Form 5500	Annual Return/Report of Employee Benefit Plan		OMB Nos. 12	
	This form is required to be filed for employee benefit plans under sections 104		12	10-0089
Department of the Treasury Internal Revenue Service	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).		2012	
Department of Labor Employee Benefits Security Administration	 Complete all entries in accordance with the instructions to the Form 5500. 			
Pension Benefit Guaranty Corporation		This Fo	orm is Open to Pu Inspection	blic
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 t	than 12 months).		
C If the plan is a collectively-bargaine	ed plan, check here		П	
D Check box if filing under:	Form 5558; automatic extension;	_	ロ DFVC program;	
C C	special extension (enter description)			
Part II Basic Plan Inform	nation—enter all requested information			
1a Name of plan WSP FLACK KURTZ, INC. 401(K) RE	·		Three-digit plan number (PN) ▶	003
			Effective date of pla	าก
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) WSP FLACK AND KURTZ, INC.			Employer Identifica Number (EIN) 52-2250060	tion
			Sponsor's telephon number 212-532-9600	
512 SEVENTH AVENUE, 13TH FLOO NEW YORK, NY 10018	DR 512 SEVENTH AVENUE, 13TH FLOOR NEW YORK, NY 10018		Business code (see instructions) 541330	;

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

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

SIGN						
HERE	Signature of plan administrator	Date	Enter name of individual 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						
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	Preparer's telephone number (optional)				
For Pap	For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Form 5500 (2012)					

3a	Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address	3b Administrator's EIN 52-2250060		
51	SP FLACK AND KURTZ, INC. 2 SEVENTH AVENUE, 13TH FLOOR W YORK, NY 10018	3C Administrator's telephone 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	
С	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 fur	nding	g arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)					
	(1)		Insurance		(1)		Insurance		
	(2)	Π	Code section 412(e)(3) insurance contracts		(2)	Π	Code section 412(e)(3) insurance contracts		
	(3)	Х	Trust		(3)	Х	Trust		
	(4)		General assets of the sponsor		(4)		General assets of the sponsor		
10	Check a	all ap	oplicable boxes in 10a and 10b to indicate which schedules are at	ttache	d, and, wh	nere	e indicated, enter the number attached. (See instructions)		
a Pension Schedules b General Schedules									
	(1)	X	R (Retirement Plan Information)		(1)	X	H (Financial Information)		
	(2)		MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	Π	I (Financial Information – Small Plan)		
			Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)		
			actuary		(4)	Х	C (Service Provider Information)		
	(3)	\square	SB (Single-Employer Defined Benefit Plan Actuarial		(5)	X	D (DFE/Participating Plan Information)		
	、 <i>,</i>				Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)

	I					,	
SCHEDULE	SCHEDULE A Insurance Information				OMB No. 1210-0110		
(Form 5500))						
Department of the Treasu Internal Revenue Service		This schedule is required Employee Retirement Ind					2012
Department of Labor Employee Benefits Security Adn	ninistration	► File as an attachment to Form 5500.					
Pension Benefit Guaranty Cor		Insurance companies a	are required to provide t	he informa	tion	This For	m is Open to Public
		•	ERISA section 103(a)(2)				Inspection
For calendar plan year 201 A Name of plan	2 or fiscal plan	year beginning 01/01/2012		and er		2/31/2012	T
WSP FLACK KURTZ, INC.	401(K) RETIR	EMENT SAVINGS PLAN		-	e-digit number (P	N) 🕨	503
						,	
C Plan sponsor's name as	s shown on line	2a of Form 5500		D Emplo	over Identific	cation Number	(EIN)
WSP FLACK AND KURTZ				52-22	-		(
Dart I Informatio	n Concorn	ing Insurance Contract	Coverage Food	nd Com	missions	Duesside inferre	antion for each contract
Part I Informatic on a separate	e Schedule A.	Individual contracts grouped as	a unit in Parts II and III	can be rep	orted on a s	single Schedule	A.
1 Coverage Information:							
(a) Name of insurance car	rier						
ANTHEM BLUE CROSS		IFLD					
(e) Approximate number of Policy or contract year							
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contrac	t end of	(f)	From	(g) ⊤o
95-4331852	62825	276027	372 08		08/01/20)11	06/30/2012
2 Insurance fee and comm descending order of the		tion. Enter the total fees and tota	al commissions paid. L	ist in line 3	the agents,	brokers, and o	ther persons in
	mount of comn	nissions paid		(b) To	otal amount	of fees paid	
		60655					0
3 Persons receiving comr	nissions and fe	ees. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid	
JEROME A. TEPPER			THORNE, NY 10532				
			es and other commission	no noid			
(b) Amount of sales an commissions paid		(c) Amount		(d) Purpos	e		(e) Organization code
	60655		DMINISTRATIVE SERV	., .	-		3
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid	
		Fer	es and other commission	ns paid			
(b) Amount of sales and base commissions paid (c) Amount				(d) Purpos	e		(e) Organization code

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

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

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

Ρ	art I	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indi	vidual contra	acts with each carrier ma	av be treated	d as a unit for purposes of
		this report.				
		ent value of plan's interest under this contract in the general account at yea				
		ent value of plan's interest under this contract in separate accounts at year	end		5	
6		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	h	Dramiuma paid to corrier			6b	
	b C	Premiums paid to carrier Premiums due but unpaid at the end of the year			-	
	d	If the carrier, service, or other organization incurred any specific costs in co				
	ŭ	retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	•	Turns of constructs (1) \Box individual policies (2) \Box group deform	ad annuitu			
	е	Type of contract: (1) individual policies (2) group deferre	ed annully			
		(3) other (specify)				
	£	If contract numbered in whole or in part to distribute bonefits from a term	in oting plan			
7	f	If contract purchased, in whole or in part, to distribute benefits from a term tracts With Unallocated Funds (Do not include portions of these contracts m				
'	a			separate accounts)		
	a			alon guarantee		
		(3) guaranteed investment (4) other	/			
	b	Balance at the end of the previous year				
	C	Additions: (1) Contributions deposited during the year	- (1)			
	-	(2) Dividends and credits				
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier				
		(3) Transferred to separate account				
		(4) Other (specify below)	7e(4)			
		•				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Page 4	4
--------	---

Pa	art II	Welfare Benefit Contract Informat	ion				
		If more than one contract covers the same gr information may be combined for reporting pu					
		the entire group of such individual contracts v	vith each carrier may be t	reated as a u	nit for purposes of this	s report.	
8	Bene	efit and contract type (check all applicable boxes)					
	a	Health (other than dental or vision)	b Dental	С	Vision	(d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	ty g	Supplemental unem	ployment	h Prescription drug
	i [Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify)					
		_					
9	Expe	rience-rated contracts:					
	a	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid	I	9a(2)			
		(3) Increase (decrease) in unearned premium res	erve	9a(3)			
		(4) Earned ((1) + (2) - (3))				9a(4)	
	b	Benefit charges (1) Claims paid		. ,			
		(2) Increase (decrease) in claim reserves		9b(2)			
		(3) Incurred claims (add (1) and (2))					
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (o	n 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					
		(F) Charges for risks or other contingencies					
		(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.)		
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	. 9d(1)	
		(2) Claim reserves					
		(3) Other reserves					
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)	.)	9e	
10	No	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to c	arrier			10a	1107038
	b	If the carrier, service, or other organization incurr					
		retention of the contract or policy, other than repo	orted in Part I, line 2 abov	e, report amo	ount	10b	

Specify nature of costs 🕨

Part IV	Provision of Information			
11 Did th	e 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		Insuran	ce Information	n		OM	IB No. 1210-0110
(Form 5500)		This schedule is required	d to be filed under costic	~ 104 of the			
Department of the Treasu Internal Revenue Servic		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 Adm	ninistration	File as an a	attachment to Form 55	00.			
Pension Benefit Guaranty Cor	poration	Insurance companies a pursuant to E	are required to provide t ERISA section 103(a)(2)		tion	This For	m is Open to Public
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012					2/31/2012		
A Name of plan WSP FLACK KURTZ, INC.	401(K) RETIR	EMENT SAVINGS PLAN			e-digit number (P	N) 🕨	503
C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN 52-2250060 WSP FLACK AND KURTZ, INC. 52-2250060					(EIN)		
		ing Insurance Contract					
1 Coverage Information:							
(a) Name of insurance car	rier						
BLUE CROSS BLUE SHI	ELD OF MASS	ACHUSETTS, INC					
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a		(f)	Policy or co From	ontract year (g) To
04-1045815	53228	4934671		policy or contract year)12	06/30/2012
		tion. Enter the total fees and tot	al commissions paid. L	ist in line 3	the agents,	brokers, and o	ther persons in
descending order of the descending order of the descended by the descended	amount paid. mount of comn	nissions paid		(b) To	otal amount	of fees paid	
		17241		(,			0
3 Persons receiving comm	nissions and fe	es. (Complete as many entries	as needed to report all	persons).			
	(a) Name ar	nd address of the agent, broker,		m commiss	ions or fees	s were paid	
JEROME A. TEPPER			ROADWAY THORNE, NY 10532				
(b) Amount of sales and	d base	Fee	es and other commission	ns paid			-
commissions paid		(c) Amount		(d) Purpos	е		(e) Organization code
17241 C			DMINISTRATIVE FEES				3
	(a) Name ar	nd address of the agent, broker,	or other person to who	m commiss	ions or fees	s were paid	
(b) Amount of sales and	d base	Fee	es and other commission	ns paid			
commissions paid		(c) Amount		(d) Purpos	e		(e) Organization code

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

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

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

Ρ	art I	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indi	vidual contra	acts with each carrier ma	av be treated	d as a unit for purposes of
		this report.				
		ent value of plan's interest under this contract in the general account at yea				
		ent value of plan's interest under this contract in separate accounts at year	end		5	
6		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	h	Dramiuma paid to corrier			6b	
	b C	Premiums paid to carrier Premiums due but unpaid at the end of the year			-	
	d	If the carrier, service, or other organization incurred any specific costs in co				
	ŭ	retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	•	Turns of constructs (1) \Box individual policies (2) \Box group deform	ad annuitu			
	е	Type of contract: (1) individual policies (2) group deferre	ed annully			
		(3) other (specify)				
	f	If contract numbered in whole or in part to distribute bonefits from a term	in oting plan			
7	f	If contract purchased, in whole or in part, to distribute benefits from a term tracts With Unallocated Funds (Do not include portions of these contracts m				
'	a			separate accounts)		
	a			alon guarantee		
		(3) guaranteed investment (4) other	/			
	b	Balance at the end of the previous year				
	C	Additions: (1) Contributions deposited during the year	- (1)			
	-	(2) Dividends and credits				
		(3) Interest credited during the year	- (0)			
		(4) Transferred from separate account				
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier				
		(3) Transferred to separate account				
		(4) Other (specify below)	7e(4)			
		•				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Page 4	4
--------	---

Pa	rt III	Welfare Benefit Contract Information	tion				
		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					s cover individual employees,
8	Bene	fit and contract type (check all applicable boxes)				. op o. u	
•	a 🗴	Health (other than dental or vision)	b Dental	c	Vision	(d Life insurance
	еГ	Temporary disability (accident and sickness)	f Long-term disabilit	-	Supplemental unem		h Prescription drug
	Ě						
	יַ	Stop loss (large deductible)	j HMO contract	ĸ	PPO contract		I Indemnity contract
	m	Other (specify)					
9	•	rience-rated contracts:		a (1)			4
		Premiums: (1) Amount received		9a(1)			4
		(2) Increase (decrease) in amount due but unpai					-
		(3) Increase (decrease) in unearned premium res				0-(4)	
	-	(4) Earned ((1) + (2) - (3))				9a(4)	
		Benefit charges (1) Claims paid					4
		(2) Increase (decrease) in claim reserves				0h/2)	-
		(3) Incurred claims (add (1) and (2))				9b(3) 9b(4)	4
		 (4) Claims charged Remainder of premium: (1) Retention charges (or 				90(4)	
	С	(A) Commissions	,	9c(1)(A)			4
		(B) Administrative service or other fees		9c(1)(A) 9c(1)(B)			4
		(C) Other specific acquisition costs					1
		(D) Other expenses		a (1)(B)			1
		(E) Taxes					1
		(F) Charges for risks or other contingencies.					1
		(G) Other retention charges					-
		(H) Total retention				9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These	_				
		Status of policyholder reserves at end of year: (1				9d(1)	
		(2) Claim reserves	, ,			9d(2)	
		(3) Other reserves				9d(3)	
		Dividends or retroactive rate refunds due. (Do n				9e	
10		nexperience-rated contracts:		(-)	,,		
-		Total premiums or subscription charges paid to o	carrier			10a	565950
	-	If the carrier, service, or other organization incur					
		retention of the contract or policy, other than rep				10b	

Specify nature of costs 🕨

Part IV	Provision of Information			
11 Did	he insurance company fail to provide any information necessary to complete Schedule A?	Yes	× No	
12 If th	answer to line 11 is "Yes," specify the information not provided.			

Internal Revenue Service' Employee Retirement I noome Security Act of 1974 Department of Labor File as an attachment to Form 5500 Pension Benefit Guaranty Corporation Insurance companies are required to provide the pursuant to ERISA section 103(a)(2). For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 A Name of plan MSP FLACK KURTZ, INC. 401(K) RETIREMENT SAVINGS PLAN C Plan sponsor's name as shown on line 2a of Form 5500 Information Concerning Insurance Contract Coverage, Fees, and on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can code 1 Coverage Information: (d) Contract or identification number persons covered at e policy or contract y (b) EIN (c) NAIC code (d) Contract or identification number persons covered at e policy or contract y 13-5123390 64246 00307090 310 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List descending order of the amount paid. 17242 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all pe (a) Name and address of the agent, broker, or other person to whom or PROFESSIONAL GROUP MKT IN S0 BROADWAY HAWTHORNE, NY 10532 (b) Amount of sales and	n				
Imployee Retirement Income Security Act of 1974 Employee Retirement Income Security Act of 1974 Employee Retirement Income Security Act of 1974 Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation Insurance companies are required to provide the pursuant to ERISA section 103(a)(2). For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 A Name of plan WSP FLACK KURTZ, INC. 401(K) RETIREMENT SAVINGS PLAN C Plan sponsor's name as shown on line 2a of Form 5500 WSP FLACK AND KURTZ, INC. Part I Information Concerning Insurance Contract Coverage, Fees, and on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III care 1 Coverage Information: (a) Name of insurance carrier GUARDIAN (b) EIN (c) NAIC (d) Contract or identification number policy or contract y 13-5123390 64246 00307090 310 2 Insurance fee and commissions and fees. (Complete as many entries as needed to report al				MB No. 1210-0110	
Employee Beriefits Security Administration File as an attachment to Form 5500 Insurance companies are required to provide the pursuant to ERISA section 103(a)(2). For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 A Name of plan WSP FLACK KURTZ, INC. 401(K) RETIREMENT SAVINGS PLAN C Plan sponsor's name as shown on line 2a of Form 5500 WSP FLACK AND KURTZ, INC. Part I Information Concerning Insurance Contract Coverage, Fees, and on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can C Coverage Information: 	Internal Revenue Service Employee Retirement Income Security Act of 1974 (ERISA).			2012	
Part I Insurance for ERSA section 103(a)(2). For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 A Name of plan WSP FLACK KURTZ, INC. 401(K) RETIREMENT SAVINGS PLAN C Plan sponsor's name as shown on line 2a of Form 5500 WSP FLACK AND KURTZ, INC. Information Concerning Insurance Contract Coverage, Fees, and on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can 1 C overage Information: (a) Name of insurance carrier (d) Contract or identification number (b) EIN (c) NAIC (c) NAIC (d) Contract or identification number 13-5123390 64246 00307090 310 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List descending order of the amount paid. (a) Total amount of commissions paid 17242 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all pe (a) Name and address of the agent, broker, or other person to whom of HAWTHORNE, NY 10532 (b) Amount of sales and base commissions paid Fees and other commissions commissions paid (c) Amount of sales and base commissions paid (c) Amount (b) Arnount of sales and base commissions paid (c) Amount (c) Amount of	500.				
A Name of plan Image: Constraint of the amount amount of the amount amount of the		ion	This Fo	orm is Open to Public Inspection	
WSP FLACK KURTZ, INC. 401(K) RETIREMENT SAVINGS PLAN C Plan sponsor's name as shown on line 2a of Form 5500 WSP FLACK AND KURTZ, INC. Part I Information Concerning Insurance Contract Coverage, Fees, and on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can 1 Coverage Information: (a) Name of insurance carrier GUARDIAN (c) NAIC code (d) Contract or identification number (b) EIN (c) NAIC code (d) Contract or identification number 13-5123390 64246 00307090 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List descending order of the amount paid. (a) Total amount of commissions paid 17242 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all pe (a) Name and address of the agent, broker, or other person to whom of PROFESSIONAL GROUP MKT IN S0 BROADWAY HAWTHORNE, NY 10532 (b) Amount of sales and base commissions paid C) Amount (d) 17242 (b) Amount of sales and base Fees and other commissions commissions paid (d) 17242	and end	ding 12/	/31/2012	mopoetten	
WSP FLACK AND KURTZ, INC. Part I Information Concerning Insurance Contract Coverage, Fees, and on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III candidated contracts grouped as a unit in Parts II and III candidated contracts grouped as a unit in Parts II and III candidated contracts grouped as a unit in Parts II and III candidated contracts grouped as a unit in Parts II and III candidated contracts grouped as a unit in Parts II and III candidated contracts grouped as a unit in Parts II and III candidated contracts grouped as a unit in Parts II and III candidated contracts grouped as a unit in Parts II and III candidated contracts grouped as a unit in Parts II and III candidated contracts grouped as a unit in Parts II and III candidated contracts grouped as a unit in Parts II and III candidated contracts grouped as a unit in Parts II and III candidated contracts grouped as a unit in Parts II and III candidated contracts grouped as a unit in Parts II and III candidated contracts grouped as a unit in Parts II and III candidated contracts grouped as a unit in Parts II and III candidated contracts grouped as a unit in Parts II and III candidated contract or identification number (b) EIN (c) NAIC (d) Contract or identification number (e) Approximate num persons covered at a policy or contract y 13-5123390 64246 00307090 310 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List descending order of the amount of commissions paid 17242 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons covered atereport and address of the agent, broker, or other pers		e-digit number (PN	N) 🕨	503	
WSP FLACK AND KURTZ, INC. Part I Information Concerning Insurance Contract Coverage, Fees, and on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can 1 Coverage Information: (a) Name of insurance carrier GUARDIAN (b) EIN (c) NAIC code (d) Contract or identification number (e) Approximate num persons covered at e policy or contract y 13-5123390 64246 00307090 310 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List descending order of the amount paid. 17242 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons to whom on the person cover of the agent, broker, or other person to whom on the person to the person t					
on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III car 1 Coverage Information: (a) Name of insurance carrier GUARDIAN (b) EIN (c) NAIC code (d) Contract or identification number (e) Approximate num persons covered at e policy or contract y 13-5123390 64246 00307090 310 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List descending order of the amount paid. 17242 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all pe (a) Name and address of the agent, broker, or other person to whom other PROFESSIONAL GROUP MKT IN 50 BROADWAY HAWTHORNE, NY 10532 (b) Amount of sales and base commissions paid Fees and other commissions (c) Amount of sales and base (c) Amount (d) 17242 7558	52-225	•	ation Number	(EIN)	
(a) Name of insurance carrier GUARDIAN (b) EIN (c) NAIC code (d) Contract or identification number (e) Approximate num persons covered at epolicy or contract y 13-5123390 64246 00307090 310 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List descending order of the amount paid. Insurance fee and commissions and fees. (Complete as many entries as needed to report all persons receiving commissions and fees. (Complete as many entries as needed to report all persons PROFESSIONAL GROUP MKT IN So BROADWAY HAWTHORNE, NY 10532 (b) Amount of sales and base commissions paid Fees and other commissions for the amount of the amount paid. (b) Amount of sales and base commissions paid Fees and other commissions for the amount of the amount of the amount person to whom the amount of the amount of the amount person to whom the amount person to the amount person to whom the amount person to the amoun	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.				
(a) Name of insurance carrier GUARDIAN (b) EIN (c) NAIC code (d) Contract or identification number (e) Approximate num persons covered at epolicy or contract y 13-5123390 64246 00307090 310 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List descending order of the amount paid. (a) Total amount of commissions paid 17242 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons to whom of PROFESSIONAL GROUP MKT IN So BROADWAY HAWTHORNE, NY 10532 (b) Amount of sales and base commissions paid (c) Amount (d) 17242 17242 7558 ADMINSTRATIVE FEES, Commissions	•		0		
GUARDIAN (b) EIN (c) NAIC code (d) Contract or identification number (e) Approximate num persons covered at e policy or contract y 13-5123390 64246 00307090 310 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List descending order of the amount paid. 17242 (a) Total amount of commissions paid 17242 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all pe (a) Name and address of the agent, broker, or other person to whom of PROFESSIONAL GROUP MKT IN 50 BROADWAY HAWTHORNE, NY 10532 (b) Amount of sales and base commissions paid Fees and other commissions (b) Amount of sales and base Fees and other commissions (c) Amount of sales and base Co Amount (d) 17242 7558 ADMINSTRATIVE FEES, Or					
(b) EIN(c) NAIC code(d) Contract or identification number(e) Approximate num persons covered at e policy or contract y13-512339064246003070903102Insurance fee and commission information. Enter the total fees and total commissions paid. List descending order of the amount paid.Enter the total fees and total commissions paid. List 172423Persons receiving commissions and fees. (Complete as many entries as needed to report all pe 					
(b) EIN (c) NAIC code (d) Contract or identification number persons covered at epolicy or contract y 13-5123390 64246 00307090 310 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List descending order of the amount paid. 17242 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all pe (a) Name and address of the agent, broker, or other person to whom of PROFESSIONAL GROUP MKT IN 50 BROADWAY HAWTHORNE, NY 10532 (b) Amount of sales and base commissions paid Fees and other commissions (c) Amount of sales and base Commissions paid 17242 7558	umbor of		Policy or c	contract year	
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List descending order of the amount paid. (a) Total amount of commissions paid 17242 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons receiving commissions and fees. (Complete as many entries as needed to report all persons receiving commissions and fees. (Complete as many entries as needed to report all 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 of PROFESSIONAL GROUP MKT IN SO BROADWAY 50 BROADWAY HAWTHORNE, NY 10532 HAWTHORNE, NY 10532 (b) Amount of sales and base commissions paid Fees and other commissions 17242 7558 ADMINSTRATIVE FEES, Commissions 17242	at end of	(f)	From	(g) To	
descending order of the amount paid. (a) Total amount of commissions paid 17242 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all person (a) Name and address of the agent, broker, or other person to whom of the agent, broker, or other person to whom of the agent, broker, or other person to whom of the agent, broker, NY 10532 PROFESSIONAL GROUP MKT IN 50 BROADWAY HAWTHORNE, NY 10532 (b) Amount of sales and base commissions paid (c) Amount (d) Amount of sales and base 17242 17242 17242	10	08/01/20	11	07/31/2012	
(a) Total amount of commissions paid 17242 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all pe (a) Name and address of the agent, broker, or other person to whom of the agent, broker, or other person tothe agent, broker, or other person to whom of the agent,	ist in line 3 t.	the agents,	brokers, and o	other persons in	
3 Persons receiving commissions and fees. (Complete as many entries as needed to report all pe (a) Name and address of the agent, broker, or other person to whom of 50 BROADWAY HAWTHORNE, NY 10532 (b) Amount of sales and base commissions paid Fees and other commissions of (c) Amount (d) 17242 7558	(b) To	otal amount	of fees paid		
(a) Name and address of the agent, broker, or other person to whom of the agent, broker, and broker, broker, and				7558	
PROFESSIONAL GROUP MKT IN 50 BROADWAY HAWTHORNE, NY 10532 (b) Amount of sales and base commissions paid Fees and other commissions (c) Amount (d) 17242 7558	persons).				
(b) Amount of sales and base commissions paid Fees and other commissions 17242 7558	m commissi	ions or fees	were paid		
(c) Amount of sales and base commissions paid (c) Amount (d) 17242 7558 ADMINSTRATIVE FEES, CO					
commissions paid (c) Amount (d) 17242 7558 ADMINSTRATIVE FEES, Comparison of the second	ns paid				
	(d) Purpose			(e) Organization code	
(a) Name and address of the agent, broker, or other person to whom a	, COMISSIO	DNS		3	
	m commissi	ions or fees	were paid		

(b) Amount of sales and base	F		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
For Paperwork Reduction Act Notice	dule A (Form 5500) 2012		
	v. 120126		

Т

T

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

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

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					d as a unit for purposes of	
		this report.				
		ent value of plan's interest under this contract in the general account at yea				
		ent value of plan's interest under this contract in separate accounts at year	end		5	
6		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	h	Dramiuma paid to corrier			6b	
	b C	Premiums paid to carrier Premiums due but unpaid at the end of the year			-	
	d	If the carrier, service, or other organization incurred any specific costs in co				
	ŭ	retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	•	Turns of constructs (1) \Box individual policies (2) \Box group deform	ad annuitu			
	е	Type of contract: (1) individual policies (2) group deferre	ed annully			
		(3) other (specify)				
	£	If contract numbered in whole or in part to distribute bonefits from a term	in oting plan			
7	f	If contract purchased, in whole or in part, to distribute benefits from a term tracts With Unallocated Funds (Do not include portions of these contracts m				
'	a			separate accounts)		
	a			alon guarantee		
		(3) guaranteed investment (4) other	/			
	b	Balance at the end of the previous year				
	C	Additions: (1) Contributions deposited during the year	- (1)			
	-	(2) Dividends and credits				
		(3) Interest credited during the year	- (0)			
		(4) Transferred from separate account				
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier				
		(3) Transferred to separate account				
		(4) Other (specify below)	7e(4)			
		•				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Page	4
Page	4

Pa	art II	Welfare Benefit Contract Informat	ion				
		If more than one contract covers the same gruinformation may be combined for reporting put					
		the entire group of such individual contracts w	vith each carrier may be tr	reated as a u	nit for purposes of this	report.	
8	Bene	efit and contract type (check all applicable boxes)					
	a	Health (other than dental or vision)	b 🛛 Dental	С	Vision	(d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disability	y g	Supplemental unemp	oloyment I	h Prescription drug
	i [Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify)	_				_
9	Expe	rience-rated contracts:					
•	•	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid	-	9a(2)			1
		(3) Increase (decrease) in unearned premium res		9a(3)			1
		(4) Earned ((1) + (2) - (3))	-			9a(4)	
	-	Benefit charges (1) Claims paid	F				
		(2) Increase (decrease) in claim reserves		9b(2)			1
		(3) Incurred claims (add (1) and (2))	-			9b(3)	
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (or	n 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)		1	
		(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 b	penefits after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	in line 9c(2) .	.)	9e	
10) Noi	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to c	arrier			10a	234495
	b	If the carrier, service, or other organization incurr					
		retention of the contract or policy, other than repo	orted in Part I, line 2 above	e, report amo	unt	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	X No	
12	If the answer to line 11 is "Yes," specify the information not provided.			

SCHEDULE		Insurance Information			OM	OMB No. 1210-0110		
(Form 5500)							<u> </u>	
Department of the Treasu Internal Revenue Servic		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 Adm	inistration	File as an	attachment to Form 55	00.				
Pension Benefit Guaranty Corp	poration		are required to provide t ERISA section 103(a)(2)		ion		m is Open to Public Inspection	
For calendar plan year 2012	2 or fiscal plar	n year beginning 01/01/2012		and er	iding 12	2/31/2012	•	
A Name of plan WSP FLACK KURTZ, INC.	401(K) RETIR	EMENT SAVINGS PLAN			e-digit number (P	N) 🕨	503	
0				D =			(-	
	C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) WSP FLACK AND KURTZ, INC. 52-2250060					(EIN)		
		ing Insurance Contract Individual contracts grouped as						
1 Coverage Information:								
(a) Name of insurance carr	rier							
GUARDIAN		<u>_</u>						
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of Policy or of persons covered at end of policy or contract year (f) From				ontract year (g) To	
13-5123390 64246 00018653 264 01/01/2012				12/31/2012				
2 Insurance fee and comm descending order of the a		ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents,	brokers, and o	ther persons in	
(a) Total ar	mount of comr	nissions paid		(b) To	otal amount	of fees paid		
		3184					859	
3 Persons receiving comm	nissions and fe	ees. (Complete as many entries	s as needed to report all	persons).				
	(a) Name a	nd address of the agent, broker	· · · · · · · · · · · · · · · · · · ·	m commiss	ions or fees	s were paid		
GA SOLUTIONS LLC			LEXINGTON AVENUE V YORK, NJ 10017					
(b) Amount of sales and			es and other commission				-	
commissions paid		(c) Amount		(d) Purpos	е		(e) Organization code	
3184 859			DMINISTRATIVE				3	
	(a) Name a	nd address of the agent, broker	, or other person to who	m commiss	ions or fees	s were paid		
(b) Amount of sales and	d base	Fe	es and other commission	ns paid				
commissions paid		(c) Amount		(d) Purpos	e		(e) Organization code	

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

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

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

Ρ	Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv		vidual contra	acts with each carrier ma	av be treated	d as a unit for purposes of
		this report.				
		ent value of plan's interest under this contract in the general account at yea				
		ent value of plan's interest under this contract in separate accounts at year		5		
6		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	h	Dramiuma paid to corrier			6b	
	b C	Premiums paid to carrier Premiums due but unpaid at the end of the year			-	
	d	If the carrier, service, or other organization incurred any specific costs in co				
	ŭ	retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	•	Turns of constructs (1) \Box individual policies (2) \Box group deform	ad annuitu			
	е	Type of contract: (1) individual policies (2) group deferre	ed annully			
		(3) other (specify)				
	f	If contract numbered in whole or in part to distribute bonefits from a term	in oting plan			
7	f	If contract purchased, in whole or in part, to distribute benefits from a term tracts With Unallocated Funds (Do not include portions of these contracts m				
'	a			separate accounts)		
	a			alon guarantee		
		(3) guaranteed investment (4) other	/			
	b	Balance at the end of the previous year				
	C	Additions: (1) Contributions deposited during the year	- (1)			
	-	(2) Dividends and credits				
		(3) Interest credited during the year	- (0)			
		(4) Transferred from separate account				
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier				
		(3) Transferred to separate account				
		(4) Other (specify below)	7e(4)			
		•				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Page 4	
--------	--

Pa	art II	Welfare Benefit Contract Informat	ion					
		If more than one contract covers the same gr information may be combined for reporting pu						~
		the entire group of such individual contracts						з,
8	Bene	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	c	Vision		d Life insurance	
	e	Temporary disability (accident and sickness)	f Long-term disabilit	y g	Supplemental unem	ployment	h Prescription drug	
	iΪ	Stop loss (large deductible)	j HMO contract	, c_ k∏	PPO contract		I Indemnity contract	
	m	Other (specify)	,	L				
9	Expe	rience-rated contracts:						
	•	Premiums: (1) Amount received		9a(1)			1	
		(2) Increase (decrease) in amount due but unpaid	1	9a(2)				
		(3) Increase (decrease) in unearned premium res	erve	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)		
	С	Remainder of premium: (1) Retention charges (o	n 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	······	····· <u></u> ··		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)		
	е	Dividends or retroactive rate refunds due. (Do not	ot include amount entered	l in line 9c(2)	.)	. 9e		
10	No	nexperience-rated contracts:						
	а	Total premiums or subscription charges paid to c	arrier			10a	19	810
	b	If the carrier, service, or other organization incurr						
		retention of the contract or policy, other than repe	orted in Part I, line 2 above	e, report amo	ount	. 10b		

Specify nature of costs 🕨

Part IV	Provision of Information			
11 Did th	e 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	A	Insuranc	ce Information	n		OM	1B No. 1210-0110
•	(Form 5500)						
Department of the Treas Internal Revenue Serv		This schedule is required Employee Retirement Inc					2012
Department of Labo Employee Benefits Security Ad		File as an a	ttachment to Form 55	00.			
Pension Benefit Guaranty Co	orporation	 Insurance companies a pursuant to E 	re required to provide to RISA section 103(a)(2)		ion	This For	m is Open to Public
For calendar plan year 20	12 or fiscal plar	vear beginning 01/01/2012		and en	ding 12	2/31/2012	•
A Name of plan WSP FLACK KURTZ, INC	2. 401(K) RETIF	REMENT SAVINGS PLAN			e-digit number (Pl	N) 🕨	503
C Plan sponsor's name a WSP FLACK AND KURTZ		e 2a of Form 5500		D Emplo 52-225	-	cation Number ((EIN)
		ing Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
FIRST UNUM LIFE INSU	IRANCE COMF	PANY					
	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a			Policy or co	ontract year
(b) EIN	code	identification number	policy or contrac		(f)	From	(g) To
13-1898173	64297	000000223294	47	70	03/01/20)12	03/01/2013
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	al commissions paid. Li	ist in line 3	the agents,	brokers, and o	ther persons in
(a) Total a	amount of comr	nissions paid		(b) To	otal amount	of fees paid	
		12121					793
3 Persons receiving com		ees. (Complete as many entries	•	. ,			
		nd address of the agent, broker,	or other person to whor OADWAY	m commiss	ions or fees	were paid	
PROFESSIONAL GROUP MARKETING I 50 BROADWAY HAWTHORNE, NY 10532							
(b) Amount of sales ar	nd base	Fee	s and other commission	ns paid			
commissions paid (c) Amount (d) Purpose			Э		(e) Organization code		
	12121	793 AC	DMINISTRATIVE				3
	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
	(w) Name a	na addrood of the agont, broker,					
		_					

(b) Amount of sales and base	F	1	
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
For Paperwork Reduction Act Notice	dule A (Form 5500) 2012		
-			v. 120126

(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	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		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	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		(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid				

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

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

Ρ	art I	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indi	av be treated	d as a unit for purposes of		
		this report.				
		ent value of plan's interest under this contract in the general account at yea				
		ent value of plan's interest under this contract in separate accounts at year	5			
6		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	h	Dramiuma paid to corrier			6b	
	b C	Premiums paid to carrier Premiums due but unpaid at the end of the year			-	
	d	If the carrier, service, or other organization incurred any specific costs in co				
	ŭ	retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	•	Turns of constructs (1) \Box individual policies (2) \Box group deform	ad annuitu			
	е	Type of contract: (1) individual policies (2) group deferre	ed annully			
		(3) other (specify)				
	f	If contract numbered in whole or in part to distribute bonefits from a term	in oting plan			
7	f	If contract purchased, in whole or in part, to distribute benefits from a term tracts With Unallocated Funds (Do not include portions of these contracts m				
'	a			separate accounts)		
	a			alon guarantee		
		(3) guaranteed investment (4) other	/			
	b	Balance at the end of the previous year				
	C	Additions: (1) Contributions deposited during the year	- (1)			
	-	(2) Dividends and credits				
		(3) Interest credited during the year	- (0)			
		(4) Transferred from separate account				
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier				
		(3) Transferred to separate account				
		(4) Other (specify below)	7e(4)			
		•				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Page	4
------	---

	Part II	Welfare Benefit Contract Informat	tion				
		If more than one contract covers the same g					
		information may be combined for reporting p the entire group of such individual contracts					cover individual employees,
-	B Ben	efit and contract type (check all applicable boxes)	· · · · ·				
	a	Health (other than dental or vision)	b Dental	c	Vision	C	X Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit		Supplemental unem	olovment k	Prescription drug
	; [Stop loss (large deductible)	j HMO contract		PPO contract		I Indemnity contract
	' L			r [
	m	Other (specify)					
_	<u> </u>						
;	•	erience-rated contracts:		0=(4)			
	a	Premiums: (1) Amount received		9a(1) 9a(2)			
		(2) Increase (decrease) in amount due but unpair(3) Increase (decrease) in unearned premium res					
		(4) Earned ((1) + (2) - (3))				9a(4)	
	b	Benefit charges (1) Claims paid				00(4)	
	~	(2) Increase (decrease) in claim reserves					
		(3) Incurred claims (add (1) and (2))				9b(3)	
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (c					
		(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					
		(F) Charges for risks or other contingencies .					
		(G) Other retention charges		9c(1)(G)		1	
		(H) Total retention	_			9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These	e 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	r retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	e	Dividends or retroactive rate refunds due. (Do n	ot include amount entered	l in line 9c(2)	.)	. 9e	
		nexperience-rated contracts:					
	-	Total premiums or subscription charges paid to o				10a	105777
	a	If the carrier, service, or other organization incur retention of the contract or policy, other than rep				10b	

Specify nature of costs 🕨

Part IV	Provision of Information			
11 Did	he insurance company fail to provide any information necessary to complete Schedule A?	Yes	× No	
12 If th	e answer to line 11 is "Yes," specify the information not provided.			

SCHEDULE		Insuranc	Insurance Information			OMB No. 1210-0110	
(Form 5500 Department of the Treas	,	This schedule is required to be filed under section 104 of the					
Internal Revenue Serv	vice	Employee Retirement Income Security Act of 1974 (ERISA).					2012
Department of Labo Employee Benefits Security Ad		File as an a	File as an attachment to Form 5500.				
Pension Benefit Guaranty Co	prporation	 Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). 			This F	orm is Open to Public Inspection	
For calendar plan year 20	12 or fiscal plan	year beginning 01/01/2012		and en	ding 12/3	31/2012	
A Name of plan WSP FLACK KURTZ, INC	2. 401(K) RETIR	REMENT SAVINGS PLAN			e-digit number (PN) 🕨	503
C Plan sponsor's name a WSP FLACK AND KURTZ		e 2a of Form 5500		D Emplo 52-225	oyer Identifica	tion Numbe	ər (EIN)
		ing Insurance Contract (Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
VISION SERVICE PLAN							
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or	r contract year
(b) EIN	code	identification number	persons covered a policy or contrac		(f)	From	(g) To
04-2718308	47093	30001261	18	82	01/01/201	2	12/31/2012
2 Insurance fee and com descending order of the		tion. Enter the total fees and tota	al commissions paid. L	ist in line 3	the agents, b	orokers, and	d other persons in
	amount of comn	nissions paid		(b) To	otal amount o	f fees paid	
		1137				•	1
3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker,			ions or fees v	were paid	
WILLIAM GALLAGHER A	ASSOCIATES	470 A	RANCE BROKERS INC TLANTIC AVE ON, MA 02210				
(b) Amount of sales ar	nd base	Fee	s and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	9		(e) Organization code
	328	0 CC	DMISSIONS				3
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid	•
JEROME TEPPER		50 BR	OADWAY HORNE, NY 10532				
	I						
(b) Amount of sales ar			s and other commission				
commissions pa	id	(c) Amount	MINISTRATIVE, COM	(d) Purpose	9		(e) Organization code
	009			0010100			3
For Paperwork Reductio	on Act Notice a	nd OMB Control Numbers, see	the instructions for F	Form 5500.		Scl	nedule A (Form 5500) 2012 v. 120126

(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	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		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	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	Fees and other commissions paid					
commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid				

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

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

Ρ	art I	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indi	vidual contra	acts with each carrier ma	av be treated	d as a unit for purposes of
		this report.				
		ent value of plan's interest under this contract in the general account at yea				
		ent value of plan's interest under this contract in separate accounts at year	end		5	
6		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	h	Dramiuma paid to corrier			6b	
	b C	Premiums paid to carrier Premiums due but unpaid at the end of the year				
	d	If the carrier, service, or other organization incurred any specific costs in co				
	ŭ	retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	•	Turns of constructs (1) \Box individual policies (2) \Box group deform	ad annuitu			
	е	Type of contract: (1) individual policies (2) group deferre	ed annully			
		(3) other (specify)				
	£	If contract numbered in whole or in part to distribute bonefits from a term	in oting plan			
7	f	If contract purchased, in whole or in part, to distribute benefits from a term tracts With Unallocated Funds (Do not include portions of these contracts m				
'	a			separate accounts)		
	a			alon guarantee		
		(3) guaranteed investment (4) other	/			
	b	Balance at the end of the previous year				
	C	Additions: (1) Contributions deposited during the year	- (1)			
	-	(2) Dividends and credits				
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier				
		(3) Transferred to separate account				
		(4) Other (specify below)	7e(4)			
		•				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Page	4
------	---

Pa	art II	Welfare Benefit Contract Informat	ion					
		If more than one contract covers the same gr information may be combined for reporting pu						2
		the entire group of such individual contracts						,
8	Bene	efit and contract type (check all applicable boxes)						
	a	Health (other than dental or vision)	b Dental	с×	Vision	(d Life insurance	
	еĪ	Temporary disability (accident and sickness)	f Long-term disabili	ty g	Supplemental unem	ployment	h Prescription drug	
	iΓ	Stop loss (large deductible)	i HMO contract	, S_ k[PPO contract		I Indemnity contract	
		Other (specify)		۰L				
	m	Other (specify)						
9	Expe	rience-rated contracts:						
	•	Premiums: (1) Amount received		9a(1)			1	
		(2) Increase (decrease) in amount due but unpaid	I				1	
		(3) Increase (decrease) in unearned premium res	erve	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)		
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)	. <u> </u>				
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs						
		(D) Other expenses		9c(1)(D)				
		(E) Taxes						
		(F) Charges for risks or other contingencies.						
		(G) Other retention charges		9c(1)(G)		1		
		(H) Total retention	—	_		. 9c(1)(H)		
		(2) Dividends or retroactive rate refunds. (These				~ ~ /		
		Status of policyholder reserves at end of year: (1				. 9d(1)		
		(2) Claim reserves				. 9d(2)		
		(3) Other reserves				. 9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not	ot include amount entered	d in line 9c(2)	.)	. 9e		
10		nexperience-rated contracts:						
		Total premiums or subscription charges paid to c				. 10a	110	369
		If the carrier, service, or other organization incurr				104		
		retention of the contract or policy, other than repe	orred in Part I, line 2 abov	e, report amo	ount	. 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.			

						1		
SCHEDULE	A	Insurance Information			OMB No. 1210-0110			
(Form 5500	-	This askedula is required to be filed under continue 404 of the						
Department of the Treas Internal Revenue Serv		This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).					2012	
Department of Labo Employee Benefits Security Ad		File as an attachment to Form 5500.						
Pension Benefit Guaranty Co	prporation	 Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). 					rm is Open to Public Inspection	
For calendar plan year 20	12 or fiscal pla	n year beginning 01/01/2012		and er	iding 12	2/31/2012	inspection	
A Name of plan WSP FLACK KURTZ, INC	2. 401(K) RETII	REMENT SAVINGS PLAN			e-digit number (P	N) 🕨	503	
C Plan sponsor's name a WSP FLACK AND KURTZ		e 2a of Form 5500		D Emplo 52-22	-	cation Number	(EIN)	
		ing Insurance Contract Individual contracts grouped as						
1 Coverage Information:								
(a) Name of insurance ca	rrier							
OXFORD HEALTH INSU								
		(al) Construct or	(e) Approximate n	umber of		Policy or contract year		
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract		(f)	From	(g) To	
22-2797560	78026	FK01001	32	29	08/01/2011		06/30/2012	
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents,	brokers, and c	other persons in	
(a) Total a	amount of com	missions paid		(b) To	otal amount	of fees paid		
		61196						
3 Persons receiving com	missions and f	ees. (Complete as many entries	as needed to report all	persons).				
		ind address of the agent, broker	, or other person to who ROADWAY	m commiss	ions or fees	s were paid		
PROFESSIONAL GROU	PMKIG	DU B HAW	THORNE, NY 10532					
(b) Amount of sales ar	nd base	Fe	es and other commissio	ns paid				
commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code	
61196							3	
	(a) Name a	Ind address of the agent, broker	, or other person to who	m commiss	ions or fees	s were paid		
(b) Amount of sales ar	nd base	Fe	es and other commissio	ns paid				
commissions pa		(c) Amount	(d) Purpose			(e) Organization code		

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

Schedule A (Form 5500) 2012 v. 120126

(b) Amount of sales and base commissions paid		(e) Organization	
	(c) Amount	(d) Purpose	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		(e) Organization	
	(c) Amount	(d) Purpose	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	Fees and other commissions paid					
commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid				

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

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

Ρ	art I	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indi	vidual contra	acts with each carrier ma	av be treated	d as a unit for purposes of
		this report.				
		ent value of plan's interest under this contract in the general account at yea				
		ent value of plan's interest under this contract in separate accounts at year	end		5	
6		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	h	Dramiuma paid to corrier			6b	
	b C	Premiums paid to carrier Premiums due but unpaid at the end of the year			-	
	d	If the carrier, service, or other organization incurred any specific costs in co				
	ŭ	retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	•	Turns of constructs (1) \Box individual policies (2) \Box group deform	ad annuitu			
	е	Type of contract: (1) individual policies (2) group deferre	ed annully			
		(3) other (specify)				
	f	If contract numbered in whole or in part to distribute bonefits from a term	in oting plan			
7	f	If contract purchased, in whole or in part, to distribute benefits from a term tracts With Unallocated Funds (Do not include portions of these contracts m				
'	a			separate accounts)		
	a			alon guarantee		
		(3) guaranteed investment (4) other	/			
	b	Balance at the end of the previous year				
	C	Additions: (1) Contributions deposited during the year	- (1)			
	-	(2) Dividends and credits				
		(3) Interest credited during the year	- (0)			
		(4) Transferred from separate account				
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier				
		(3) Transferred to separate account				
		(4) Other (specify below)	7e(4)			
		•				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Page 4	4
--------	---

Pa	art II	Welfare Benefit Contract Informat	ion								
		If more than one contract covers the same gr									
		information may be combined for reporting put the entire group of such individual contracts							ts cov	er individual employee	s,
8	Bene	fit and contract type (check all applicable boxes)	nar ou								
•	a	1	b∏	Dental	c	Vision	n		d∏	Life insurance	
						_			. 님		
	e	Temporary disability (accident and sickness)		Long-term disabili	·		emental une	mpioyment	h∐	Prescription drug	
	i	Stop loss (large deductible)	j	HMO contract	k	PPO o	contract		I	Indemnity contract	
	m	Other (specify)									
9	Expe	rience-rated contracts:				T					
		Premiums: (1) Amount received			. 9a(1)						
		(2) Increase (decrease) in amount due but unpaid									
		(3) Increase (decrease) in unearned premium res									
	-	(4) Earned ((1) + (2) - (3))						9a(4)			
	b	Benefit charges (1) Claims paid									
		(2) Increase (decrease) in claim reserves			· · · · ·						
		(3) Incurred claims (add (1) and (2))						9b(3)			
		(4) Claims charged						9b(4)			
	С	Remainder of premium: (1) Retention charges (o	n an a	ccrual basis)		1					
		(A) Commissions							_		
		(B) Administrative service or other fees									
		(C) Other specific acquisition costs			-				_		
		(D) Other expenses			9c(1)(D)						
		(E) Taxes									
		(F) Charges for risks or other contingencies									
		(G) Other retention charges			9c(1)(G)						
		(H) Total retention		_	_)		
		(2) Dividends or retroactive rate refunds. (These	amou	nts were paid ir	n cash, or	credited	l.)	····· 9c(2)			
	d	Status of policyholder reserves at end of year: (1) Amoı	unt held to provide	benefits afte	er retirem	ent	9d(1)			
		(2) Claim reserves						9d(2)			
		(3) Other reserves						9d(3)			
	е	Dividends or retroactive rate refunds due. (Do not	ot inclu	de amount entere	d in line 9c(2	2) .)		9e			
10) No	nexperience-rated contracts:									
	а	Total premiums or subscription charges paid to c	arrier.					10a		1124	033
	b	If the carrier, service, or other organization incurr						104			
		retention of the contract or policy, other than repo	pried in	Part I, line 2 abov	e, report am	iount		10b			

Specify nature of costs 🕨

Part IV	Provision of Information			
11 Did t	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X	No
12 If the	answer to line 11 is "Yes," specify the information not provided.			

SCHEDULE	Α	Insuran	ce Informatio	n		0	MD No. 4240.0140
(Form 5500))				MB No. 1210-0110		
Department of the Treas Internal Revenue Serv	sury	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).					2012
Department of Labo Employee Benefits Security Ad		File as an a	attachment to Form 55	500.			
Pension Benefit Guaranty Co	prporation	 Insurance companies a pursuant to E 	are required to provide ERISA section 103(a)(2		ion	This Fo	rm is Open to Public Inspection
For calendar plan year 20	12 or fiscal plan	year beginning 01/01/2012		and en	ding 12	2/31/2012	
A Name of plan WSP FLACK KURTZ, INC	C. 401(K) RETIF	REMENT SAVINGS PLAN			e-digit number (P	YN) ►	503
C Plan sponsor's name as shown on line 2a of Form 5500 WSP FLACK AND KURTZ, INC. D Employer Identification Number (EIN) 52-2250060						(EIN)	
		ing Insurance Contract					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
DELTA DENTAL							
	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or contract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f)) From	(g) To
04-6143185	52060	0098740001		0	01/01/2	012	12/31/2012
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	al commissions paid. L	ist in line 3-	the agents	, brokers, and o	other persons in
(a) Total a	amount of comr	nissions paid		(b) To	otal amount	t of fees paid	
		0					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker,	or other person to who	om commiss	ions or fee	s were paid	_
(b) Amount of sales ar			es and other commissio				4
commissions pa		(c) Amount		(d) Purpose	Э		(e) Organization code
	0						
	(a) Nome -	nd addroop of the grant brains	or other person to whe	moommiss	iono or for		·
	(a) Name a	nd address of the agent, broker,	or other person to Who	on commiss	IONS OF TEES	s were paid	

(b) Amount of sales and base	F		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
For Paperwork Reduction Act Notice	Schedule A (Form 5500) 2012		
			v. 120126

(b) Amount of sales and base commissions paid		(e) Organization	
	(c) Amount	(d) Purpose	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		(e) Organization	
	(c) Amount	(d) Purpose	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		(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code	
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid		

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

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

Ρ	art I	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indi	vidual contra	acts with each carrier ma	av be treated	d as a unit for purposes of
		this report.				
		ent value of plan's interest under this contract in the general account at yea				
		ent value of plan's interest under this contract in separate accounts at year	end		5	
6		racts With Allocated Funds:				
	а	State the basis of premium rates				
	h	Dramiuma naid to corrier			6b	
	b C	Premiums paid to carrier Premiums due but unpaid at the end of the year			_	
	d	If the carrier, service, or other organization incurred any specific costs in co				
	ŭ	retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	•	Type of contract: (1) \Box individual policies (2) \Box group deform	ad appuitu			
	е	Type of contract: (1) individual policies (2) group deferre	ed annulty			
		(3) other (specify)				
	£	If contract nurshoood, in whole or in part to distribute boosfits from a term	incting plan			
7	f	If contract purchased, in whole or in part, to distribute benefits from a term racts With Unallocated Funds (Do not include portions of these contracts m				
'	a			ition guarantee		
	a			aion guarantee		
		(3) guaranteed investment (4) other	•			
	b	Balance at the end of the previous year				
	C	Additions: (1) Contributions deposited during the year	- (1)			
	-	(2) Dividends and credits				
		(3) Interest credited during the year	- (0)			
		(4) Transferred from separate account				
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).				
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier				
		(3) Transferred to separate account				
		(4) Other (specify below)	7e(4)			
		•				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

rage 🖬	Page	4
--------	------	---

Pa	art II	Welfare Benefit Contract Informat	ion				
		If more than one contract covers the same gr information may be combined for reporting pu	irposes if such contracts	are experienc	e-rated as a unit. Wh	ere contracts	
_		the entire group of such individual contracts v	vith each carrier may be t	reated as a u	nit for purposes of this	s report.	
8	Bene	efit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b X Dental	c	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	y g	Supplemental unem	ployment	h Prescription drug
	i [Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify)	_				_
	_						
9	•	rience-rated contracts:		0-(4)			4
		Premiums: (1) Amount received		9a(1)			-
		(2) Increase (decrease) in amount due but unpaid					4
		(3) Increase (decrease) in unearned premium res				00(4)	
	-	(4) Earned ((1) + (2) - (3)) Benefit charges (1) Claims paid				. 9a(4)	
		(2) Increase (decrease) in claim reserves					
		(3) Incurred claims (add (1) and (2))				. 9b(3)	
		(4) Claims charged				. 9b(3)	
		Remainder of premium: (1) Retention charges (o				. 00(4)	
	Ũ	(A) Commissions	,	9c(1)(A)			-
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs		9c(1)(C)			1
		(D) Other expenses		9c(1)(D)			1
		(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)	
	е	Dividends or retroactive rate refunds due. (Do not	ot include amount entered	l in line 9c(2) .	.)	. 9e	
10) Nor	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to c	arrier			. 10a	45960
		If the carrier, service, or other organization incurr					
		retention of the contract or policy, other than repo	orted in Part I, line 2 abov	e, report amo	unt	. 10b	

Specify nature of costs

.

Part IV	Provision of Information			
11 Did t	ne 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.			

	Service Provide	r Information	OMB No. 1210-0110
(Form 5500)			2010
Department of the Treasury Internal Revenue Service	This schedule is required to be filed un Retirement Income Security		2012
Department of Labor Employee Benefits Security Administration	File as an attachme	ent to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation For calendar plan year 2012 or fiscal pla	n vear beginning 01/01/2012	and ending 12/31/	•
A Name of plan WSP FLACK KURTZ, INC. 401(K) RET		B Three-digit plan number (PN)	• 003
C Plan sponsor's name as shown on lir WSP FLACK AND KURTZ, INC.	ne 2a of Form 5500	D Employer Identification 52-2250060	n 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 a received only eligible indirect compensation include that person when completing the rem	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 Con 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 receive nstructions for definitions and condition on providing the required disclosures for	ns)
()	me and EIN or address of person who provi		
FID.INV.INST.OPS.CO.		ided you disclosures on eligible indirec	t compensation
		ided you disclosures on eligible indirec	t compensation
04-2647786		ided you disclosures on eligible indirec	t compensation
04-2647786	me and EIN or address of person who prov		·
04-2647786	me and EIN or address of person who prov		·
04-2647786 (b) Enter na	me and EIN or address of person who prov	ided you disclosure on eligible indirect	compensation
04-2647786 (b) Enter na		ided you disclosure on eligible indirect	compensation

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

(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).

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 Yes No Yes Yes </td <td>Yes 🗌 No 🗍</td>					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

Page 3 -	2
-----------------	---

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	ler 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 (addre	ess) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility 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.

Page **5-** 1

Ρ	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	(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		

Part III		Termination Information on Accountants and Enrolled Actuaries (see in (complete as many entries as needed)	structions)
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 DF (Form 5500)			Participating Plan Informat	ion	OMB No. 1	210-0110	
Depa	artment of the Treasury rnal Revenue Service		s required to be filed under section 104 of the ement Income Security Act of 1974 (ERISA)	2012			
	epartment of Labor enefits Security Administration		File as an attachment to Form 5500.		This Form is Open to Public		
For calenda	ar plan year 2012 or fiscal p	olan vear beginning	01/01/2012 and	l ending 12/3	Inspect 31/2012	ction.	
A Name of		· · · ·		B Three-digit plan numb		003	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 D Employer Idea WSP FLACK AND KURTZ, INC. 52-2250060						(EIN)	
Part I		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)		
	f sponsor of entity listed in		NAGEMENT TRUST COMPANY				
C EIN-PN	04-3022712-024	d Entity C code	e 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				
	f sponsor of entity listed in	FIDELITY MAI	NAGEMENT TRUST COMPANY				
C EIN-PN	04-3022712-026	d Entity C code	e 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	f sponsor of entity listed in	(a):					
C EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instructio				
a Name of	MTIA, CCT, PSA, or 103-	12 IE:					
b Name of	f sponsor of entity listed in	(a):	-				
C EIN-PN		d Entity code	e 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	f 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	f sponsor of entity listed in	(a):					
C EIN-PN		d Entity code	e 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	f sponsor of entity listed in	(a):					
C EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, P 103-12 IE at end of year (see instructio				

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

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)

Page **3 -** 1

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 Financial I	nformatio	on			I	OMB No. 1210	0-0110	
(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor This schedule is required to be filed Retirement Income Security Act of 197 Internal Revenue	4 (ERISA), and	d section 6				2012	2	
Employee Benefits Security Administration Pension Benefit Guaranty Corporation File as an attachment to Form 5500.					This Form is Open to Public Inspection			
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012		and	ending	12/31/20	012			
A Name of plan WSP FLACK KURTZ, INC. 401(K) RETIREMENT SAVINGS PLAN			В	Three-digit plan numbe	r (PN)	•	003	
C Plan sponsor's name as shown on line 2a of Form 5500 WSP FLACK AND KURTZ, INC.				Employer Ide 52-2250060	entificatio	on Number (I	EIN)	
Part I Asset and Liability Statement								
1 Current value of plan assets and liabilities at the beginning and end of the platthe value of the plan's interest in a commingled fund containing the assets of lines 1c(9) through 1c(14). Do not enter the value of that portion of an insura benefit at a future date. Round off amounts to the nearest dollar. MTIAs, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. S	more than one nce contract wh CCTs, PSAs, a	plan on a nich guarar nd 103-12	line-b ntees, IEs de	y-line basis u during this p o not comple	inless th lan year	e value is re , to pay a sp 1b(1), 1b(2),	portable on ecific dollar 1c(8), 1g, 1h,	
Assets		(a) B	eginni	ing of Year		(b) End	of Year	
a Total noninterest-bearing cash	1a							
b Receivables (less allowance for doubtful accounts):								
(1) Employer contributions	1b(1)							
(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)				24		0	
(2) U.S. Government securities	1c(2)							
(3) Corporate debt instruments (other than employer securities):								
(A) Preferred	1c(3)(A)							
(B) All other	1c(3)(B)							
(4) Corporate stocks (other than employer securities):								
	1c(4)(A)							
(A) Preferred	1c(4)(B)							
(B) Common	1c(5)							
(5) Partnership/joint venture interests								
(6) Real estate (other than employer real property)	1c(6)							
(7) Loans (other than to participants)	1c(7)			0.40	105			
(8) Participant loans	1c(8)			8494			777847	
(9) Value of interest in common/collective trusts	1c(9)			87625	529		8124727	
(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 (13) Value of interest in registered investment companies (e.g., mutual funds) 	1c(12) 1c(13)			404271	81		48477864	
 (14) Value of funds held in insurance company general account (unallocated contracts) 	1c(14)							
	10(14)							

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		EDULE R	Retirement Plan Informatio	n		<u> </u>	0	MB No. 12	210-0110)	
			This schedule is required to be filed under section 104 an Employee Retirement Income Security Act of 1974 (ERISA					20 1	2		
E	Depa	rtment of Labor its Security Administration	6058(a) of the Internal Revenue Code (the Cod File as an attachment to Form 5500.				This Fo	orm is O Inspec	Open to Public		
		fit Guaranty Corporation						inspec			
AN	lame of pla		Ian year beginning 01/01/2012 a	and endin B	Three	numbe			003		
		r's name as shown on I ID KURTZ, INC.	ne 2a of Form 5500	D	•	oyer Id 22500		ion Numł	per (EIN	1)	
Ра	rt I Di	stributions									
All	references	to distributions relate	only to payments of benefits during the plan year.								
1	Total valu	e of distributions paid in	property other than in cash or the forms of property specified in	n the		1					0
2		o paid the greatest doll	paid benefits on behalf of the plan to participants or beneficiaries ar amounts of benefits):	s during t	he year ((if mor	e than t	wo, ente	EINs c	of the	two
	EIN(s):	04-6568107									
	Profit-sha	aring plans, ESOPs, a	nd stock bonus plans, skip line 3.		F		i				
3			leceased) whose benefits were distributed in a single sum, durir	U 1		3					
Pa		Funding Informat ERISA section 302, skip	On (If the plan is not subject to the minimum funding requirement this Part)	ents of se	ction of 4	412 of	the Inte	rnal Rev	enue Co	ode d	or
4			election under Code section 412(d)(2) or ERISA section 302(d)(2)?	?		Π	Yes		No	Π	N/A
		n is a defined benefit p									
5			g standard for a prior year is being amortized in this ter the date of the ruling letter granting the waiver. Date:	Month		_ Da	iy		Year		
_	-	-	te lines 3, 9, and 10 of Schedule MB and do not complete th			his sc	hedule				
6			ontribution for this plan year (include any prior year accumulated	-		6a					
	b Enter	the amount contributed	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					
_	•	npleted line 6c, skip li									
7	Will the m	inimum funding amount	reported on line 6c be met by the funding deadline?				Yes		No		N/A
8	authority p	providing automatic app	od was made for this plan year pursuant to a revenue procedure roval for the change or a class ruling letter, does the plan spons ge?	or or plar	า		Yes		No		N/A
Pa	art III	Amendments									
9	If this is a year that i	defined benefit pensior ncreased or decreased	plan, were any amendments adopted during this plan the value of benefits? If yes, check the appropriate	Increase	Π	Decre	ase	Bot	h		No
Pa	rt IV		uctions). If this is not a plan described under Section 409(a) or 4								
10	Were una		rities or proceeds from the sale of unallocated securities used to	repay ar	ny exemp	ot loan	?		Yes	[No
11	a Does	the ESOP hold any pr	eferred stock?					[Yes	Γ	No
			ling exempt loan with the employer as lender, is such loan part on of "back-to-back" loan.)					[Yes		No
12	Does the	ESOP hold any stock th	at is not readily tradable on an established securities market?		<u>.</u>	<u></u>	<u>.</u>		Yes		No
For	Paperworl	k Reduction Act Notic	e and OMB Control Numbers, see the instructions for Form	5500.			Sche	edule R (2012 20126

	-	
Page	2 -	1
	_	

Pa	Part V Additional Information for Multiemployer Defined Benefit Pension Plans										
13		r the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in ars). 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,									
		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)									
		(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)									

	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	OMB Nos. 1210-0110 1210-0089	
	and 4065 of the Employee Retirement Income Security Act of 1974 (ER 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)	Service I	Provider Info	ormation	OMB No. 1210-0110
	partment of the Treasury al Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).			2012
	artment of Labor ployee Benefits	File as a	n attachment to Fo	rm 5500.	
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- bu 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).

		(8	a) Enter name and	d EIN or address	(see instructions)	
	Name FIDELI	TY INVESTMEN	TS INSTITUTI	Address1			
	EIN 042647	786		Address2			
	j			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 na	ıme 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	f indirect	compens	sation	co	mpensation, used to det provider's e amount	ribe the indirect including any for ermine the serv ligibility for or t of the indirect pensation.	ormula rice
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			o. 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).			12
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	Combine the value of	f plan accete l	ald in more
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 containi 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.	ng the assets of mor er the value of that p future date. Round	e than one pla portion of an ir off amounts t	n on a line- isurance t o the
	ASSETS		(a) BOY	(b) EOY
a Total noninterest-bearin	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:	h (include money market accounts & certificates of deposi	t) 1c(1)	24	0
(2) U.S. Government Se		1c(2)	0	0
	ruments (other than employer securities)			
(A) Preferred		1c(3)(A) 0	0
(B) All other		1c(3)(B) 0	0
	ther than employer securities)		1	
(A) Preferred		1c(4)(A) 0	0
(B) Common		1c(4)(B) 0	0
(5) Partnership/joint vei	nture interests	1c(5)	0	0
	nan employer real property)	1c(6)	0	0
(7) Loans (other than to(8) Participant loans	participants)	1c(7)	0 849,425	0 777,847
	common/collective trusts	1c(8) 1c(9)	8,762,529	8,124,727
	pooled separate accounts	1c(10)	0	0
(11) Value of interest in	master trust investment accounts	1c(11)	0	0
. ,	n 103-12 investment entities	1c(12)	0	0
	registered investment companies (e.g. mutual funds) I in insurance company general account (unallocated contr	1c(13)	40,427,181	
(14) Value of Turids field (15) Other	I III Insurance company general account (unanocated contr	acts.) 1c(14)	0	0
d Employer-related invest	ments:			<u> </u>
(1) Employer securities		1d(1)	0	0
(2) Employer real prope	rty perty used in plan operation	1d(2) 1e	0	0
	ounts in lines 1a through 1e) LIABILITIES	1e 1f	-	0 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	<u>1i</u>	0	0
-	amounts in lines 1g through 1j) NET ASSETS	<u>1j</u> 1k	0	0
I Net assets (subtract line 1k from line 1f) 1I 50,03				

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
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.)	a	۲	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) 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.) 		igodot	۲	
		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?			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	igodot	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				
				P
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	Treasury rnal Revenue Service (a) of the Internal Revenue Code (the Code). 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).		2012
Department of Labor Employee Benefits	File as an attachment to	o 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	2 or fiscal plan year beginning // and ending /	// B Three-digit plan number (PN)	003
	shown on line 2a of Form 5500	,	cation Number (EIN)
Part I Distribution	ons		
 Total value of distributions Enter the EIN(s) of page 	tributions relate only to payments of bence tions paid in property other than in cash or the yor(s) who paid benefits on behalf of the plan	e forms of property specified in the to participants or beneficiaries du	ring
· · · –	two, enter EINs of the two payors who paid the two payors who payors who paid the two payors who paid the two payors who payors who paid the two payors who payors who paid the two payors who p	he greatest dollar amounts of ben	efits):
Profit sharing plans	, 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 requirer on 302, skip this Part)	ments of section 412 of the Intern	al Revenue Code or
(2)?	tor making an election under Code section 412	2(d)(2) or ERISA section 302(d)	
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	5 1 7 7	Month Day Year
	e 5, complete lines 3, 9, and 10 of Schedu		J J
	quired contribution for this plan year		6a
b Enter the amount cont	tributed by the employer to the plan for this pl	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.		
	ng amount reported on line 6c be met by the f	L L	
	cost method was made for this plan year purs proval for the change or a class ruling letter, de h the change?		C Yes C No C N/A
Part III Amend	ments		
	fit pension plan, were any amendments adopted d 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 Se t.	ection 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?





WSP USA CORP. 401(k) RETIREMENT SAVINGS PLAN (FORMERLY KNOWN AS WSP FLACK + KURTZ, INC. 401(k) RETIREMENT SAVINGS PLAN)

FINANCIAL STATEMENTS

DECEMBER 31, 2012 and 2011 (with supplementary information)

WSP USA CORP. 401(k) RETIREMENT SAVINGS PLAN (FORMERLY KNOWN AS WSP FLACK + KURTZ, INC. 401(k) RETIREMENT SAVINGS PLAN)

Contents

Financial Statements	
Independent auditors' report	1
Statements of net assets available for benefits as of December 31, 2012 and 2011	3
Statements of changes in net assets available for benefits for the years ended December 31, 2012 and 2011	4
Notes to financial statements	5
Supplementary Information	
Schedule of assets (held at end of year) as of December 31, 2012	12
Schedule of delinquent participant contributions for the year ended December 31, 2012	13

Page



EisnerAmper LLP 750 Third Avenue New York, NY 10017-2703 T 212.949.8700 F 212.891.4100

www.eisneramper.com

INDEPENDENT AUDITORS' REPORT

To the Plan Committee and Participants WSP USA Corp. 401(k) Retirement Savings Plan (Formerly known as WSP Flack + Kurtz, Inc. 401(k) Retirement Savings Plan)

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the WSP USA Corp. 401(k) Retirement Savings Plan (formerly known as WSP Flack + Kurtz, Inc. 401(k) Retirement Savings Plan) (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the years ended December 31, 2012 and 2011, and the related notes to financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements, in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information discussed in Note D, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2012 and 2011, and for the years ended December 31, 2012 and 2011, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2012, and the supplemental schedule of delinquent participant contributions for the year ended December 31, 2012 which are the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are required by the DOL's Rules and Regulations



for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, it is inappropriate to, and we do not, express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Eisner Amper LLP

New York, New York October 15, 2013

Statements of Net Assets Available for Benefits

	Decer	nber 31,
	2012	2011
ASSETS Investments at fair value:		
Mutual funds Common/Collective trust funds	\$ 48,477,864 	\$ 40,427,204 <u>8,762,529</u>
Contribution receivable:	56,602,591	49,189,733
Participant Employer	82,602 10,957	737
Notes receivable from participants	777,847	849,425
Net assets available for benefits at fair value Adjustments from fair value to contract value for fully benefit-responsive	57,473,997	50,039,895
investment contracts	(236,201)	(222,364)
Net assets available for benefits	<u>\$ 57,237,796</u>	<u>\$ 49,817,531</u>

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2012	2011
Additions to net assets attributed to: Investment income: Interest and dividends Interest on participant loans Net realized/unrealized appreciation (depreciation)	\$ 1,510,740 38,264	\$ 934,501 39,474
in the fair value of investments	4,909,041	(2,082,023)
	6,458,045	(1,108,048)
Contributions: Participants Transfers from other qualified plans Employer match	3,101,852 506,317 <u>348,573</u> <u>3,956,742</u>	2,961,009 172,068 <u>221,998</u> <u>3,355,075</u>
Deductions from net assets attributed to: Benefits paid to participants Loan default and deemed distributions Administrative fees	(2,973,070) (6,576) (14,876)	(4,130,250) (10,203) (28,249)
Net increase (decrease) in net assets available for benefits Net assets available for benefits - beginning of year	<u>(2,994,522)</u> 7,420,265 <u>49,817,531</u>	(4,168,702) (1,921,675) <u>51,739,206</u>
Net assets available for benefits - end of year	<u>\$ 57,237,796</u>	<u>\$ 49,817,531</u>

Notes to Financial Statements December 31, 2012 and 2011

NOTE A - DESCRIPTION OF PLAN

The WSP USA Corp. 401(k) Retirement Savings Plan (formerly known as WSP Flack + Kurtz, Inc. 401(k) Retirement Savings Plan) (the "Plan") is a defined contribution plan that covers all eligible employees. Employees who have attained the age of twenty-one are eligible to participate in the Plan on the first day of the next calendar quarter (January 1, April 1, July 1, and October 1) following their date of hire. WSP USA Corp Inc. (the "Company") is the Plan employer, Plan sponsor, and Plan fiduciary.

Information concerning the Plan and its provisions can be found in the plan agreement. A copy of that agreement can be obtained from the Plan administrator, WSP USA Corp., at 512 7th Avenue, New York, New York 10018.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of accounting:

The financial statements are prepared on the accrual method of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

[2] Investment valuation and income recognition:

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

Investment earnings include the realized gains and losses on the disposal of investments and appreciation or depreciation in the fair value of the underlying investments comprising the respective mutual funds. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

[3] Use of estimates:

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and, when applicable, disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

[4] Accounting changes:

In 2012, the Plan adopted Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") No. 2011-04, Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs ("ASU 2011-04"), effective for Plan years beginning after December 15, 2011. ASU 2011-04 amends Accounting Standards Codification ("ASC") 820 to converge the fair value measurement guidance in U.S. generally accepted accounting principles ("GAAP") and International Financial Reporting Standards ("IFRSs"). Adoption of ASU 2011-04 had no effect on the financial statements.

Notes to Financial Statements December 31, 2012 and 2011

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[5] Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years; however, terms may exceed five years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator, ranging from 4.25% to 9.25%. Principal and interest are paid ratably through payroll deductions. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

[6] Payment of benefits:

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a ten-year period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

NOTE C - FAIR VALUE MEASUREMENTS

FASB's Accounting Standards Codification, ("ASC") 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. The 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 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability, or (4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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 December 31, 2012 and 2011.

Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are openended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Notes to Financial Statements December 31, 2012 and 2011

NOTE C - FAIR VALUE MEASUREMENTS (CONTINUED)

Common/Collective trust - Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011:

names can rece a

	Assets at Fair Value as of December 31, 2012		
	Level 1	Level 2	Total
Mutual funds: Mid/large cap stock Fixed income International Small cap stock Common/Collective trusts	\$ 36,768,730 6,282,507 4,241,618 1,185,009	<u>\$ 8,124,727</u>	\$ 36,768,730 6,282,507 4,241,618 1,185,009 8,124,727
Total assets at fair value	<u>\$ 48,477,864</u>	<u>\$ 8,124,727</u>	<u>\$ 56,602,591</u>
	Assets at Fair Level 1	Value as of De Level 2	cember 31, 2011 Total
Mutual funds: Mid/large cap stock Fixed income International Small cap stock Common/Collective trusts	\$ 31,514,131 4,200,613 3,484,839 1,227,621	<u>\$ 8,762,529</u>	\$ 31,343,858 4,370,886 3,484,839 1,227,621 8,762,529
Total assets at fair value	<u>\$ 40,427,204</u>	<u>\$ 8,762,529</u>	<u>\$_49,189,733</u>

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan administrator evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2012, there were no significant transfers in or out of levels 1, 2 or 3.

Notes to Financial Statements December 31, 2012 and 2011

NOTE D - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, Fidelity Management Trust Company ("FMTC"), the trustee of the Plan has certified the completeness and accuracy of all investments and related investment activity and notes receivable from participants in the accompanying statements of net assets available for benefits as of December 31, 2012 and 2011, the statement of changes in net assets available for benefits for the years ended December 31, 2012 and 2011 and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2012.

NOTE E - INVESTMENTS AND INVESTMENT INCOME

The following presents investments that represent 5% or more of the Plan's net assets at:

		December 31, 2012 2011		
	-	2012		2011
Common/Collective trust:				
Fidelity Managed Income Portfolio	\$	7,156,195	\$	7,902,197
Mutual funds:	1575		· •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Fidelity Contra Fund		10,052,635		8,551,083
Fidelity Magellan Fund		5,023,034		4,570,952
Fidelity Spartan U.S. Equity Index Fund		3,297,747		2,848,489
Fidelity Diversified International Fund		4,241,618		3,484,839
PIMCO Total Return Fund - Administrative Class		5,896,760		4,016,642

The realized/unrealized appreciation/depreciation on investments bought and sold as well as held during the year is as follows for the year ended December 31, 2012 and 2011:

	_Year Ended	December 31,
	2012	2011
Common/Collective trusts Mutual funds	\$ 4,909,041	\$ (2,082,023)

NOTE F - FUNDING POLICY

Participant contributions are voluntary and are limited to eligible compensation subject to certain limitations imposed by the Internal Revenue Code of 1986, as amended ("IRC"). In addition, the employer, at its discretion, may make matching contributions to the Plan, subject to certain limitations. The employer may also make discretionary profit-sharing contributions at the end of the plan year. To be eligible for discretionary profit-sharing contributions an employee is required to work a minimum of 1,000 hours and be employed as of the last day of the plan year. The employer matching contribution is 20% of the first 5% an employee contributes. The Company reinstated the matching contribution in 2011.

Forfeited non-vested accounts are used to reduce future Company contributions and pay Plan expenses. During 2012 and 2011, forfeitures of \$11,500 and \$101,701 were used to reduce employer contributions and expenses, respectively. Forfeited non-vested accounts available at December 31, 2012 and 2011 were \$57,140 and \$15,531, respectively.

Notes to Financial Statements December 31, 2012 and 2011

NOTE F - FUNDING POLICY (CONTINUED)

Substantially all Plan expenses are paid and borne by the Company. In 2012 and 2011, the Plan used \$11,500 and \$22,688, respectively, in forfeitures to pay expenses.

NOTE G - PARTICIPANTS' ACCOUNTS AND VESTING

Each participant's account is credited with the participant's contribution and earnings plus the employer's contribution.

Participants are able to direct their contributions among various investment funds managed by FMTC and funds managed by Pacific Investment Management Co. LLC ("PIMCO") and Allianz Global Investment Fund Management LLC ("ALLIANZ") (available through FMTC).

All employee contributions are 100% vested and nonforfeitable at all times. Employer matching contributions and earnings vest on a graded schedule and become 100% vested with four years of service. Employer profit-sharing contributions and earnings vest on a graded schedule and become 100% vested with six years of service. Upon separation from employment, distributions may be made in whole or in part at the election of the participant or deferred until the participant reaches retirement age. Participants with balances under \$5,000 at the time of termination receive their benefits in a lump sum.

NOTE H - INCOME TAX STATUS

The Plan has most recently obtained a favorable determination letter dated May 31, 2008 from the Internal Revenue Service that the Plan is in accordance with applicable sections of the IRC and, consequently, its related trust is exempt from federal income tax under Section 501(a) of the IRC. The Plan has been amended since receiving the opinion letter. However the Plan's Retirement Committee believes the Plan operates in accordance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

NOTE I - PLAN TERMINATION

Under the Plan, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974. In the event of a Plan termination, participants will become 100% vested in their accounts subject to any further expenses, profits and losses which may occur prior to actual distribution.

Notes to Financial Statements December 31, 2012 and 2011

NOTE J - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per financial statements and Form 5500:

	December 31,		
	2012	2011	
Net assets available for benefits per financial statements Plus: Adjustment from contract value to fair value	\$ 57,237,796	\$ 49,816,794	
for fully benefit-responsive investments Less: Employer and employee contribution receivable	236,201 (93,559)	222,364	
Net assets available for benefits per Form 5500	<u>\$ 57,380,438</u>	<u>\$_50,039,158</u>	

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2012 and 2011 to Form 5500:

×	Year Ended December 31,	
	2012	2011
Net (decrease) increase in net assets available for benefits		
per the financial statements	\$ 7,420,265	\$(1,922,412)
Current year adjustment from fair value to contract value for fully benefit-responsive investment contracts Prior year adjustment from fair value to contract value	236,201	222,364
for fully benefit-responsive investment contracts	(222,364)	(69,640)
Employer and employee contribution receivable	<u> (93,559</u>)	
Total investment income per Form 5500	<u>\$ 7,340,543</u>	<u>\$(1,769,688</u>)

NOTE K - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, credit, liquidity and market perception risks. The Plan's investments include structured securities of issuers that hold mortgage securities and securities backed by subprime mortgage loans. The value and related income of these securities is sensitive to changes in economic conditions. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Users of the financial statements should be aware that the financial markets' volatility may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2012 may not necessarily be indicative of amounts that could be realized in a current market exchange.

NOTE L - RELATED PARTY TRANSACTIONS

FMTC is the trustee of the Plan. Certain Plan investments are shares of mutual funds managed by affiliates of FMTC. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in net depreciation in fair value of investments.

Notes to Financial Statements December 31, 2012 and 2011

NOTE M - MUTUAL FUND FEES

Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. 12b-1 fees, which are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940, are annual fees deducted to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity, and thus not separately identifiable as an expense.

NOTE N - SUBSEQUENT EVENTS

On December 31, 2012, the U.S.-based businesses (WSP Flack + Kurtz, Inc., Cantor Seinuk Group, Inc., WSP Mountain Enterprises, Inc., WSP Environmental Holdings, Inc., WSP USA Corp. (formerly Chas H. Sells, Inc.) were all merged into WSP USA Corp. In conjunction with this all five of the existing 401k retirement savings plans were merged into one plan under the name WSP USA Corp. 401(k) Retirement Savings Plan (formerly known as WSP Flack + Kurtz, Inc. 401(k) Retirement Savings Plan). On February 1, 2013, all of the assets of the WSP Environmental Holdings, Inc. Tax Deferred Savings Plan and Trust, the WSP Mountain Enterprises, Inc. 401(k) Plan, the Cantor Seinuk Group, Inc. Profit Sharing 401(k) Plan, and the Chas H. Sells, Inc. 401(k) Profit Sharing Plan were liquidated and approximately \$40,825,000 was transferred to Fidelity Management Trust Company, the trustee for the WSP USA Corp. Retirement Savings Plan (formerly known as WSP Flack + Kurtz, Inc. 401(k) Retirement Savings Plan (formerly known as WSP Flack + Kurtz, Inc. 401(k) Retirement Savings Plan (formerly known as WSP Flack + Kurtz, Inc. 401(k) Plan, the Cantor Seinuk Group, Inc. Profit Sharing 401(k) Plan, and the Chas H. Sells, Inc. 401(k) Profit Sharing Plan were liquidated and approximately \$40,825,000 was transferred to Fidelity Management Trust Company, the trustee for the WSP USA Corp. Retirement Savings Plan (formerly known as WSP Flack + Kurtz, Inc. 401(k) Retirement Savings Plan).

The Plan has evaluated subsequent events through October 15, 2013, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

EIN 52-2250060, Plan No. 003 Form 5500 - Schedule H, Part IV, Item 4i Schedule of Assets (Held at End of Year) December 31, 2012

(a)	(b)	(c)		(e)
		Description of Investment		
	Identity of Issuer,	Including Maturity Date, Rate of Interest,		
	Borrower, Lessor,	Collateral, Par or	Number	Current
	or Similar Party	Maturity Value	of Shares	Value
*	Fidelity Contra fund	Growth	129,695	\$10,052,635
*	Managed Income Portfolio	Stable value	7,156,195	7,367,019
	PIMCO Total Return Institutional Class	Bond fund	524,623	5,896,760
*	Fidelity Magellan Fund	Growth	68,639	5,023,034
*	Fidelity Diversified International Fund	International	141,908	4,241,618
*	Spartan 500 Index - Investor Class	Growth and income	65,315	3,297,747
*	Fidelity Puritan Fund	Balanced fund	133,795	2,595,624
*	Fidelity Freedom 2020 Fund	Asset allocation	153,554	2,056,082
*	Fidelity Fund	Growth and income	50,032	1,790,633
*	Fidelity Low-Priced Stock Fund	Mid Blend	43,865	1,731,354
	ALLIANZ NFJ Dividend Value Fund	Large Value	56,288	718,794
	Artisan Mid-Cap Value Fund	Value	71,076	1,477,666
*	Fidelity Stable Value	Stable value	732,332	757,709
*	Managers Cadence Mid Cap Fund	Mid Growth	25,068	649,251
*	Fidelity Small-Cap Stock Fund	Mid Blend	65,506	1,185,009
*	Fidelity Capital Appreciation Fund	Asset allocation	41,866	1,231,280
*	Fidelity Freedom Income Fund	Asset allocation	25,392	296,584
*	Fidelity Freedom 2000 Fund	Asset allocation	5,146	60,827
*	Fidelity Freedom 2005 Fund	Asset allocation	2,244	28,336
*	Fidelity Freedom 2010 Fund	Asset allocation	16,603	213,852
*	Fidelity Freedom 2015 Fund	Asset allocation	66,504	861,892
*	Fidelity Freedom 2025 Fund	Asset allocation	28,073	381,231
*	Fidelity Freedom 2030 Fund	Asset allocation	102,013	1,399,619
*	Fidelity Freedom 2035 Fund	Asset allocation	104,865	1,454,483
*	Fidelity Freedom 2040 Fund	Asset allocation	82,121	1,142,300
*	Fidelity Freedom 2045 Fund	Asset allocation	19,872	279,994
*	Fidelity Freedom 2050 Fund	Asset allocation	28,486	402,228
*	Fidelity Freedom 2055 Fund	Asset allocation	908	9,030
	Total investment in securities		8	56,602,591
*	Participant loans	Interest ranging from 4.25% to	9.25%	777,847
	Total net assets			<u>\$57,380,438</u>

Note: Cost amounts are omitted as all investments represent participant-directed investments.

* Party-in-interest

Employer Identification No. 52-2250060, Plan No. 003 Form 5500 - Schedule H, Part IV, Line 4a Schedule of Delinquent Participant Contributions Year Ended December 31, 2012

Schedule H,	Line 4a - Schedul	e of Delinquent Par	ticipant Contribut	ions
Participant Contributions Transferred Late to Plan* Check Here If Late Participant Loan		Constitute Prohibited Transactions Contributions Corrected Outside VFCP		Totally Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction
Repayments are Included	\$82,602	\$96,957	\$0	Exemption 2002-51

*Contributions have been remitted to the Plan. Lost earnings in the amount of approximately \$881 have also been remitted or are in the process of being remitted.