Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012

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 PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1968

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

M. ARTHUR GENSLER JR. & ASSOCIATES, INC.

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.	01/15/2013	KAREN DRAPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/15/2013	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")
M. ARTHUR GENSLER JR. & ASSOCIATES, INC.

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**	2554
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**	2497
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	487
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2984
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	4
f	Total. Add lines **6d** and **6e**	**6f**	2988
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2366
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	193
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 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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012

A Name of plan
GENSLER PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
M. ARTHUR GENSLER JR. & ASSOCIATES, INC.

D Employer Identification Number (EIN)
94-1663305

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
13-5582869	66915	P01798	0	04/01/2011	03/31/2012

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add **b** and **c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

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

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012

A Name of plan
GENSLER PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
M. ARTHUR GENSLER JR. & ASSOCIATES, INC.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 19 37 62 64	RETAINED BY CLIENT	38003	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ADVISORY RESEARCH GROUP

36-2831881

(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?
28	RETAINED BY CLIENT	57225	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012

A Name of plan
GENSLER PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
M. ARTHUR GENSLER JR. & ASSOCIATES, INC.

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)	4210000	9850500
(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)	1317579	4864509
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	3219850	2012285
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5403084	5826951
(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)	442721	552323
(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)	103602667	107152443
(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)		0
(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	118195901	130259011
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	118195901	130259011

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)	9850500	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	20992	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9871492
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2564	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	113775	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	21651	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		137990
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	66013	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2136502	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2202515
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2346899	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2223986	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		122913

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	270824	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		270824
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(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)		462089
c	Other income	2c		484821
d	Total income. Add all **income** amounts in column (b) and enter total	2d		13552644
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7888881	
	(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)		7888881
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	19936	
	(3) Investment advisory and management fees	2i(3)	57225	
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		77161
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7966042
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		5586602
l	Transfers of assets:			
	(1) To this plan	2l(1)		6476508
	(2) From this plan	2l(2)		0

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: 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)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012

A Name of plan
GENSLER PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
M. ARTHUR GENSLER JR. & ASSOCIATES, INC.

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**

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 (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BPM
BURR PILGER MAYER

600 California Street, Suite 1300, San Francisco, CA 94108
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 Profit Sharing Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Gensler Profit Sharing Plan (the Plan) as of March 31, 2012 and , and the related statement of changes in net assets available for benefits for the year ended March 31, 2012, 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, 2012. 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 certifications from the trustee as of March 31, 2012 and , and for the year ended March 31, 2012, 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 these accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee or custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Burr Pilger Mayer, Inc.

San Francisco, California
January 14, 2013

GENSLER
PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

for the year ended March 31, 2012

GENSLER
PROFIT SHARING PLAN

CONTENTS

	Page
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4-15
Supplemental Schedules:	
Schedule H: line 4i–Schedule of Assets (Held at End of Year)	16
Schedule H: line 4j–Schedule of Reportable Transactions	17

BPM
BURR PILGER MAYER

600 California Street, Suite 1300, San Francisco, CA 94108
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 Profit Sharing Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Gensler Profit Sharing Plan (the Plan) as of March 31, 2012 and , and the related statement of changes in net assets available for benefits for the year ended March 31, 2012, 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, 2012. 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 certifications from the trustee as of March 31, 2012 and , and for the year ended March 31, 2012, 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 these accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee or custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Burr Pilger Mayer, Inc.

San Francisco, California
January 14, 2013

GENSLER
PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
March 31, 2012 and 2011

	2012	2011
ASSETS		
Investments, at fair value:		
Money market fund	$ 4,864,509	$ 1,317,579
Mutual funds	107,152,443	103,602,667
Common stock	5,826,951	5,403,084
Corporate bonds	2,012,285	3,219,850
Total investments	119,856,188	113,543,180
Notes receivable from participants	552,323	442,721
Employer contribution receivable	9,850,500	4,210,000
Net assets available for benefits	$ 130,259,011	$ 118,195,901

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

GENSLER
PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
for the year ended March 31, 2012

Additions to net assets attributed to:	
Investment gain:	
Net appreciation in fair value of investments	$ 1,340,647
Interest and dividend income	2,318,854
Total investment gain	3,659,501
Interest on notes receivable from participants	21,651
Contributions and rollovers:	
Employer contributions	9,850,500
Employee rollovers	20,992
Total contributions	9,871,492
Total additions to net assets	13,552,644
Deductions from net assets attributed to:	
Benefits paid directly to plan participants	7,888,881
Administrative expenses	77,161
Total deductions from net assets	7,966,042
Net increase in net assets	5,586,602
Net assets available for benefits:	
Beginning of year	118,195,901
Transfer from Gensler Employee Stock Ownership Plan	6,476,508
End of year	$ 130,259,011

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

1. Description of Plan

The following description of the Gensler Profit Sharing Plan (the Plan) provides only 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 established under Section 401(a) of the Internal Revenue Code. M. Arthur Gensler, Jr. & Associates, Inc. (the Company or Employer) originally established the Plan in 1968 to provide retirement, death, and disability benefits for eligible employees (Participants). The Plan was restated effective March 15, 2010. All employees of the Company shall become a Participant in the Plan on the first day of the month 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 2011, our financial advisor at Nollenberger moved to Financial Telesis, Inc. The Committee elected to move to Financial Telesis along with our advisor. The advisor also assists with the selection of, and the monitoring of, funds and fund managers and investment fees. In addition, the Company uses a third-party administrator to assist with recordkeeping and administration of the Plan. All Plan assets are held in a trust by New York Life Trust Company at March 31, 2012 and .

Contributions

The Company may make discretionary contributions to the Plan. The Board of Directors of the Company determines the Company's annual contribution. Contributions are limited under Section 415(c) of the Internal Revenue Code. Contributions to this plan, the Gensler 401(k) Plan, and the Gensler Employee Stock Ownership Plan are combined for purposes of the limitation test. In the event there are excess contributions, the 401(k) deferrals will be returned to the Participants through the Gensler 401(k) Plan as a taxable distribution to the extent needed to pass the limitation test. For the year ended March 31, 2012, the Company made a profit-sharing contribution of $9,850,500.

The participant's annual additions are the total of the employer contributions, and forfeitures (including any income attributable to forfeitures) allocated to the accounts of a participant 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.

Continued

1. Description of Plan, continued

Contributions, continued

Subject to such terms and conditions as may be established from time to time by the Committee, any employee may make a rollover contribution to the Trust from an appropriate individual retirement account or portion thereof or from another plan which meets the requirements of Section 401(a) of the Code. For the year ended March 31, 2012, there was $20,992 in employee rollovers.

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.

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, 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.

Participant Accounts

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

(1) the Company's contribution,
(2) Plan earnings,
(3) rollovers, and
(4) forfeitures of terminated Participants' nonvested accounts.

Company discretionary profit-sharing 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 distributions or outstanding notes receivable from participants, in the ratio that the balance of an account on the preceding Valuation 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 his Profit Sharing Account 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%

Notes Receivable from Participants

Participants may borrow from their account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the value of their vested account balance. Only one note receivable per Participant may be outstanding at any time. Note receivable terms are established for five years and shall be granted only in the case of a financial hardship due to purchase, refinance, or major renovations of the Participant's principal residence; tuition and related educational fees for the Participant, Participant's spouse, or any of the Participant's dependents; expenses for medical care that would be deductible under Section 213(d) of the Code, funeral or burial expenses for the Participant's deceased parent, spouse, children or dependents; or repair damage to the Participant's principal residence that would qualify for a casualty loss deduction under Section 165 of the Code. Note receivables for the purchase of the participant's primary residence may exceed the five years to a maximum of ten years. The notes receivable are secured by the balances in the Participant's account and bear interest at a rate commensurate with local prevailing rates at the time the note originates. Interest rates on notes receivable from participants outstanding at March 31, 2012 ranged from 4.25% to 10.25% per annum. If a Participant terminates employment while any note receivable balance is outstanding, the unpaid balance, and any interest due thereon, shall become due and payable in accordance with the terms of the underlying promissory note. If such amount is not paid to the Plan, it shall be charged against the amounts that are otherwise payable to the Participant or the Participant's Beneficiary under the provisions of the Plan. The repayment of any note receivable must be made in at least quarterly installments of principal and interest.

Payment of Benefits

When Participants leave the Employer, upon retirement or for any other reason, those Participants (or their beneficiaries) may receive the full value of their vested account balance determined as of the Valuation Date immediately preceding the date of distribution.

Continued

1. Description of Plan, continued

Payment of Benefits, continued

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. However, in the event of a mandatory distribution to a Participant whose vested account is greater than $1,000, if the Participant does not elect to have such an automatic distribution paid directly to an eligible retirement plan specified by the Participant or to receive the distribution directly, then the Plan administrator shall pay the distribution in a direct rollover to an individual retirement plan designated by the Plan administrator. In the event that a Participant dies before retirement, the beneficiary will receive the value of the Participant's account balance in a lump-sum distribution. 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.

The Plan was amended, and effective January 1, 2007, an employee who has completed 5 years of Vesting Service shall be eligible to make a withdrawal of a portion of his Profit Sharing Account once during 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 an election must withdraw a minimum of at least 5% of their profit sharing account, and the amount of the withdrawal must be in whole percentages or a stated dollar amount. The withdrawal disbursement shall occur as soon as practicable following completion and processing of all administration related to the March 31 valuation date.

A Participant who is an employee may request a hardship distribution not to exceed the lesser of the vested value of the Participant's Account or the amount necessary to satisfy the financial hardship. Hardship distributions shall be deemed to be the result of an immediate and heavy financial need if such distribution is to: pay expenses for (or to obtain) medical care that would be deductible under Section 213(d) of the Code; purchase the principal residence of the Participant (excluding mortgage payments); pay tuition and related educational fees for the next twelve months of post-secondary education for the Participant, Participant's spouse, or any of the Participant's dependents; prevent the eviction of the Participant from his principal residence or foreclosure on the Participant's principal residence; pay funeral or burial expenses for the Participant's deceased parent, spouse, children or dependents; repair damage to the Participant's principal residence that would qualify for a casualty loss deduction under Section 165 of the Code; or pay expenses associated with the permanent incapacity of the Participant by reason of physical or mental illness that results in his inability to perform his usual duties for the Employer.

Continued

1. Description of Plan, continued

Payment of Benefits, continued

In order to receive distributions, Participants (or their beneficiaries) may be required to file the appropriate forms and furnish such proof as may be deemed necessary or appropriate by the Employer, Administrator, and/or Trustee.

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 as of 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 reemployed 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.

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.

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

All investments are recorded at fair value based upon active market values determined by investment advisors as required under ERISA regulations. Investments in securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the valuation period. In accordance with the policy of stating investments at fair value, net realized and unrealized appreciation (depreciation) for the year is reflected in the Statement of Changes in Net Assets Available for Benefits.

Purchases and sales of securities are reflected on a trade date basis. Interest is recorded as earned on an accrual basis. Dividends are recorded on the ex-dividend date.

Continued

2. Summary of Significant Accounting Policies, continued

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document.

Administrative Expenses

Reasonable and ordinary legal, Plan audit, and administrative expenses are paid by the Company and will not be reimbursed by the Plan. At its discretion, the Company may pay all or any portion of such expenses directly and payment of expenses by the Company shall not be deemed to be employer contributions. Administrative expenses of $77,161 were paid by the Plan for the year ended March 31, 2012.

Recognition of Benefit Payments

Benefits are recorded when paid.

Recent Accounting Pronouncements

In May 2011, the Financial Accounting Standards Board issued Accounting Standard Update No. 2011-04, which amends ASC Topic 820, *Fair Value Measurements and Disclosures*, to result in common fair value measurements and disclosures between accounting principles generally accepted in the United States of America and International Financial Reporting Standards. The amendments explain how to measure fair value. They do not require additional fair value measurements and are not intended to establish valuation standards or affect valuation practices outside of financial reporting. The amendments change the wording used to describe fair value measurement requirements and disclosures, but often do not result in a change in the application of current guidance. Certain amendments clarify the intent about the application of existing fair value measurement requirements, while certain other amendments change a principle or requirement for fair value measurement or disclosure. This guidance is effective for interim and annual periods beginning after December 15, 2011. The Plan does not anticipate that the adoption of this guidance will have an impact on the Plan's financial statements.

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 process 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.

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, 2012 and .

Money market fund: Valued at fair value

Common stock, corporate bonds and mutual funds: Valued at the closing price reported on the active market on which the individual securities are traded.

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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2012 and :

	Assets at Fair Value as of March 31, 2012			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents - money market	$ 4,864,509	$ -	$ -	$ 4,864,509
Common stock and mutual funds:				
Large blend funds	24,133,889	-	-	24,133,889
Intermediate-term bond funds	21,133,948	-	-	21,133,948
Large value funds	6,800,211	-	-	6,800,211
Common stock	5,826,951	-	-	5,826,951
Mid-cap blend funds	5,783,408	-	-	5,783,408
Short term bonds	5,725,550	-	-	5,725,550
World bond funds	4,702,681	-	-	4,702,681
Mid-cap growth funds	4,700,339	-	-	4,700,339
Foreign large value funds	4,406,502	-	-	4,406,502
Diversified emerging mkt funds	3,628,034	-	-	3,628,034
Small growth funds	3,583,857	-	-	3,583,857
Inflation-protected bond funds	3,215,870	-	-	3,215,870
Small blend funds	2,893,891	-	-	2,893,891
Small value funds	2,730,550	-	-	2,730,550
Global Real Estate Funds	2,615,044	-	-	2,615,044
Foreign large blend funds	6,363,150	-	-	6,363,150
Other funds	4,735,519	-	-	4,735,519
Total common stock and mutual funds	112,979,394	-	-	112,979,394
Corporate bonds	2,012,285	-	-	2,012,285
Total investments	$ 119,856,188	$ -	$ -	$ 119,856,188

Continued

3. Fair Value Measurements, continued

	Assets at Fair Value as of March 31, 2011			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents - money market	$ 1,317,579	$ -	$ -	$ 1,317,579
Common stock and mutual funds:				
Large blend funds	22,053,136	-	-	22,053,136
Intermediate-term bond funds	13,398,134	-	-	13,398,134
Short term bonds	9,721,466	-	-	9,721,466
Foreign large blend funds	6,753,394	-	-	6,753,394
Mid-cap blend funds	5,689,656	-	-	5,689,656
Large value funds	5,470,120	-	-	5,470,120
Common stock	5,403,083	-	-	5,403,083
Diversified emerging mkt funds	5,370,776	-	-	5,370,776
Foreign small	4,783,494	-	-	4,783,494
Foreign large value funds	4,769,352	-	-	4,769,352
World bond funds	4,447,051	-	-	4,447,051
Mid-cap growth funds	4,263,263	-	-	4,263,263
Small growth funds	3,469,145	-	-	3,469,145
Small blend funds	2,883,913	-	-	2,883,913
Inflation-protected bond funds	2,840,267	-	-	2,840,267
Small value funds	2,710,178	-	-	2,710,178
Global Real Estate Funds	2,645,101	-	-	2,645,101
Ultra short bond	2,334,222	-	-	2,334,222
Total common stock and mutual funds	109,005,751	-	-	109,005,751
Corporate bonds	3,219,850	-	-	3,219,850
Total investments	$ 113,543,180	$ -	$ -	$ 113,543,180

4. Investments

The Plan's investments are held in a trust. The fair values of individual investments that represent 5% or more of the Plan's net assets are included below:

	2012	2011
Vanguard Instit Index (Inst)	$ 24,133,889	$ -
PIMCO Total Return Instl	8,293,610	7,824,996
JP Morgan Core Bond Fund R5	6,960,687	-
Vanguard 500 Index (Signal)	-	22,053,136
Other investments (individually less than 5%)	80,468,002	83,665,048
Total investments	$ 119,856,188	$ 113,543,180

Continued

4. Investments, continued

The Plan maintains its cash and cash equivalents in money market and mutual fund accounts. Cash maintained in the various accounts are not insured by FDIC or guaranteed by the U.S. Government.

The Plan's investments, including investments bought, sold, and held during the year, appreciated in value by $1,340,647 in 2012 as follows:

Investments at fair value determined by quoted market price:	
Common stock and mutual funds	$ 1,248,213
Corporate bonds	92,434
Net appreciation in fair value of investments	$ 1,340,647

5. Information Prepared and Certified by Trustee (unaudited)

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by New York Life Trust Company.

	2012	2011
Investments, at fair value:		
Money market fund	$ 4,864,509	$ 1,317,579
Common stock and mutual funds	$ 112,979,394	$ 109,005,751
Corporate bonds	$ 2,012,285	$ 3,219,850
Notes receivable from participants	$ 552,323	$ 442,721
Net appreciation in fair value of investments	$ 1,340,647	N/A
Interest and dividend income on investments	$ 2,318,854	N/A
Interest on notes receivable from participants	$ 21,651	N/A

6. Transfer from Employee Stock Ownership Plan

For the year ended March 31, 2012, $6,476,508 has been transferred from the Gensler Employee Stock Ownership Plan in accordance with the Plan provisions. The amount represents the vested ESOP account balances of Participants who terminated during the Plan year and elected not to have their balances disbursed.

Continued

7. Forfeitures and Withdrawals

During the year ended March 31, 2012, 269 Participants received distributions and/or forfeited nonvested money, and/or terminated from their participation in the Plan. Forfeitures of $247,346 have been allocated to active accounts for the year ended March 31, 2012. Forfeitures in the amount of $108,797 and $247,346 are in the suspense account at March 31, 2012 and , respectively. Forfeitures in the amount of $29,645 have been restored to 9 re-employed Participants.

8. Party-in-Interest Transactions

Certain Plan investments may be managed by New York Life Trust Company, the trustee of the Plan. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan, and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

9. Tax Status

The Plan obtained its latest determination letter effective September 7, 2010, 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. Accordingly, no provision has been made for federal or state income taxes. Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

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, distributions will be made to Participants as described in the Plan agreement.

11. Risks and Uncertainties

The Plan provides for various investment options in any combination of money market fund, mutual funds, common stock, and corporate bonds 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. In the prior year, 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, and .

13. Subsequent Events

In accordance with accounting standards affecting disclosures of subsequent events, the Plan evaluated subsequent events for recognition and disclosure through January 14, 2013, the date which these financial statements were available to be issued. Effective April 1, 2012, the Plan was amended to allow any participant who terminates employment with the employer to elect to take a partial distribution(s) from their vested account under the Plan as long as they have attainment normal retirement age. Management concluded that no other material subsequent events have occurred since March 31, 2012 that requires recognition or disclosure in such financial statements.

SUPPLEMENTAL SCHEDULES

GENSLER
PROFIT SHARING PLAN
Plan No. 001
EIN 94-1663305
Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
March 31, 2012

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Investment Description, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Common stock and mutual funds:			
	Vanguard Instit Index (Inst)	187,171 shares	$ 19,404,333	$ 24,133,889
	PIMCO Total Return Instl	747,846 shares	8,010,812	8,293,610
	JP Morgan Core Bond Fund R5	588,393 shares	7,019,363	6,960,687
	Vanguard Total Bond Index Inst	537,445 shares	5,927,604	5,879,651
*	Gensler Adv Research BNY/Mel	367,172 shares	3,671,719	5,826,951
	Vanguard Extended Mkt Indx Sig	149,519 shares	3,669,452	5,783,408
	PIMCO Low Duration Fund Instl	550,534 shares	5,693,518	5,725,550
	DFA US Large Cap Value Port	254,107 shares	3,753,591	5,481,092
	DFA Five Year Global Fixed Inc.	424,813 shares	4,701,425	4,702,681
	Artisan Mid Cap Fund	118,129 shares	2,640,175	4,700,339
	Dodge & Cox Intl Stock Fund	133,692 shares	3,714,911	4,406,502
	American EuroPacific Growth R5	108,433 shares	3,698,300	4,274,433
	DFA Emerging Markets (1)	134,322 shares	3,191,906	3,628,034
	Buffalo Small Cap Fund	125,573 shares	2,607,051	3,583,857
	DFA Inflation Protd Securities	260,605 shares	2,738,337	3,215,870
	DFA US Small Cap Portfolio	125,222 shares	1,805,149	2,893,891
	Allianz NFJ Small Cap Val Adm	91,969 shares	1,933,813	2,730,550
	Cohen & Steers Global Realty I	126,882 shares	2,031,626	2,615,044
	Columbia Acorn International Z	62,151 shares	1,838,770	2,453,722
	First Eagle Overseas Fund A	103,109 shares	1,893,729	2,281,797
	Vanguard Developed Markets Ind	220,561 shares	1,881,480	2,088,717
	DFA Emerging Mkts Small Cap I	63,116 shares	1,011,676	1,319,119
	Total common stock and mutual funds		$ 92,838,740	$ 112,979,394
*	Gensler Bond Account BNY/Mellon	153,396 shares	$ 1,533,963	$ 2,012,285
	Vanguard Prime Money Market I	N/A	$ 4,864,509	$ 4,864,509
*	Participant loans	4.25% to 10.25%, various maturities	N/A	$ 552,323

* Party-in-interest

GENSLER
PROFIT SHARING PLAN
Plan No. 001
EIN 94-1663305
Schedule H, Line 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
for the year ended March 31, 2012

(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)
Series of transactions involving securities of the same issue:								
JP Morgan	JP Morgan Core Bond Fund R5							
	1 Purchase	$ 7,000,000	$ -	N/A	$ -	$ 7,000,000	$ 7,000,000	$ -
Vanguard	Vanguard Total Bond Index Inst							
	1 Purchase	$ 5,807,396	$ -	N/A	$ -	$ 5,807,396	$ 5,807,396	$ -
Vanguard	Vanguard Total Bond Mkt (Sig)							
	1 Sale	$ -	$ 5,928,111	N/A	$ -	$ 5,495,160	$ 5,928,111	$ 432,951
Vanguard	Vanguard Instit Index (Inst)							
	1 Purchase	$ 19,172,326	$ -	N/A	$ -	$ 19,172,326	$ 19,172,326	$ -
Vanguard	Vanguard Prime Money Market							
	1 Purchase	$ 11,287,532	$ -	N/A	$ -	$ 11,287,532	$ 11,287,532	$ -
Vanguard	Vanguard Prime Money Market							
	1 Sale	$ -	$ 12,605,509	N/A	$ -	$ 12,605,509	$ 12,605,509	$ -
Vanguard	Vanguard Prime Money Market I							
	2 Purchases	$ 21,982,911	$ -	N/A	$ -	$ 21,982,911	$ 21,982,911	$ -
Vanguard	Vanguard Prime Money Market I							
	2 Sale	$ -	$ 17,663,771	N/A	$ -	$ 17,663,771	$ 17,663,771	$ -
Vanguard	Vanguard 500 Index (Signal)							
	1 Sale	$ -	$ 19,011,254	N/A	$ -	$ 16,631,033	$ 19,011,254	$ 2,380,221

GENSLER
PROFIT SHARING PLAN
Plan No. 001
EIN 94-1663305
Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
March 31, 2012

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Investment Description, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Common stock and mutual funds:			
	Vanguard Instit Index (Inst)	187,171 shares	$ 19,404,333	$ 24,133,889
	PIMCO Total Return Instl	747,846 shares	8,010,812	8,293,610
	JP Morgan Core Bond Fund R5	588,393 shares	7,019,363	6,960,687
	Vanguard Total Bond Index Inst	537,445 shares	5,927,604	5,879,651
*	Gensler Adv Research BNY/Mel	367,172 shares	3,671,719	5,826,951
	Vanguard Extended Mkt Indx Sig	149,519 shares	3,669,452	5,783,408
	PIMCO Low Duration Fund Instl	550,534 shares	5,693,518	5,725,550
	DFA US Large Cap Value Port	254,107 shares	3,753,591	5,481,092
	DFA Five Year Global Fixed Inc.	424,813 shares	4,701,425	4,702,681
	Artisan Mid Cap Fund	118,129 shares	2,640,175	4,700,339
	Dodge & Cox Intl Stock Fund	133,692 shares	3,714,911	4,406,502
	American EuroPacific Growth R5	108,433 shares	3,698,300	4,274,433
	DFA Emerging Markets (1)	134,322 shares	3,191,906	3,628,034
	Buffalo Small Cap Fund	125,573 shares	2,607,051	3,583,857
	DFA Inflation Protd Securities	260,605 shares	2,738,337	3,215,870
	DFA US Small Cap Portfolio	125,222 shares	1,805,149	2,893,891
	Allianz NFJ Small Cap Val Adm	91,969 shares	1,933,813	2,730,550
	Cohen & Steers Global Realty I	126,882 shares	2,031,626	2,615,044
	Columbia Acorn International Z	62,151 shares	1,838,770	2,453,722
	First Eagle Overseas Fund A	103,109 shares	1,893,729	2,281,797
	Vanguard Developed Markets Ind	220,561 shares	1,881,480	2,088,717
	DFA Emerging Mkts Small Cap I	63,116 shares	1,011,676	1,319,119
	Total common stock and mutual funds		$ 92,838,740	$ 112,979,394
*	Gensler Bond Account BNY/Mellon	153,396 shares	$ 1,533,963	$ 2,012,285
	Vanguard Prime Money Market I	N/A	$ 4,864,509	$ 4,864,509
*	Participant loans	4.25% to 10.25%, various maturities	N/A	$ 552,323

* Party-in-interest

GENSLER
PROFIT SHARING PLAN
Plan No. 001
EIN 94-1663305
Schedule H, Line 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
for the year ended March 31, 2012

(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)
Series of transactions involving securities of the same issue:								
JP Morgan	JP Morgan Core Bond Fund R5							
	1 Purchase	$ 7,000,000	$ -	N/A	$ -	$ 7,000,000	$ 7,000,000	$ -
Vanguard	Vanguard Total Bond Index Inst							
	1 Purchase	$ 5,807,396	$ -	N/A	$ -	$ 5,807,396	$ 5,807,396	$ -
Vanguard	Vanguard Total Bond Mkt (Sig)							
	1 Sale	$ -	$ 5,928,111	N/A	$ -	$ 5,495,160	$ 5,928,111	$ 432,951
Vanguard	Vanguard Instit Index (Inst)							
	1 Purchase	$ 19,172,326	$ -	N/A	$ -	$ 19,172,326	$ 19,172,326	$ -
Vanguard	Vanguard Prime Money Market							
	1 Purchase	$ 11,287,532	$ -	N/A	$ -	$ 11,287,532	$ 11,287,532	$ -
Vanguard	Vanguard Prime Money Market							
	1 Sale	$ -	$ 12,605,509	N/A	$ -	$ 12,605,509	$ 12,605,509	$ -
Vanguard	Vanguard Prime Money Market I							
	2 Purchases	$ 21,982,911	$ -	N/A	$ -	$ 21,982,911	$ 21,982,911	$ -
Vanguard	Vanguard Prime Money Market I							
	2 Sale	$ -	$ 17,663,771	N/A	$ -	$ 17,663,771	$ 17,663,771	$ -
Vanguard	Vanguard 500 Index (Signal)							
	1 Sale	$ -	$ 19,011,254	N/A	$ -	$ 16,631,033	$ 19,011,254	$ 2,380,221

INSURED PENSION PLAN DATA - SCHEDULE A (5500 SERIES)

NAME OF PLAN: TRUSTEES OF M ARTHUR GENSLER JR PSP

DATA FOR PLAN YEAR BEGINNING 02/05/11 AND ENDING 02/04/12

PART I

1. CHECK: PENSION PLAN

2. COVERAGE:

(A) NAME OF INSURANCE CARRIER	(B) CONTRACT NUMBER OF IDENTIFICATION	(C) APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY OR CONTRACT YEAR	POLICY OR CONTRACT YEAR (D) FROM:	(E) TO:
New York Life Insurance Company	P01798	2	NOT APPLICABLE	

3. INSURANCE FEES AND COMMISSIONS PAID TO AGENTS AND BROKERS:

(A) CONTRACT NUMBER	(B) NAME AND ADDRESS OF THE AGENTS OR BROKERS TO WHOM COMMISSIONS OR FEES WERE PAID	(C) AMOUNT OF COMMISSIONS PAID	(D) FEES PAID
P01798	TEMPLETON CRAIG	.00	N/A
	SLAVIN THOMAS P 879 BLANDFORD BLVD REDWOOD CITY CA 94062	.00	N/A

Annual compensation, incentive compensation, and expense allowance directly or indirectly attributable to the reported policies $ .00
Additionally, the Agent may be eligible for certain non-cash incentives based on a number of sales-related incentive programs designed to compensate for education, supervision, training and recruiting of agents.

4. PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR $ NONE
CONTRACT NUMBER OR IDENTIFICATION P01798

PART II - CONTRACT NUMBER OR IDENTIFICATION P01798

5. CONTRACTS WITH ALLOCATED FUNDS:
(A) STATE THE BASIS OF PREMIUM RATES - RATES APPLY TO POLICIES ISSUED TO A PLAN IN A PARTICULAR PLAN YEAR. THESE POLICIES ARE REVIEWED AND APPROVED BY THE VARIOUS STATE INSURANCE DEPARTMENTS.
(B) TOTAL PREMIUMS PAID TO THE CARRIER .00

THE INFORMATION CONTAINED IN THIS STATEMENT, FURNISHED PURSUANT TO 29CFR 2520.103-5(C), IS HEREBY CERTIFIED BY NEW YORK LIFE INSURANCE COMPANY TO BE COMPLETE AND ACCURATE ACCORDING TO ITS ORDINARY BUSINESS RECORDS.