Form 5500	Annual Return/Report of E	Employee Benefit Plan		OMB Nos. 12	10-0110 10-0089	
Department of the Treasury	This form is required to be filed for employ and 4065 of the Employee Retirement Inco	me Security Act of 1974 (ERISA) and				
Internal Revenue Service	sections 6047(e), 6057(b), and 6058(a) of th	· · · · ·		2012		
Employee Benefits Security Administration	 Complete all entries in the instructions to the 					
Pension Benefit Guaranty Corporation			This	Form is Open to Pu Inspection	ıblic	
Part I Annual Report Iden	tification Information					
For calendar plan year 2012 or fiscal	blan year beginning 01/01/2012	and ending 12/31/2	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 th			than 12 months).		
C If the plan is a collectively-bargaine	ed plan, check here	-		• 🗆		
D Check box if filing under:		automatic extension;	_	e DFVC program;		
-	special extension (enter description)		_			
Part II Basic Plan Inform	nation—enter all requested information					
1a Name of plan SEVERANCE ALLOWANCE PLAN F	OR EES OF WSP FLACK & KURTZ		1b	Three-digit plan number (PN) ▶	502	
			1c	Effective date of pla 07/01/2000	an	
2a Plan sponsor's name and address WSP FLACK AND KURTZ, INC.	s; include room or suite number (employer, if	for a single-employer plan)	2b	Employer Identifica Number (EIN) 52-2250060	tion	
			2c	Sponsor's telephon number 212-532-9600		
512 SEVENTH AVENUE, 13TH FLOOR512 SEVENTH AVENUE, 13TH FLOORNEW YORK, NY 10018NEW YORK, NY 10018		2d Business code (see instructions) 541330		9		

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	Signature of plan administrator	Date	Enter name of individu	al signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2013	TRACEY VAVRECAN	I
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	al signing as employer or plan sponsor
SIGN HERE				
	Signature of DFE	Date	Enter name of individu	al signing as DFE
Preparei	's name (including firm name, if applicable) and address; include r	oom or suite numbe	r. (optional)	Preparer's telephone number (optional)
For Pap				

3a	Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address	3b Administrator's EIN 52-2250060		
W	SP FLACK AND KURTZ, INC.		ninistrator's telephone	
	2 SEVENTH AVENUE, 13TH FLOOR W YORK, NY 10018	number 212-532-9600		
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:	4b EIN	١	
а	Sponsor's name	4C PN		
5	Total number of participants at the beginning of the plan year	5	758	
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).			
а	Active participants	. 6a	472	
b	Retired or separated participants receiving benefits	. 6b	0	
C	Other retired or separated participants entitled to future benefits	. 6c	266	
d	Subtotal. Add lines 6a, 6b, and 6c	. 6d	738	
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	. 6e	5	
f	Total. Add lines 6d and 6e	. 6f	743	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	667	
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	2	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

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

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

9a	Plan fu	g arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)				
	(1)		Insurance		(1)		Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)		Trust		(3)		Trust
	(4)	Х	General assets of the sponsor		(4)	Х	General assets of the sponsor
10	Check a	all ap	pplicable boxes in 10a and 10b to indicate which schedules are at	tache	d, and, wh	ere	indicated, enter the number attached. (See instructions)
a Pension Schedules b General Schedules							
	(1)		R (Retirement Plan Information)		(1)		H (Financial Information)
	(2)	Π	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)		I (Financial Information – Small Plan)
			Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)
			actuary		(4)		C (Service Provider Information)
	(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)
			Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)

SCHEDULE C	Service Provider	r Information	OMB No. 1210-0110		
(Form 5500)			2012		
Department of the Treasury Internal Revenue Service	This schedule is required to be filed un Retirement Income Security	nder section 104 of the Employee			
Department of Labor Employee Benefits Security Administration	File as an attachme	· · · · · ·			
Pension Benefit Guaranty Corporation For calendar plan year 2012 or fiscal pla	n vear beginning 01/01/2012	and ending 12/31	/2012	hispotion	
A Name of plan			12012		
SEVERANCE ALLOWANCE PLAN FO	R EES OF WSP FLACK & KURTZ	B Three-digit plan number (PN)	•	502	
C Plan sponsor's name as shown on lir WSP FLACK AND KURTZ, INC.	ne 2a of Form 5500	D Employer Identificati 52-2250060	on Number	(EIN)	
Part I Service Provider Info	rmation (see instructions)				
or more in total compensation (i.e., m plan during the plan year. If a person	rdance with the instructions, to report the inf noney or anything else of monetary value) in n received only eligible indirect compensation include that person when completing the rer	connection with services rendered to on for which the plan received the requ	the plan or	the person's position with the	
a Check "Yes" or "No" to indicate wheth indirect compensation for which the pb If you answered line 1a "Yes," enter	ceiving Only Eligible Indirect Cor ner you are excluding a person from the rem lan received the required disclosures (see in the name and EIN or address of each person station. Complete as many entries as need	nainder of this Part because they rece nstructions for definitions and condition on providing the required disclosures	ons)	XYes No	
	me and EIN or address of person who provi	ded you disclosures on eligible indire	ct compensa	ation	
FID.INV.INST.OPS.CO.					
04-2647786					
(b) Enter na	me and EIN or address of person who prov	ided you disclosure on eligible indirec	t compensat	tion	
(b) Enter na	me and EIN or address of person who provi	ded you disclosures on eligible indired	ct compensa	tion	
(b) Enter nar	me and EIN or address of person who provi	ded you disclosures on eliaible indired	ct compensa	tion	

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(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).

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b)	(c)	(d)	(e)	(f)	(g)	(h)			
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount?			
64 37 65 60	RECORDKEEPER	14825	Yes 🗙 No 🗌	Yes 🕺 No 🗌	0	Yes 🗙 No 🗌			
	(a) Enter name and EIN or address (see instructions)								

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct	Did service provider receive indirect	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect	Did the service provider give you a formula instead of an amount or
			Yes 🗌 No 🗌	Yes 🗌 No 🗌		Yes 🗌 No 🗍
		(a) Enter name and EIN or	address (see instructions)		

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
			Yes No	Yes No		Yes No

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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)								
(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 provid	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation	
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (addre	ess) of source of indirect compensation	(e) Describe the indirect compensation, including an formula used to determine the service provider's elig for or the amount of the indirect compensation.	
ALZGI NFJ DIV VL ADM - BOSTON FINAN	330 W. 9TH STREET KANSAS CITY, MO 66160	0.35%	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation	
FIDELITY INVESTMENTS INSTITUTIONAL	60	0	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.	
ARTISAN MID CAP VAL - BOSTON FINANC 330 W. 9TH STREET KANSAS CITY, MO 66160	0.40%		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation	
FIDELITY INVESTMENTS INSTITUTIONAL	60	0	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	L compensation, including any the service provider's eligibility the indirect compensation.	
MGRS/C MID CAP SRV - BNY MELLON INV P.O. BOX 9793 PROVIDENCE, RI 02940	0.35%		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation	
FIDELITY INVESTMENTS INSTITUTIONAL	60	0	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.	
PIM TOTAL RT INST - BOSTON FINANCIA P.O. BOX 8480 BOSTON, MA 02266	0.02%		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation	
FIDELITY INVESTMENTS INSTITUTIONAL	60	0	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.	
PIMCO TOT RETURN ADM - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.27%		
(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.

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Ρ	Part II Service Providers Who Fail or Refuse to Provide Information			
4	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	(b) Nature of Service	(C) Describe the information that the service provider failed or refused to	
	instructions)	Code(s)	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	

Pa	rt III	rt III Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)	
а	Name		b EIN:
С	Positic	n:	
d	Addre	SS:	e Telephone:
Ex	planatio):	

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

Explanation:

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information			OMB No. 1210-0110	
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).			2012	
Department of Labor Employee Benefits Security Administration		File as an attachment to Form 5500.		This Form is Open to Public Inspection.	
For calendar plan year 2012 or fiscal	l plan year beginning	01/01/2012 and	l ending 12/3	31/2012	
A Name of plan SEVERANCE ALLOWANCE PLAN FC	OR EES OF WSP FLA	CK & KURTZ	B Three-digit plan numbe	er (PN) 🕨 502	
C Plan or DFE sponsor's name as she WSP FLACK AND KURTZ, INC.	own on line 2a of Forn	n 5500	D Employer Id	lentification Number (EIN) 0	
	entries as needed	CTs, PSAs, and 103-12 IEs (to be co I to report all interests in DFEs)	mpleted by pla	ans and DFEs)	
b Name of sponsor of entity listed in		NAGEMENT TRUST COMPANY			
C EIN-PN 04-3022712-024	d Entity C code	Dollar value of interest in MTIA, CCT, P 103-12 IE at end of year (see instruction)		7367019	
a Name of MTIA, CCT, PSA, or 103-	12 IE: FA STABLE V	ALUE			
b Name of sponsor of entity listed in	FIDELITY MA	NAGEMENT TRUST COMPANY			
C EIN-PN 04-3022712-026	d Entity C code	Dollar value of interest in MTIA, CCT, P 103-12 IE at end of year (see instructio		757708	
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
b Name of sponsor of entity listed in	(a):				
c EIN-PN d Entity e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in	b Name of sponsor of entity listed in (a):				
C EIN-PN	EIN-PN d Entity code e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
b Name of sponsor of entity listed in (a):					
C EIN-PN	EIN-PN d Entity code e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
b Name of sponsor of entity listed in	(a):				
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, P 103-12 IE at end of year (see instruction)			
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
b Name of sponsor of entity listed in	(a):				
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, P 103-12 IE at end of year (see instructio			

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Schedule D (Form 5500) 2	012	Page 2 - 1		
a Name of MTIA, CCT, PSA, or 103	-12 IE:			
b Name of sponsor of entity listed in (a):				
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103	-12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103	-12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103	-12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103	-12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103	-12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103	-12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103	-12 IE:			
b Name of sponsor of entity listed in (a):				
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:				
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:				
b Name of sponsor of entity listed in (a):				
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		

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P	Part II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)	
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN

SCHEDULE H	formatio	on			OMB No. 1210-0110				
(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor	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).					2012			
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	File as an attachm	ent to Form	5500.			This	Form is Ope Inspecti	en to Public ion	
For calendar plan year 2012 or fiscal plan	an year beginning 01/01/2012		and	ending	12/31/2	012			
A Name of plan SEVERANCE ALLOWANCE PLAN FO	R EES OF WSP FLACK & KURTZ			В	Three-digit plan numbe	er (PN)	•	502	
C Plan sponsor's name as shown on li WSP FLACK AND KURTZ, INC.	ne 2a of Form 5500				Employer Id	entificat	tion Number	(EIN)	
Part I Asset and Liability S									
the value of the plan's interest in a c lines 1c(9) through 1c(14). Do not e benefit at a future date. Round off a	bilities at the beginning and end of the plan commingled fund containing the assets of m nter the value of that portion of an insuranc amounts to the nearest dollar. MTIAs, CO s also do not complete lines 1d and 1e. See	hore than one e contract wh CTs, PSAs, a	plan on a nich guaran nd 103-12	line-b itees,	y-line basis (during this p	inless t lan yea	he value is re ir, to pay a sp	eportable on pecific dollar	
As	sets		(a) B	eginni	ng of Year		(b) End	d of Year	
a Total noninterest-bearing cash		1a				_			
b Receivables (less allowance for dou	ubtful accounts):								
(1) Employer contributions		1b(1)							
(2) Participant contributions		1b(2)							
(3) Other		1b(3)							
	money market accounts & certificates	1c(1)				24		0	
(2) U.S. Government securities		1c(2)							
(3) Corporate debt instruments (ot	her than employer securities):								
(A) Preferred		1c(3)(A)							
(B) All other		1c(3)(B)							
(4) Corporate stocks (other than e									
(A) Preferred		1c(4)(A)							
(B) Common		1c(4)(B)							
(5) Partnership/joint venture intere	sts	1c(5)							
(6) Real estate (other than employ	er real property)	1c(6)							
(7) Loans (other than to participan	ts)	1c(7)							
(8) Participant loans	·	1c(8)			8494	125		777847	
(9) Value of interest in common/co	Ilective trusts	1c(9)			8762	529		8124727	
(10) Value of interest in pooled sepa	arate accounts	1c(10)							
()	t investment accounts	1c(11)							
	estment entities	1c(12)							
(13) Value of interest in registered in funds)		1c(13)			40427	181		48477864	
	e company general account (unallocated	1c(14)							
(15) Other		1c(15)							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	50039159	57380438
	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			
I	Net assets (subtract line 1k from line 1f)	11	50039159	57380438

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)	337616	
(B) Participants	2a(1)(B)	3019250	
(C) Others (including rollovers)	2a(1)(C)	506317	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		3863183
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	38264	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		38264
(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)	1410782	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		1410782
(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)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

				(a)	Amount			(b) T	otal
	(6) Net investment gain (loss) from common/collective trusts	2b(6)							113795
	(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)							4909039
С	Other income	2c							
d	Total income. Add all income amounts in column (b) and enter total	2d							10335063
	Expenses								
е	Benefit payment and payments to provide benefits:								
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			29	972332			
	(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)							2972332
f	Corrective distributions (see instructions)	2f							
g	Certain deemed distributions of participant loans (see instructions)	2g							6576
-	Interest expense	2h							
i	Administrative expenses: (1) Professional fees	2i(1)							
-	(2) Contract administrator fees	2i(2)					1		
	(2) Contract administrator recomment fees	2i(3)							
	(4) Other	2i(4)				14876			
		2i(5)							14876
;	 (5) Total administrative expenses. Add lines 2i(1) through (4) Total expenses. Add all expense amounts in column (b) and enter total 	2j							2993784
J	Net Income and Reconciliation	-,							
k	Net income (loss). Subtract line 2j from line 2d	2k							7341279
r I	Transfers of assets:								
•		2l(1)							
	(1) To this plan	21(1)					<u> </u>		
	(2) From this plan	21(2)							
Ра	rt III Accountant's Opinion								
	Complete lines 3a through 3c if the opinion of an independent qualified public ac attached.	ccountant is a	attache	ed to th	iis Form 5	500. Com	plete l	line 3d if an	opinion is not
a 1	The attached opinion of an independent qualified public accountant for this plan	is (see instru	uctions):					
	(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	3-12(d)?	?			>	Yes	No
CE	Enter the name and EIN of the accountant (or accounting firm) below:							_	
	(1) Name: EISNERAMPER		(2)	EIN: 1	3-163982	6			
d ٦	The opinion of an independent qualified public accountant is not attached beca (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attach		xt Form	n 5500	pursuant	to 29 CFF	२ २५२().104-50.	
Ра	rt IV Compliance Questions								
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l.		ines 4a	, 4e, 4	f, 4g, 4h,	4k, 4m, 4r	ז, or 5		
	During the plan year:				Yes	No		Amo	unt
а	Was there a failure to transmit to the plan any participant contributions within								
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any pr until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction	•			Х				202277
b			,	4a					202211
IJ	Were any loans by the plan or fixed income obligations due the plan in defaul close of the plan year or classified during the year as uncollectible? Disregard		loans						
	secured by participant's account balance. (Attach Schedule G (Form 5500) Pa	art I if "Yes" i	is			×			
	checked.)			4b			L		

			Yes	No	Amo	unt
С	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		×		
е	Was this plan covered by a fidelity bond?	4e	Х			1000000
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	Х			
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		×		
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		
Ι	Has the plan failed to provide any benefit when due under the plan?	41		×		
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		X		
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Yes	s 🗙 No	Amou	nt:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), transferred. (See instructions.) 5b(1) Name of plan(s)	identi	fy the pla	ın(s) to wh	ich assets or liabi	lities were
	r			5b(2) EIN	(s)	5b(3) PN(s)

		5b(2) EIN(s)	5b(3) PN(s)
Part V	Trust Information (optional)		

Farty	rust mornation (optional)	
6a Name o	f trust	6b Trust's EIN

SCHEDULE R			Retirement Plan Information				C	MB No. 1	210-011	0	
	(Fo	rm 5500)	This schedule is required to be filed under section 104 and 4	1065 of	the			20 ²	12		
		ent of the Treasury I Revenue Service	Employee Retirement Income Security Act of 1974 (ERISA) a	and sec							
E		artment of Labor fits Security Administration	6058(a) of the Internal Revenue Code (the Code). File as an attachment to Form 5500.				This Fo	orm is O Inspec		Pub	ic
For		ofit Guaranty Corporation	lan year beginning 01/01/2012 and	l ending	1 1	12/31/2	012	mopor			
-	lame of pla			B	Three		.012				
SEVI	ERANCĖ A	LLOWANCE PLAN FOF	R EES OF WSP FLACK & KURTZ		plan (PN)	numbe	er ▶		502		
		or's name as shown on li ND KURTZ, INC.	ne 2a of Form 5500	D		oyer Id 22500		ion Num	ber (El	N)	
Ра	rt I Di	stributions									
-			only to payments of benefits during the plan year.								
1			property other than in cash or the forms of property specified in th			1					0
2		EIN(s) of payor(s) who p no paid the greatest dolla	paid benefits on behalf of the plan to participants or beneficiaries d ar amounts of benefits):	luring th	ne year	(if mor	e than t	wo, ente	r EINs	of the	two
	EIN(s):	04-6568107									
	Profit-sh	aring plans, ESOPs, ar	d stock bonus plans, skip line 3.		-						
3			eceased) whose benefits were distributed in a single sum, during t			3					
Pa		Funding Informati ERISA section 302, skip	on (If the plan is not subject to the minimum funding requirements this Part)	s of sea	ction of	412 of	the Inte	ernal Rev	renue C	Code	or
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 pla	n is a defined benefit p	lan, go to line 8.								
5	plan year	, see instructions and en	g standard for a prior year is being amortized in this ter the date of the ruling letter granting the waiver. Date: Mo				ау		Year _		
•	-	-	te lines 3, 9, and 10 of Schedule MB and do not complete the r		der of t	this so	hedule				
6		•	ontribution for this plan year (include any prior year accumulated fu	-		6a					
		- /	by the employer to the plan for this plan year			6b					
			from the amount in line 6a. Enter the result								
			of a negative amount)			6c					
	•	mpleted line 6c, skip li									
7	Will the m	iinimum funding amount	reported on line 6c be met by the funding deadline?				Yes		No		N/A
8	authority	providing automatic app	od was made for this plan year pursuant to a revenue procedure or roval for the change or a class ruling letter, does the plan sponsor ge?	or plan		Π	Yes		No		N/A
Da		Amendments	99								
_											
0		increased or decreased	plan, were any amendments adopted during this plan the value of benefits? If yes, check the appropriate	rease		Decre	ease	Bo	th		No
9					of the	Intorna	l Rever	ue Code	·,		
		ESOPs (see instru- skip this Part.	uctions). If this is not a plan described under Section 409(a) or 497	′5(e)(7)		Interna					
Pa 10	box. If no rt IV	skip this Part.	uctions). If this is not a plan described under Section 409(a) or 497 ities or proceeds from the sale of unallocated securities used to re					F	Yes		No
Pa	box. If no rt IV Were una a Doe	skip this Part. Illocated employer secur s the ESOP hold any pre	ities or proceeds from the sale of unallocated securities used to re eferred stock?	pay an	y exem	pt loan	ı?		_		No No
Pa 10	box. If no rt IV Were una a Doe b If the (See	skip this Part. Illocated employer secur s the ESOP hold any pre ESOP has an outstand instructions for definitio	ities or proceeds from the sale of unallocated securities used to re	pay an a "back	y exem -to-bacl	pt loan k" loan	?	[[Yes	[_

	-	
Page	2 -	1
	_	-

Pa	rt V	Additional Information for Multiemployer Defined Benefit Pension Plans								
13		nter 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.								
	а	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								
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise,								
		Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents)								
		(2) Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	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								
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise,								
		 complete lines 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) 								
		(2) Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	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 Year								
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise,								
		complete lines 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents)								
		(1) Contribution rate (in donars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	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								
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise,								
		complete lines 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents)								
		 (1) Contribution rate (in dollars and cents)								
	-									
	a b	Name of contributing employer EIN C Dollar amount contributed by employer								
	d d									
	u	Date collective bargaining agreement expires (<i>If employer contributes under more than one collective bargaining agreement, check box</i> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year								
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise,								
		complete lines 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents)								
		(2) Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	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								
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise,								
	-	complete lines 13e(1) and 13e(2).)								
		 (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):								

	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 ma employer contribution during the current plan year to:	ike an	
	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 line 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, c supplemental information to be included as an attachment.		
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion Plans
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see ir information to be included as an attachment	nstructior	s regarding supplemental
19	 If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate: 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 18-2 c What duration measure was used to calculate line 19(b)? 		
	Effective duration Macaulay duration Modified duration Other (specify):		

Form 5500 Department of the Treasury Internal Revenue Service	Annual Return/Report of Employee Bene Plan This form is required to be filed for employee benefit plans under sectior and 4065 of the Employee Retirement Income Security Act of 1974 (ER	1210-0089 ns 104
	and sections 6047(e), and 6058(a) of the Internal Revenue Code (the C	
Department of Labor Employee Benefits	Complete all entries in accordance with the instructions to the f	orm 2012
Security Administration	5500.	
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection
Part I Annual Rep	ort Identification Information	
For calendar plan year 20	12 or fiscal plan year beginning // and ending //	
A This return/report is for:	(1) C a multiemployer plan; (3) C a multiple	-employer plan; or
	(2) • a single-employer plan;	ecify)
B This return/report is:	The first return/report; The final return/report;	1
	An amended return/report; A short plan year return/rep	ort (less than 12 months).
C If the plan is a collective	ely-bargained plan, check here	
D Check box if filing under	Form 5558; Automatic Extensio	n; 🔲 the DFVC program;
Deneck box in ming under	. special extension (enter description)	
Part II Plan Basic	Information - enter all requested information.	
1a Name of Plan		(b) Three-digit plan number (PN)
WSP Flack Kurtz, Inc.		003
Plan	1.	c Effective date of plan
)1/01/1985
2a Plan sponsor's name a a single-employer plan)	nd address; Include room or suite number (employer, if for	
WSP Flack and Kurtz		b Employer Identification umber (EIN)
<u></u>		522250060
<u> </u>		
	2	c Sponsor's telephone number
512 Seventh Avenue,		2125329600
	2	d Business code (see
New York	in	structions)
NY	31	541330
10018		
J		

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	Signature of plan administrator	Date	Enter name of individual signir	ng as plan administrator
Sign				
Here	Signature of employer/plan spons	sor Date	Enter name of individual signin	ng as employer or plan sponsor
Sign				
Here	Signature of DFE	Date	Enter name of individual signin	ng as DFE
Prepar include	er's Name (including firm name, if e room or suite number. (optional)	applicable) and address;		Preparer's telephone number optional)
addre	n administrator's name and ss Flack and Kurtz, Inc.	Same as Plan Sponsor Name	Same as Plan Sponsor Address	3b Administrator's EIN 522250060 3c Administrator's telephone
				number 2125329600
512 8	Seventh Avenue, 13th Floor			2.20020000
New	York			
NY				
1001	8			
plan, e	e name and/or EIN of the plan spo inter the name, EIN and the plan r isor`s name			4c PN
5 Tota	I number of participants at the be	ginning of the plan year		5 758
	ber of participants as of the end o ve participants	f the plan year (welfare pla	ns complete only lines 6a, 6b, o	6c, and 6d). 6a 472

b Retired or separated participants receiving benefits

c Other retired or separated participants entitled to future benefits

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

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

- f Total. Add lines 6d and 6e
- g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
- h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)

6b	0
6c	266
6d	738
6e	5
6f	743
6g	667
6h	2
7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic codes in the instructions:

2E 2F	2G 2J	2K 2T	3D	3H	

8b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic codes in the instructions:

- 9a Plan funding arrangement (check all that apply)
 - (1) 🔲 Insurance
 - (2) Code section 412(e)(3) insurance contracts
 - (3) 🔽 Trust
 - (4) General assets of the sponsor

(4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(2) Code section 412(e)(3) insurance contracts

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit 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) Insurance

(3) 🔽 Trust

- (1) M (Financial Information)
- (2) **I** (Financial Information Small Plan)
- (3) **A** (Insurance Information)
- (4) **C** (Service Provider Information)
- (5) 🔽 D (DFE/Participating Plan Information)
- (6) 🔲 G (Financial Transaction Schedules)

(FO	chedule C RM 5500)	M 5500)			
	partment of the Treasury al Revenue Service	This schedule is required Retirement In	2012		
	artment of Labor ployee Benefits	File as a			
Secur	ity Administration				This Form is Open to Public Inspection
	n Benefit Guaranty Corporation				
	endar plan year 201 e of Plan	2 or fiscal plan year beginnin	ig // and ending //		1
		k) Retirement Savings		B Three-digit plan number (PN)	003
	sponsor's name as s ack and Kurtz, Inc.	shown on line 2a of Form 550	00	D Employer Identif 522250060	ication Number (EIN)
Par	t I Service Prov	vider Information (see	instructions)		
that per 1 Info a Cheorem for co b If you	nsation for which the rson when completi prmation on Perso ck "Yes" or "No" to i ived only eligible ind definitions and condi- ou answered line 1a	"Yes," enter the name and E	disclosures, you are r Indirect Compensa luding a person from f h the plan received th IN or address of each	tion the remainder of this Part be e required disclosures (see i person providing the require	are not required to include cause they nstructions • Yes • No ed disclosures for the
	•	eceived only eligible indirect of EIN or address of person wh	· ·	,	,
	FID.INV.INST.	OPS.CO.	Address1		
			,		
	042647786]	Address2		
	042647786		Address2		
	042647786		J		
	042647786		City		

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)								
	Name FIDELI	TY INVESTMEN	TS INSTITUTI	Address1					
	EIN 042647	786		Address2					
				City					
				State					
				Zip					
				Country					
_	(b)	(c)	(d)	(e)	(f)	(g) Enter total indirect	(h)		
	Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in- interest	Enter direct compensation paid by the plan. If none, enter -0-		Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount?		
	64,37,65,6 0	RECORDKEE	14,825	🖲 Yes 🖱 No	🖲 Yes 🖨 No	0	ፍ Yes 🖱 No		

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 nstructions)	(c) Enter amo indirect compensat	
FIDELITY INVESTMENTS INSTITUTIO	NAL				60	0	
(d) Enter name and EIN (address) of source of indirect compensation					(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		
Name	Add1	330 W	. 9TH STREET		0.35%		
ALZGI NFJ DIV VL ADM - BOSTON F	Add2						
EIN	City	KANS	AS CITY				
	State	MO					
	Zip	66160					
	Country	y					
 (a) Enter service provider na	ime as it	appears	on line 2		(b) Service Codes (see nstructions)	(c) Enter amo indirect compensat	
 (a) Enter service provider na		appears	on line 2	i	Codes (see	indirect	
	NAL				Codes (see instructions) 60 (e) Desc mpensation, used to det provider's e amount	indirect compensat	ion t ormula ice
FIDELITY INVESTMENTS INSTITUTIO (d) Enter name and EIN (address) of source of Name	NAL	compens			Codes (see instructions) 60 (e) Desc mpensation, used to det provider's e amount	indirect compensat	ion t ormula ice
FIDELITY INVESTMENTS INSTITUTIO (d) Enter name and EIN (address) of source of Name ARTISAN MID CAP VAL - BOSTON F	NAL f indirect	compens	sation		Codes (see instructions) 60 (e) Desc mpensation, used to det provider's e amount com	indirect compensat	ion t ormula ice
FIDELITY INVESTMENTS INSTITUTIO (d) Enter name and EIN (address) of source of Name	NAL f indirect Add1	compense 330 W	sation		Codes (see instructions) 60 (e) Desc mpensation, used to det provider's e amount com	indirect compensat	ion t ormula ice
FIDELITY INVESTMENTS INSTITUTIO (d) Enter name and EIN (address) of source of Name ARTISAN MID CAP VAL - BOSTON F	nAL f indirect Add1 Add2	compense 330 W	ation		Codes (see instructions) 60 (e) Desc mpensation, used to det provider's e amount com	indirect compensat	ion t ormula ice
FIDELITY INVESTMENTS INSTITUTIO (d) Enter name and EIN (address) of source of Name ARTISAN MID CAP VAL - BOSTON F	nAL f indirect Add1 Add2 City	330 W	ation		Codes (see instructions) 60 (e) Desc mpensation, used to det provider's e amount com	indirect compensat	ion t ormula ice

(a) Enter service provider na	ime as it	t appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIO	NAL		60	0
(d) Enter name and EIN (address) of source of	f indirect	t compensation	compensation, used to det provider's e amount	ribe the indirect including any formula ermine the service eligibility for or the of the indirect pensation.
Name	Add1	P.O. BOX 9793	0.35%	
MGRS/C MID CAP SRV - BNY MELLO	Add2			
EIN	City	PROVIDENCE		
	State	RI		
	Zip	02940		
	Countr			
 (a) Enter service provider na		,	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIO	NAL		60	0
(d) Enter name and EIN (address) of source of	findirect	t compensation	compensation, used to det provider's e amount	ribe the indirect including any formula ermine the service ligibility for or the of the indirect pensation.
Name	Add1	P.O. BOX 8480	0.02%	
PIM TOTAL RT INST - BOSTON FINA	Add2			
EIN	City	BOSTON		
	State	MA		
		02266		
	Zip			
	Countr	У		
(a) Enter service provider na	ime as it	t appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIO	NAL		60	0
(d) Enter name and EIN (address) of source of	findirect	t compensation	compensation, used to det provider's e amount	ribe the indirect including any formula ermine the service eligibility for or the of the indirect pensation.
Name	Add1	P.O. BOX 8480	0.27%	
PIMCO TOT RETURN ADM - BOSTO	Add2	,		
EIN	City	BOSTON		
	State	MA		
	Zip	02266		
	Countr	У		

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	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
Name	Add1		
	Add2		
	City		
	State		
	Zip		
	Country		

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

Schedule D (FORM 5500)	DFE/Participating	Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed u Retirement Income Securi	2012	
Department of Labor Employee Benefits Security Administration	File as an attachme	nt to Form 5500.	This Form is Open to Public Inspection
A Name of Plan WSP Flack Kurtz, Inc. 401(C Plan or DFE sponsor's na	me as shown on line 2a of Form 5500	B Three-digit plan number (PN) D Employer Identifi	003 cation Number (EIN)
	on on interests in MTIAs, CCTs, PS		pleted by plans and
	many entries as needed to report all inter	,	
(a)Name of MTIA, CCT, PS	,	MIP CL 1	
(b)Name of sponsor of en (c) ^{EIN} _{PN} 043022712024		Fidelity Management Trust Cor of interest in MTIA, CCT, PSA, or 103-1 r (see instructions)	
(a)Name of MTIA, CCT, PS		FA STABLE VALUE	
(b)Name of sponsor of en	tity listed in (a)	Fidelity Management Trust Cor	nnany
(c) ^{EIN} _{PN} 043022712026		of interest in MTIA, CCT, PSA, or 103-1 r (see instructions)	
(a)Name of MTIA, CCT, PS	5A, or 103-12IE		
(b)Name of sponsor of en			
(c) ^{EIN}	(d) ^{Entity} (e) ^{Dollar value of yea}	f interest in MTIA, CCT, PSA, or 103-1 r (see instructions)	2IE
(a)Name of MTIA, CCT, PS	5A, or 103-12IE		
(b)Name of sponsor of en]	
(c) ^{EIN}		of interest in MTIA, CCT, PSA, or 103-1 r (see instructions)	
(a)Name of MTIA, CCT, PS	5A, or 103-12IE		
(b)Name of sponsor of en	, , ,		
(c) ^{EIN}	(d) ^{Entity} (e) ^{Dollar value of yea}	of interest in MTIA, CCT, PSA, or 103-1 r (see instructions)	
(a)Name of MTIA, CCT, PS	5A, or 103-12IE		
(b)Name of sponsor of en	tity listed in (a)		
(c) ^{EIN}	(d) ^{Entity} (e) ^{Dollar} value of yea	of interest in MTIA, CCT, PSA, or 103-1 r (see instructions)	2IE
(a)Name of MTIA, CCT, PS	5A, or 103-12IE		
(b)Name of sponsor of en	tity listed in (a)		
(c) ^{EIN}	(d) ^{Entity} (e) ^{Dollar} value of yea	of interest in MTIA, CCT, PSA, or 103-1 r (see instructions)	2IE
(a)Name of MTIA, CCT, PS	5A, or 103-12IE		
(b)Name of sponsor of en	, , ,		
(c) ^{EIN}	(d) ^{Entity} (e) ^{Dollar value of yea}	of interest in MTIA, CCT, PSA, or 103-1 r (see instructions)	2IE
(a)Name of MTIA, CCT, PS	5A, or 103-12IE		

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

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

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

(a)Plan Name			
(b) ^{Name of plan} sponsor		(c) ^{EIN-} _{PN}	
(a)Plan Name			
(b) ^{Name of plan} sponsor		(c) ^{EIN-} _{PN}	
(a)Plan Name			
(b) ^{Name of plan} sponsor		(c) ^{EIN-} _{PN}	
(a)Plan Name			
(b) ^{Name of plan} sponsor		(c) ^{EIN-} _{PN}	
(a)Plan Name			
(b) ^{Name of plan} sponsor		(c) ^{EIN-} _{PN}	
(a)Plan Name			
(b) ^{Name of plan} sponsor		(c) ^{EIN-} _{PN}	
(a)Plan Name			
(b) ^{Name of plan} sponsor		(c) ^{EIN-} _{PN}	
(a)Plan Name			
(b) ^{Name of plan} sponsor		(c) ^{EIN-} _{PN}	

Schedule H (FORM 5500)	Financial Information			OMB No. 1210-0110		
Department of the Treasury Internal Revenue Service	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).			2012		
Department of Labor Employee Benefits Security Administration	File as an attachment to Form 5500.			is Open to spection		
Pension Benefit Guaranty		Public III	spection			
A Name of Plan	2 or fiscal plan year beginning // and ending //	B Three-digit	00	12		
WSP Flack Kurtz, Inc. 401(C Plan sponsor's name as s WSP Flack and Kurtz, Inc.	(k) Retirement Savings shown on line 2a of Form 5500	plan number (PN) D Employer Identif 522250060				
Part I Asset and L	iability Statement	•				
than one trust. Report the by-line basis unless the val contract which guarantees, nearest dollar. MTIAs, CC	ts and liabilities at the beginning and end of the plan year. value of the plan's interest in a commingled fund contain lue is reportable on lines 1c(9) through 1c(14). Do not ent , during this plan year, to pay a specific dollar benefit at a CTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b nplete lines 1d and 1e. See instructions.	ing the assets of mor er the value of that p future date. Round	e than one pla portion of an ir poff amounts f	n on a line- isurance t o the		
	ASSETS		(a) BOY	(b) EOY		
a Total noninterest-bearin b Receivables (less allowa	ig cash ince for doubtful accounts):	1a	0	0		
(1) Employer contributio		1b(1)	0	0		
(2) Participant contribut	ions	1b(2)	0	0		
(3) Other		1b(3)	0	0		
c General Investments: (1) Interest-bearing cas	h (include money market accounts & certificates of deposi	t) 1c(1)	24	0		
(2) U.S. Government Se		1c(2)	0	0		
(3) Corporate Debt instr	ruments (other than employer securities)		-			
(A) Preferred		1c(3)(A) 0	0		
(B) All other		1c(3)(B) 0	0		
	ther than employer securities)		-			
(A) Preferred		1c(4)(A) 0	0		
(B) Common		1c(4)(B) 0	0		
(5) Partnership/joint ver		1c(5)	0	0		
(6) Real estate (other the content of the c	nan employer real property)	1c(6) 1c(7)	0	0		
(8) Participant loans	(participants)	1c(7)	849,425	777,847		
	common/collective trusts	1c(9)	8,762,529	8,124,727		
	pooled separate accounts	1c(10)	0	0		
. ,	master trust investment accounts	1c(11)	0	0		
. ,	n 103-12 investment entities registered investment companies (e.g. mutual funds)	1c(12) 1c(13)	0 40,427,181	0 48,477,864		
	I in insurance company general account (unallocated contr		0	0		
(15) Other		1c(15)	0	0		
d Employer-related invest	ments:					
(1) Employer securities(2) Employer real properties	rtv	1d(1)	0	0		
 (2) Employer real prope e Buildings and other properties 	perty used in plan operation	1d(2) 1e	0	0		
	ounts in lines 1a through 1e) LIABILITIES	16 1f		57,380,438		
g Benefit claims payable		1 g	0	0		
h Operating payables		<u>1h</u>	0	0		
i Acquisition indebtednessj Other liabilities	S	1i 1j	0	0		
-	amounts in lines 1g through 1j) NET ASSETS	1j 1k	0	0		
I Net assets (subtract line		11	50,039,159	57,380,438		

Part II Income and Expense Statement

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.

a Contributions:

- (1) Received or receivable in cash from: (A) Employers
- (B) Participants
- (C) Others (including rollovers)
- (2) Noncash contributions
- (3) Total contributions. Add lines 2a(1)(A),(B),(C), and line 2a(2)
- **b** Earnings on investments:
 - (1) Interest:
 - (A) Interest-bearing cash (including money market accounts and certificates of deposit)

INCOME

- (B) U.S. Government Securities
- (C) Corporate debt instruments
- (D) Loans (other than to participants)
- (E) Participant Loans
- (F) Other
- (G) Total interest. Add lines 2b(1)(A) through (F)
- (2) Dividends: (A) Preferred stock
- (B) Common stock
- (C) Registered investment company shares (e.g. mutual funds)
- (D) Total dividends. Add lines 2b(2)(A),(B), and (C)
- (3) Rents:
- (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds
- (B) Aggregate carrying amount (see instructions)
- (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result
- (5) Unrealized appreciation (depreciation) of assets: (A) Real estate (B) Other
- (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)
- (6) Net investment gain (loss) from common/collective trusts
- (7) Net investment gain (loss) from pooled separate accounts
- (8) Net investment gain (loss) from master trust investment accounts
- (9) Net investment gain (loss) from 103-12 investment entities
- (10) Net investment gain (loss) from registered investment companies (e.g. mutual funds)
- ${f c}$ Other income
- d Total income. Add all income amounts in column (b) and enter total
- EXPENSES e Benefit payment and payments to provide benefits:
 - (1) Directly to participants and or beneficiaries, including direct rollovers
 - (2) To insurance carriers for the provision of benefits
 - (3) Other
- (4) Total benefit payments. Add lines 2e(1) through (3)
- **f** Corrective distributions (see instructions)
- g Certain deemed distributions of participant loans (see instructions)
- **h** Interest expense
- i Administration expenses: (1) Professional fees
- (2) Contract administrator fees
- (3) Investment advisory and management fees
- (4) Other fees
- (5) Total administrative expenses. Add lines 2i(1) through 2i(4)
- ${\bf j}$ Total expenses. Add all expense amounts in column (b) and enter total
 - Net Income and Reconciliation
- ${\bf k}$ Net income (loss). subtract line 2j from line 2d
- I Transfers of assets
 - (1) To this plan
 - (2) From this plan

2a(1)(A)	337,616	
2a(1)(B)	3,019,250	
2a(1)(C)	506,317	
2a(2)	0	
2a(3)		3,863,18

(a) Amount (b) Total

0	
0	
0	
0	
38,264	
0	
	38,264
0	
0	
1,410,782	
	1,410,782
	0
0	
0	
	0
0	
0	
	0
	113,795
	0
	0
	0
	4,909,039
	0
	10,335,063
	0 0 38,264 0 0 1,410,782 0 0 0

2e(1)	2,972,332	
2e(2)	0	
2e(3)	0	
2e(4)		2,972,332
2f		0
2g		6,576
2h		0
2i(1)	0	
2i(2)	0	
2i(3)	0	
2i(4)	14,876	
2i(5)		14,876
2j		2,993,784
2k		7,341,279
2l(1)		0
21(2)		0

Part III Accountants 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) Ungualified (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)?
- c Enter the name and EIN of the accountant (or accounting firm) below: EISNERAMPER
 - 131639826

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 Transactions During Plan Year

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
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.)			igodot	202,277
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of 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)	b	O	۲	
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)	с	igodot	۲	
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.)	d	C	۲	
e Was this plan covered by a fidelity bond?	e	۲	$oldsymbol{O}$	1,000,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	f	igodot	۲	
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?	g	0	۲	
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?	h	0	۲	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if Yes is checked, and see instructions for format requirements)	i	۲	igodot	
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	j	igodot	۲	
format requirements) k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	k	igodot	۲	
Has the plan failed to provide any benefit when due under the plan?	I	\odot	•	
m If this is an individual account plan, was there a blackout period?(See instructions and 29 CFR 2520.101-3.)	m	\odot	۲	
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.	n	\odot	۲	
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			•	
5b ^{If} , during this plan year, any assets or liabilities were transferred from this plan to another p assets or liabilities were transferred. (See instructions).	lan	(s),	ider	ntify the plan(s) to which
5b(1) Name of plan(s) 5b(2) EIN(s)				5b(3) PN(s)
Page instance 1				
Part V Trust Information (optional)				
6aName of 6bTru	st's	s ľ		

EIN

6aName of trust

Schedule R	Retirement Plan I	nformation	
(FORM 5500) Department of the			OMB No. 1210-0110
Treasury Internal Revenue Service	This schedule is required to be filed under Employee Retirement Income Security Act of (a) of the Internal Revenue C	1974 (ERISA) and section 6058	2012
Department of Labor Employee Benefits	File as an attachment to	Form 5500.	
Security Administration			This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation			
For calendar plan year 201 A Name of Plan WSP Flack Kurtz, Inc. 401	L2 or fiscal plan year beginning // and ending /, (k) Retirement Savings	B Three-digit	003
	shown on line 2a of Form 5500	plan number (PN) D Employer Identific 522250060	cation Number (EIN)
Part I Distributi	ons	522250000	
All references to dis 1 Total value of distribut instructions	stributions relate only to payments of bene tions paid in property other than in cash or the yor(s) who paid benefits on behalf of the plan	forms of property specified in the	1
· · ·	two, enter EINs of the two payors who paid th	ne greatest dollar amounts of ben	efits):
	, ESOPs, and stock bonus plans, skip line 3 s (living or deceased) whose benefits were dist		ne plan 3
Part II Funding I	nformation		
	is not subject to the minimum funding requiren on 302, skip this Part)	nents of section 412 of the Intern	al Revenue Code or
(2)?	tor making an election under Code section 412	(d)(2) or ERISA section 302(d)	CYes C No C N/A
5 If a waiver of the mini	ned benefit plan, go to line 8. imum funding standard for a prior year is being the date of the ruling letter granting the waive		Month Day Year
If you completed lin	ne 5, complete lines 3, 9, and 10 of Schedu		J J
the remainder of the6a Enter the minimum remainder	equired contribution for this plan year		6a
b Enter the amount con	tributed by the employer to the plan for this pla	an year	6b
c Subtract the amount i left of a negative amo	n line 6b from the amount in line 6a. Enter the unt)	e result (enter a minus sign to the	
-	ne 6c, skip lines 8 and 9.	Г	
	ng amount reported on line 6c be met by the f	L	<pre>① Yes ○ No ○ N/A</pre>
	cost method was made for this plan year pursu proval for the change or a class ruling letter, do h the change?		C Yes C No C N/A
Part III Amend	ments		
	fit pension plan, were any amendments adopted or decreased the value of benefits? If yes, ch no, check the "No" box		Decrease C Both C No
Part IV ESOPS			
(See Instruc skip this par	ctions). If this is not a plan described under Sec rt.	ction 409(a) or 4975(e)(7) of the	Internal Revenue Code,

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?

11aDoes the ESOP hold any preferred stock?

11bIf the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back"

C Yes C No C Yes C No Yes No loan?(See instructions for definition of "back-to-back" loan.)

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?

