their beneficiaries) may receive the full value of their vested account balance in cash determined as of the Valuation Date immediately preceding the date of distribution. If a Participant's service is terminated during the period April 1st to October 31st of the Plan year, distribution of his/her capital accumulation will be made using the prior March 31st stock value. If a Participant's service is terminated during the period November 1st through March 31st of the Plan year, distribution of his/her capital accumulation will occur following the receipt of the next March 31st stock value.

Participants may elect to receive the value of their accumulated Plan benefits in accordance with the provisions of the Plan in a lump-sum distribution or in an alternative manner mutually agreed upon by the Participant and the Plan administrator. As soon as administratively practicable following the date the Participant retires, dies or otherwise terminates from employment, if the Participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the Participant in a direct rollover or to receive the distribution directly, then his vested account will be transferred in cash to the Gensler Profit Sharing Plan. In the event that a Participant dies before retirement, the beneficiary will receive the value of the Participant's accumulated plan benefits in a lump-sum distribution, or in substantially equal, annual installments. If the value of a Participant's capital accumulation exceeds $5,000, no portion may be distributed to the Participant before he or she attains age 65 without the Participant's written consent.

In order to receive Plan distributions, Participants are required to file the appropriate forms with their Plan administrator.

Continued

1. Description of Plan, continued

Payment of Benefits, continued

Effective January 1, 2007, if a distribution of a Participant's Capital Accumulation is neither one of a series of annual installments over a period of ten years or more, a hardship withdrawal nor the minimum amount required to be distributed, the Committee shall notify the Participant of his right to elect to have the "eligible rollover distribution" paid directly to an "eligible retirement plan".

If determined by the Board of Directors, any cash dividends payable on Company stock allocated to the Company stock accounts of Participants may be paid currently (or within 90 days after the end of the Plan year in which the dividends are paid to the Trust) in cash by the Trustee to such Participants (or their Beneficiaries) on a nondiscriminatory basis, or the Company may pay such dividends directly to the Participants (or Beneficiaries). Such distribution of cash dividends may be limited to Participants who are still Employees, may be limited to dividends on shares of Company Stock which are then vested or may be applicable to cash dividends on all shares allocated to Participant's company stock accounts.

In-Service Withdrawals

If a Participant has completed at least ten years of vesting service, he/she may be eligible to withdraw a portion of his/her account each Plan year in accordance with the following schedule:

Attainment of Age	Percentage of Account Available for Withdrawal
62	25%
63	50%
64	75%
65	100%

A Participant who makes this election must withdraw a minimum of at least 5% of his/her account, and the amount of the withdrawal must be in whole percentages. The amounts eligible for withdrawal are determined as of March 31st immediately preceding the date of withdrawal. Only one withdrawal may be made during a Plan year. The distribution of such withdrawals will be made as soon as practicable and in accordance with the administrative procedures established by the Committee.

Voting Rights

All Company stock which is held by the Trust is voted by the Trustee. Participants and/or their beneficiaries are entitled to direct the voting of any voting shares of Company stock allocated to their Company stock accounts with respect to any vote required for approval or disapproval of any corporate merger or consolidation, recapitalization, reclassification, liquidation, dissolution, or sale of substantially all the assets of a trade or business. In accordance with instructions from the Company committee, the Trustee shall vote any unallocated shares held by the Trust as well as any allocated shares for which a participant has failed to give timely voting direction.

Continued

1. Description of Plan, continued

Put Option

Under Federal income tax regulations, the employer stock that is held by the Plan and its Participants and is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to Participants for which there is no market. The put price is representative of the fair market value of the stock the Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the Participant has the ability to ultimately obtain cash.

Forfeitures

If Participants terminate employment for any reason other than retirement, death, or disability, they will be entitled to a distribution of the vested value of their account, and will forfeit the value of their nonvested employer account upon distribution or the last day of the Plan year in which termination of employment from the Employer occurs, if they do not receive a distribution sooner. Forfeited amounts will be allocated among the remaining eligible Participants' accounts. If a Participant is re-employed prior to the occurrence of a five-consecutive-year break in service, the portion of his account that was forfeited shall be restored as if there had been no forfeiture. Such restoration shall be made out of forfeitures occurring in the Plan year of re-employment.

Distribution of a Participant's capital accumulation will be made to the Participant if he or she is living, and if not, to the Participant's beneficiary.

Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in company common stock into investments which are more diversified. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25 percent of the number of post-1986 shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50 percent. Participants who elect to diversify will have funds transferred to another of the employer's eligible Plans, or paid out as a distribution/rollover.

2. Summary of Significant Accounting Policies

Method of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Continued

2. Summary of Significant Accounting Policies, continued

Use of Estimates

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

Investment Valuation and Income Recognition

Investments consist of common stock of the Company stated at estimated fair value and money market funds stated at fair value. The estimated fair value of the Company's common stock is determined by an annual appraisal performed by an independent corporate financial valuation firm. There is no established market for the Company's common stock. The appraisal is completed after New York Life Trust Company, the trustee, certifies the data for the Plan year. Therefore, the increase/decrease in market value is recorded by the trustee after year end. Net unrealized appreciation/depreciation for the year is included in the Statement of Changes in Net Assets Available for Benefits.

Administrative Expenses

Certain administration functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. The Company paid the majority of all necessary and proper expenses incurred in the administration of the Plan. Such expenses primarily comprise of auditing fees and expenses relating to the maintenance of the Plan's records.

Recognition of Benefit Payments

Benefits are recorded when paid.

Recent Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-06, *Improving Disclosures about Fair Value Measurements* (ASU 2010-06), which requires additional disclosure related to the three-level fair value hierarchy. Entities are required to disclose significant transfers in and out of Levels 1 and 2 of the fair value hierarchy. The Plan adopted the amendments in ASU 2010-06 effective April 1, 2010. The Plan had no significant transfers between Level 1 or 2 for the period ended March 31, 2011.

Continued

3. Fair Value Measurements

Accounting Standards for fair value measurements 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 these accounting standards 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 is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2011 and 2010.

Common stock: Valued at the price determined by an annual appraisal performed by an independent corporate financial valuation firm.

Cash and cash equivalents: Valued at fair value.

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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Continued

3. Fair Value Measurements, continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2011 and 2010:

	Assets at Fair Value as of March 31, 2011			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents–money market	$ 2,514,715	$ -	$ -	$ 2,514,715
Common stock	-	125,962,306	-	125,962,306
Total investments	$ 2,514,715	$ 125,962,306	$ -	$ 128,477,021

	Assets at Fair Value as of March 31, 2010			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents–money market	$ 412,615	$ -	$ -	$ 412,615
Common stock	-	103,246,105	-	103,246,105
Total investments	$ 412,615	$ 103,246,105	$ -	$ 103,658,720

4. Investments

Investment in the sponsor company of $125,962,306, or $721 per share, represents the only investment that is greater than 5% of the Plan's net assets available for benefits at March 31, 2011. Investment in the sponsor company of $103,246,105, or $619 per share, represents the only investment that is greater than 5% of the Plan's net assets available for benefits at March 31, 2010. The Plan owned approximately 42.6% and 41% of the sponsor company's outstanding common stock as of March 31, 2011 and 2010, respectively.

Continued

5. Information Prepared and Certified by Trustee (unaudited)

The following information included in the accompanying financial statements and supplemental schedules at March 31, 2011 and 2010, and for the year ended March 31, 2011 was obtained from data that has been prepared and certified as complete and accurate by the Trustee.

	2011		2010	
Investments, at fair value:				
Investment in sponsor company common stock	$108,142,396	*	$101,385,102	**
Vanguard money market fund	2,514,715		412,615	
	$110,657,111		$101,797,717	
Net appreciation in fair value of investments	$ -	***	N/A	
Interest	$ 2,381		N/A	

* Excludes increase in market value of sponsor company common stock for fiscal year. This number reflects prior year value multiplied by number of shares held as of March 31, 2011. Adjustment for change in market value is made by the Trustee subsequent to year end, based upon an annual appraisal by independent third party financial consultants.

** Excludes increase in market value of sponsor company common stock for fiscal year and 317 in shares contributed during the year but recorded by the Trustee after year end. This number reflects prior year value multiplied by number of shares held as of March 31, 2010, less 317 shares. Adjustment for change in market value is made by the Trustee subsequent to year end, based upon an annual appraisal by independent third party financial consultants. Adjustment for the 317 shares contributed during the Plan year but not recorded was made subsequent to year end.

*** Excludes increase in market value of sponsor company common stock for fiscal year. Adjustment is made by the Trustee subsequent to year end, based upon an annual appraisal by independent third party financial consultants.

Continued

5. Information Prepared and Certified by Trustee (unaudited), continued

Below is a reconciliation of the amount per Trustee and the balance shown in the Statement of Net Assets Available for Benefits:

Market value at March 31, 2010	$ 619		
Market value at March 31, 2011	721 ****		
Increase in per share value	$ 102		
Number of shares outstanding at March 31, 2010	166,795	$	17,013,090
Number of shares purchased and contributed during the year ended March 31, 2011	7,910		5,703,111
Total increase			22,716,201
Value at March 31, 2010			103,246,105
Value at March 31, 2011		$	125,962,306

**** Market value at March 31, 2011 is based upon annual appraisal by independent third party financial consultants and is not certified by Trustee.

6. Transfer to other Gensler Plans

For the year ended March 31, 2011, $2,577,163 has been transferred to the Gensler Profit Sharing Plan in accordance with the Plan provisions. The amount represents the vested account balances of Participants who terminated during the Plan year and elected not to have their balances disbursed. For the year ended March 31, 2011, $124,586 has been transferred to the Gensler 401(k) Savings Plan in accordance with the Plan provisions. The amount represents the portion of the funds from participants that have elected to diversify their accounts.

7. Forfeitures and Withdrawals

During the year ended March 31, 2011, 109 Participants received distributions, and/or forfeited nonvested money, and/or terminated their participation in the Plan. Forfeitures of $304,173 have been allocated to active accounts for the year ended March 31, 2011. Forfeitures in the amount of $53,477 have been restored to 10 re-employed Participants.

Continued

8. Party-in-Interest

A Plan investment in a money market fund may be managed by New York Life Trust Company, the trustee of the Plan, and the investments in common stock are held in common stock of the sponsor of the Plan. Any purchases and sales of these shares are made at fair market value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

9. Tax Status

The Plan obtained its latest determination letter in November 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

The Plan has been restated since receiving the determination letter. The Plan has applied for but not received a new determination letter as of March 31, 2011. However, the Plan administrator and Plan legal counsel believe that the Plan is currently designed and is currently being operated in compliance with the applicable requirements of the IRC and ERISA, and that the trust, which forms a part of the Plan, is exempt from income tax. Accordingly, no provision has been made for federal or state income taxes.

10. Plan Termination

The Company has established the Plan with the intention and expectation that the Plan will continue indefinitely. However, the Company reserves the right at any time to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, Participants who are employees on the effective date of the termination will become fully vested in their accounts and distributions will be made as described in the Plan document. The capital accumulation of Participants whose service with the Company terminated prior to the effective date of Plan termination will continue to be determined pursuant to the vesting schedule, and, to the extent that such Participants are not vested, the nonvested balances in their accounts will become forfeitures to be reallocated as of the effective date of Plan termination.

11. Risks and Uncertainties

The Plan provides for two investment options in any combination of money market funds and common stock offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect Participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Continued

12. Partial Plan Termination

Under Section 411(d)(3) of the Code, if the turnover rate is at least 20%, there is a presumption that a partial plan termination has occurred. During the years ended March 31, 2011 and 2010, the Company's turnover rate exceeded 20%. As a result, participating employees with an employer-initiated severance from employment during the applicable period became fully vested in their account balances. The partial plan termination affects employees who were terminated during the Plan years ended March 31, 2011 and 2010.

13. Subsequent Events

In accordance with accounting standards affecting disclosures of subsequent events, the Plan evaluated subsequent events for recognition and disclosure through January 12, 2012, the date which these financial statements were available to be issued. On September 9, 2011, the Plan purchased 3,294 shares of Gensler stock from Board Members at $721 per share, total cost $2,374,974. Management concluded that no other material subsequent events have occurred since March 31, 2011 that required recognition or disclosure in such financial statements.

SUPPLEMENTAL SCHEDULES

GENSLER
EMPLOYEE STOCK OWNERSHIP PLAN
Plan No. 002
EIN: 94-1663305
Schedule H, line 4i
SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)
March 31, 2011

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Investment Description, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	M. Arthur Gensler, Jr. & Associates, Inc. Common stock	174,705 common shares	$ 50,247,718	$ 125,962,306
	Vanguard Prime Money Market fund	2,514,715 common shares	2,514,715	2,514,715
			$ 52,762,433	$ 128,477,021

* Party-in-interest

GENSLER
EMPLOYEE STOCK OWNERSHIP PLAN
Plan No. 002
EIN: 94-1663305
Schedule H, Item 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
for the year ended March 31, 2011

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Vanguard	Vanguard Prime Money Market	$ 20,735,233	$ -	N/A	$ -	$ 20,735,233	$ 20,735,233	$ -
Vanguard	Vanguard Prime Money Market	$ -	$ 8,303,566	N/A	$ -	$ 8,303,568	$ 8,303,566	$ (2)

GENSLER
EMPLOYEE STOCK OWNERSHIP PLAN
Plan No. 002
EIN: 94-1663305
Schedule H, line 4i
SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)
March 31, 2011

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Investment Description, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	M. Arthur Gensler, Jr. & Associates, Inc. Common stock	174,705 common shares	$ 50,247,718	$ 125,962,306
	Vanguard Prime Money Market fund	2,514,715 common shares	2,514,715	2,514,715
			$ 52,762,433	$ 128,477,021

* Party-in-interest

GENSLER
EMPLOYEE STOCK OWNERSHIP PLAN
Plan No. 002
EIN: 94-1663305
Schedule H, Item 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
for the year ended March 31, 2011

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Vanguard	Vanguard Prime Money Market	$ 20,735,233	$ -	N/A	$ -	$ 20,735,233	$ 20,735,233	$ -
Vanguard	Vanguard Prime Money Market	$ -	$ 8,303,566	N/A	$ -	$ 8,303,568	$ 8,303,566	$ (2)