Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WASHINGTON GROUP INTERNATIONAL 401(K) RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1986

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
URS E&C HOLDINGS, INC.

P.O. BOX 73
BOISE, ID 83729

720 PARK BOULEVARD
BOISE, ID 83712

2b Employer Identification Number (EIN)
26-1320627

2c Sponsor's telephone number
208-386-5000

2d Business code (see instructions)
541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	ROGER ALLEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
URS E&C HOLDINGS, INC.

P.O. BOX 73
BOISE, ID 83729

3b Administrator's EIN
26-1320627

3c Administrator's telephone number
208-386-5000

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name
WASHINGTON HOLDINGS, INC.

4b EIN
26-1320627

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	14063
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	9956
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	2892
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	12848
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	24
f	Total. Add lines **6d** and **6e**	**6f**	12872
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	10256
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	622
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
WASHINGTON GROUP INTERNATIONAL 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
URS E&C HOLDINGS, INC.

D Employer Identification Number (EIN)
26-1320627

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

T. ROWE PRICE RPS

52-1714114

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

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

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

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

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

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

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

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

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

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

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

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

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

WILSHIRE ASSOCIATES, INC

95-2755361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	101903	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER

61-0736136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	42513	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EIDE BAILLY

45-0250958

(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?
10 50	NONE	10280	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name: EIDE BAILLY LLP	**b** EIN:	45-0250958
c	Position: AUDITORS		
d	Address: 877 W. MAIN STREET SUITE 800 BOISE, ID 83702	**e** Telephone:	208-344-7150

Explanation: PLAN SPONSOR DECIDED TO ENGAGE ANOTHER NATIONAL AUDIT FIRM FOR ALL OF ITS NON-GOVERNMENT RETIREMENT PLANS.THERE WERE NO DISPUTES WITH THE PRIOR AUDITORS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
WASHINGTON GROUP INTERNATIONAL 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
URS E&C HOLDINGS, INC.

D Employer Identification Number (EIN)
26-1320627

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE STABLE VALUE FUND

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

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)
52-1309931-001	C	85205788

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INDEX TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

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)
52-6559833-001	C	38004368

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE TREAS MONEY MKT TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

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)
52-6559833-004	C	49886879

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
WASHINGTON GROUP INTERNATIONAL 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
URS E&C HOLDINGS, INC.

D Employer Identification Number (EIN)
26-1320627

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		1091
(2) Participant contributions	1b(2)		1001
(3) Other	1b(3)	3233743	50673
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	11681819	11426995
(9) Value of interest in common/collective trusts	1c(9)	161329275	173097035
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	473969662	683440833
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	650214499	868017628
	Liabilities			
g	Benefit claims payable	1g	155105	47499
h	Operating payables	1h	28381	0
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	183486	47499
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	650031013	867970129

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)	42249446	
	(B) Participants	2a(1)(B)	68079876	
	(C) Others (including rollovers)	2a(1)(C)	3056168	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		113385490
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)	789791	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		789791
	(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)	13627024	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		13627024
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		14803486
(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)		154520511
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		297126302
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	79186129	
(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)		79186129
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	8680	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	116963	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		125643
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		79311772
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		217814530
l Transfers of assets:			
(1) To this plan	2l(1)		173038
(2) From this plan	2l(2)		48452

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: GRANT THORNTON LLP (2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
URS CORPORATION 401(K) PLAN	94-1381538	001
WASHINGTON GROUP 401(K) PLAN FOR FIELD OPS	26-1320627	002

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
WASHINGTON GROUP INTERNATIONAL 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
URS E&C HOLDINGS, INC.

D Employer Identification Number (EIN)
26-1320627

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 52-1481931

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Audit • Tax • Advisory

Grant Thornton LLP
1228 Euclid Avenue, Suite 800
Cleveland, OH 44115-1845

T 216.771.1400
F 216.771.1409
www.GrantThornton.com

Report of Independent Certified Public Accountants

Administrative Committee and Participants of the
Washington Group International, Inc. 401(k) Retirement Savings Plan

We were engaged to audit the financial statements and supplemental schedule of the Washington Group International, Inc. 401(k) Retirement Savings Plan (the "Plan") as of and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of and for the year ended December 31, 2008, were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 8, 2009, indicated that (1) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (2) the form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Because of the significance of the information in the Plan's 2009 financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America as established by the American Institute of Certified Public Accountants and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Cleveland, Ohio
October 11, 2010

WASHINGTON GROUP INTERNATIONAL, INC.

401(k) RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS
AND
REPORT OF INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANTS
DECEMBER 31, 2009 AND 2008

WASHINGTON GROUP INTERNATIONAL, INC.

401(k) RETIREMENT SAVINGS PLAN

TABLE OF CONTENTS

Report of Independent Certified Public Accountants 1

Financial Statements:

Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008 2

Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2009 and 2008 3

Notes to Financial Statements 4

Supplemental Information:

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2009 13

Audit • Tax • Advisory

Grant Thornton LLP
1228 Euclid Avenue, Suite 800
Cleveland, OH 44115-1845

T 216.771.1400
F 216.771.1409
www.GrantThornton.com

Report of Independent Certified Public Accountants

Administrative Committee and Participants of the
Washington Group International, Inc. 401(k) Retirement Savings Plan

We were engaged to audit the financial statements and supplemental schedule of the Washington Group International, Inc. 401(k) Retirement Savings Plan (the "Plan") as of and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of and for the year ended December 31, 2008, were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 8, 2009, indicated that (1) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (2) the form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Because of the significance of the information in the Plan's 2009 financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America as established by the American Institute of Certified Public Accountants and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Cleveland, Ohio
October 11, 2010

WASHINGTON GROUP INTERNATIONAL, INC.
401(k) RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31,

	2009	2008
ASSETS		
Investments, at fair value		
Mutual funds	$683,440,833	$473,969,662
Collective trust funds, excluding fully benefit-responsive contracts	87,891,247	79,097,998
Fully benefit-responsive contracts	85,205,788	82,231,277
Participant loans	11,426,995	11,681,819
Total investments	867,964,863	646,980,756
Receivables		
Employee contributions receivable	1,001	--
Employer contributions receivable	1,091	--
Due from affiliated plan (Note 2)	--	3,171,243
Administration fund	50,673	62,500
Total receivables	52,765	3,233,743
Total assets	868,017,628	650,214,499
LIABILITIES		
Administration expenses payable	--	(28,381)
Total liabilities	--	(28,381)
Net assets reflecting investments at fair value	868,017,628	650,186,118
Adjustment from fair value to contract value for fully benefit–responsive investment contracts	(2,558,707)	770,841
Net assets available for benefits	$865,458,921	$650,956,959

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

WASHINGTON GROUP INTERNATIONAL, INC.
401(k) RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31,

	2009	2008
Investment income (loss)		
Dividends and interest	$ 17,833,013	$ 27,868,912
Net appreciation (depreciation) in fair value of investments	162,578,251	(284,020,283)
Net investment income (loss)	180,411,264	(256,151,371)
Contributions		
Participant contributions	68,079,876	69,346,724
Employer contributions	42,249,446	41,808,720
Rollovers	3,056,168	4,061,758
Total contributions	113,385,490	115,217,202
Distributions		
Benefit payments	(79,293,735)	(60,743,899)
Investment expense	(116,963)	(116,891)
Administrative expenses	(8,680)	(42,080)
Total distributions	(79,419,378)	(60,902,870)
Net transfers from (to) an affiliated plan	124,586	(497,581)
Net increase (decrease) in net assets available for benefits	214,501,962	(202,334,620)
Net assets available for benefits Beginning of year	650,956,959	853,291,579
End of year	$865,458,921	$650,956,959

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

WASHINGTON GROUP INTERNATIONAL, INC.
401(k) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the Washington Group International, Inc. 401(k) Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a complete description of the Plan.

General: In November 2007, Washington Group International, Inc. (the "Employer") was acquired by URS Corporation, and is now referred to as the Energy & Construction business of URS.

The Plan is a defined contribution plan generally covering all salaried employees and certain designated non-union and union full-time hourly employees who are eligible to work in the United States. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Participant accounts: A separate account is maintained for each Plan participant. Participant accounts include voluntary contributions, Employer-match contributions, and an allocation of investment earnings (losses) based on the number of shares held in a participant's account. The benefit to which a participant is entitled at any given time is 100% of their contribution, their vested portion of the Employer contributions, and any earnings (losses) attributable to these contributions.

Participant contributions: Participants may contribute from 1 to 35 percent of their annual eligible compensation on a pre-tax basis, subject to certain Internal Revenue Code ("IRC") limitations. Eligible compensation, as defined by the Plan, includes salaries, commissions, bonuses, and overtime pay. Participants age 50 or over may make additional "catch-up" contributions on a pre-tax basis, subject to certain IRC limitations. Participants may also contribute amounts representing distributions from other qualified IRC 401(a) defined contribution plans.

Employer contributions: The Employer contributes 100 percent of the first 6 percent of the annual eligible compensation that a participant contributes to the Plan and is referred to as the employer match.

Investment options: Participants direct the investment of their contributions in 1 percent increments into a variety of diversified investment fund options allowed by the Plan. Participants may change their investment options at any time throughout the Plan year. Employer-match follows employee contributions.

Vesting*:* Participants are immediately vested in their contributions, including earnings (losses) thereon. Participants vest in Employer contributions over a five-year period at 20 percent per year. One year of vesting service is earned for each Plan year that a participant is credited with at least 1,000 hours of service. Upon retirement, death or disability, participants are vested immediately.

Payment of benefits: Distribution of account balances will commence no later than 60 days following the end of the Plan year in which the participant terminates employment and requests a distribution. Additionally, a terminated participant's account may be distributed without request if the account balance is less than or equal to $1,000 at the time of the distribution. Such account will be distributed in a lump sum within 90 days following the participant's separation from service date (or as soon as practicable thereafter). If a participant's account balance is more than $1,000, the participant may retain the account balance in the Plan until age 65. A participant, upon attaining age 65 and if separated from service, must commence distribution of their account. Active participants may apply for a withdrawal from their account if they are over age 59 1/2 or show financial hardship.

Forfeitures: Participants who terminate employment may receive a distribution of their vested account balance. The non-vested portion of their account, if any, is forfeited and used to reduce Employer contributions unless a participant returns to employment before incurring five consecutive breaks in service and repays the full amount of any distribution received upon termination. However, repayment must occur within five years of rehire. A break in service occurs when a participant is credited with 500 or fewer hours of service during a Plan year. During the years ended December 31, 2009 and 2008, $1,350,000 and $1,300,000, respectively, of assets resulting from forfeited non-vested accounts were used to reduce Employer contributions. The assets in the Plan related to forfeited non-vested accounts at December 31, 2009 and 2008 were $104,302 and $39,069, respectively.

Participant loans: Participants may borrow from $1,000 to $50,000, but not to exceed 50 percent of their salary deferral, prior employer and rollover account balances. Participant loans are secured by the balance in the participant's account. Interest rates are fixed for the term of the loan and are established based on prime plus one percent, updated quarterly. Principal and interest are repaid ratably through bi-weekly payroll deductions. The duration of the loan is not to exceed five years, except for a loan used to finance the purchase of a primary residence, which is not to exceed ten years. The loan may be paid off at any time without a penalty.

Plan termination: Although the Employer has expressed no intent to do so, the Plan gives the Employer the right to discontinue its contributions or to terminate the Plan at any time, subject to the provisions of ERISA. In the event of termination, participants would become 100 percent vested in their accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting: The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America using the accrual basis 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 Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis.

Recently adopted accounting standards: In June 2009, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2009-01, *Topic 105-Generally Accepted Accounting Principles* and ASU 2009-02, *Omnibus Update, Amendments to Various Topics for Technical Corrections"* (collectively the "Codification"). The Codification establishes FASB Accounting Standards Codification ("ASC") as the sole source of authoritative accounting principles generally accepted in the United States of America (GAAP) recognized by the FASB for nongovernmental entities. The Codification supersedes all existing non-Securities and Exchange Commission ("SEC") accounting and reporting standards. Upon issuance, all other non-grandfathered non-SEC accounting literature not included in the Codification became non-authoritative. The Codification became effective for the Plan's December 31, 2009 financial statements, and the disclosures contained herein are in compliance with the requirements of the Codification.

In April 2009, the FASB issued FASB Staff Position No. FAS 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly*, which was codified in ASC 820, *Fair Value Measurements and Disclosures*. This guidance applies to all fair value measurements and provides additional clarification on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased, and also provides additional information on circumstances that may indicate that a transaction is

not orderly. The guidance also expanded disclosures and required that major categories for debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and risks of the investments. The Plan adopted this guidance for the year ended December 31, 2009 (see Note 4). The adoption of this guidance had no effect on the Statements of Net Assets Available for Benefits or the Statements of Changes in Net Assets Available for Benefits.

In May 2009, the FASB issued Statement of Financial Accounting Standards No. 165, *Subsequent Events*, which was codified in ASC 855, *Subsequent Events*, and provides guidance on subsequent events. This guidance sets forth: 1) the period after the balance sheet date during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements; 2) the circumstances under which an entity should recognize events or transactions occurring after the balance sheet date in its financial statements; and 3) the disclosures that an entity should make about events or transactions that occurred after the balance sheet date. The Plan adopted this guidance for the year ended December 31, 2009, and its adoption is reflected, where applicable, for the year ended December 31, 2009.

In September 2009, the FASB issued ASC Update 2009-12, *Fair Value Measurements and Disclosures (Topic 820) — Investment in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)* ("Update 2009-12"). ASU 2009-12 permits, as a practical expedient, a reporting entity to estimate the fair value of an investment within its scope using net asset value per share of the investment (or its equivalent) without adjustment, as long as the net asset value is calculated as of the reporting entity's measurement date in a manner consistent with the measurement principles of FASB ASC Topic Financial Services – Investment Companies. ASU 2009-12 also requires certain disclosures about the attributes of investments measured at net asset value, such as the nature of any restrictions on the investor's ability to redeem its investment at the measurement date or any unfunded capital commitments. The Plan has adopted this guidance for the year ended December 31, 2009 (see Note 4). The adoption of this guidance had no effect on the Statements of Net Assets Available for Benefits or the Statements of Changes in Net Assets Available for Benefits.

Valuation of investments 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.

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. Net appreciation (depreciation) in the fair value of investments includes gains and losses on investments bought and sold as well as held during the year.

Management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from the income earned on those funds. Consequently, those charges are reflected as a reduction of investment return for such investments.

Transfers: The Employer also sponsors a 401(k) plan for hourly employees. If employees change their employment status during the year, fully vested account balances are transferred into the corresponding plan. For the years ended December 31, 2009 and 2008, Plan transfers received from the 401(k) plan for hourly employees were $0 and $3,429, respectively, and Plan transfers to the 401(k) plan for hourly employees were $48,340 and $0, respectively.

For the year ended December 31, 2009, the Plan received a net transfer of $172,926 from a 401 (k) plan sponsored by URS Corporation, the parent company. On December 31, 2008, the Plan transferred $3,672,253 to a 401(k) plan sponsored by URS Corporation. The parent company's 401(k) plan transferred $3,171,243 to the Plan, which the Plan received on January 2, 2009.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and change therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

Payments of benefits: Benefit payments are recorded upon distribution. Amounts allocated to accounts of persons who elected to withdraw from the Plan, but not yet paid, were $53,461, less loan offset of $5,962, and $155,105 at December 31, 2009 and 2008, respectively.

Administrative expenses: For 2009 and 2008, certain administrative expenses related to the Plan were paid by the Plan as provided by the Plan document. The Employer provides accounting and other administrative services to the Plan at no charge.

Subsequent events: The Plan has evaluated subsequent events through October 11, 2010, the date the financial statements were available to be issued.

3. INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets available for benefits at either December 31, 2009 or 2008:

	Fair Value	
	2009	**2008**
T. Rowe Price Funds		
Growth Stock Fund	$98,472,091	$67,969,934
Stable Value Fund	85,205,788	82,231,277
Capital Appreciation Fund	67,365,343	49,183,122
Emerging Markets Stock Fund	62,832,339	*
Equity Income Fund	59,549,837	46,314,788
US Treasury Money Market Trust	49,886,879	49,996,471
Small-Cap Value Fund	48,424,600	35,639,991
New Income Fund	48,373,455	40,570,319
New Horizons Fund	43,986,373	*

*Investment was less than 5% of the Plan's net assets available for benefits as of the end of the year.

During the years ended December 31, 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the years) appreciated (depreciated) in value as follows:

	2009	**2008**
Mutual funds	$154,520,511	$(266,966,735)
Collective trust funds, excluding fully benefit-responsive contracts	8,057,740	(17,053,548)
Net appreciation (depreciation) in fair value of investments	$162,578,251	$(284,020,283)

4. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures,* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs into three broad levels: Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets; Level 2 inputs are quoted prices for similar assets in active markets or inputs that are observable for the asset, either directly or indirectly through market corroboration, for substantially the full term of the asset; and Level 3 inputs are unobservable and significant to the fair value measurement. The Plan uses appropriate valuation techniques based on the

available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Following is a description of the hierarchy and valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Level 1: Shares of mutual funds are based on quoted prices of the fund in active markets and are classified within Level 1 of the fair value hierarchy.

Level 2: Collective trust funds, excluding the fully benefit-responsive contracts, are based on quoted market prices of the underlying assets, which represent the net asset value (NAV) of shares held by the Plan at year-end, and are classified within Level 2 of the fair value hierarchy

Level 3: Participant loans are valued at the outstanding loan balance and are classified within Level 3 of the fair value hierarchy. The Stable value fund is stated at fair value and then adjusted to contract value. Fair value is the NAV per unit based on the fair value of the underlying investments, primarily guaranteed investment contracts (GICs), synthetic investment contracts (SICs), and wrap contracts. Contract value is principal plus accrued interest. The fair value of GICs is generally determined by discounting the scheduled future payments required under the contract; the fair value of the securities underlying SICs is generally reflected by market value at the close of business on the valuation date; and the fair value of wrap contracts reflects the discounted present value of the difference between the current wrap contract const and its replacement cost based on issuer quotes.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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, 2009 and 2008:

	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
As of December 31, 2009				
Mutual funds				
Large cap funds	$225,387,271	$ --	$ --	$225,387,271
Small cap funds	120,689,241	--	--	120,689,241
Retirement date funds	139,430,052	--	--	139,430,052
International funds	44,091,004	--	--	44,091,004
Emerging market funds	62,832,339	--	--	62,832,339
Corporate long-term bonds	19,421,401	--	--	19,421,401
US Government and corporate bonds	71,589,525	--	--	71,589,525
Total mutual funds	683,440,833	--	--	683,440,833
Collective trust funds				
Stable value fund	--	--	85,205,788	85,205,788
US Treasury short-term fund	--	49,886,879	--	49,886,879
Common stocks	--	38,004,368	--	38,004,368
Total collective trust funds	--	87,891,247	85,205,788	173,097,035
Participant loans	--	--	11,426,995	11,426,995
Total assets at fair value	$683,440,833	$ 87,891,247	$96,632,783	$867,964,863
As of December 31, 2008				
Mutual funds	$473,969,662	$ --	$ --	$473,969,662
Collective trust funds, excluding fully benefit-responsive contracts	--	79,097,998	--	79,097,998
Fully benefit-responsive contracts	--	82,231,277	--	82,231,277
Participant loans	--	--	11,681,819	11,681,819
Total investments	$473,969,662	$161,329,275	$11,681,819	$646,980,756

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008:

	Stable Value Fund	Participants Loans
Beginning balance January 1, 2008	$ --	$11,813,779
Net purchases, sales, issuances, and settlements	--	(131,960)
Ending balance December 31, 2008	--	11,681,819
Transfer to Level 3	82,231,277	--
Realized and unrealized gains	3,329,548	--
Net purchases, sales, issuances, and settlements	(355,037)	(254,824)
Ending balance December 31, 2009	$ 85,205,788	$11,426,995

As referenced in Note 2, ASU 2009-12 clarifies the fair value classification for entities that calculate net asset value per share or its equivalent. The new guidance states that if a reporting entity cannot redeem its investment with the investee at net asset value per share (or its equivalent), the fair value measurement of the investment should be categorized as a level 3 fair value measurement. The Plan previously classified an

investment that calculates net asset value per share as a level 2 fair value measurement and reclassified this

investment as a level 3 fair value measurement during 2009, resulting in a transfer of $82,231,277.

The table below presents additional information for investments whose fair value is estimated using net asset value (NAV) per share as of December 31, 2009:

Common Trust Fund	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
T. Rowe Price					
Stable Value Fund [(a)]	$85,205,788	--	Daily	None	None
US Treasury Money Market Trust [(b)]	49,886,879	--	Daily	None	None
Equity Index Trust [(c)]	38,004,368	--	Daily	None	None
	$173,097,035				

(a) Fixed income strategies that seeks to preserve the investor's principal investment, which seeks to maintain a stable $1 unit price.
(b) Money market securities backed by the full faith and credit of the US Government, which seeks to maintain a stable $1 unit price.
(c) Investments in stocks that make up the S&P 500® Index, which seeks long-term growth.

5. RISK AND UNCERTAINTIES

The Plan provides for various investment options in investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and market risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value 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.

6. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the amounts reported in the financial statements and in the Form 5500 as of and for the years ended December 31, 2009 and 2008:

	2009	2008
Benefits payable to participants per financial statements	$ --	$ --
Amounts payable to withdrawing participants	47,499	155,105
Benefits payable to participants per Form 5500	$ 47,499	$ 155,105
Net assets available for benefits per the financial statements	$865,458,921	$650,956,959
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	2,558,707	(770,841)
Benefits payable to participants per Form 5500 (above)	(47,499)	(155,105)
Net assets available for benefits per the Form 5500	$867,970,129	$650,031,013
Distributions to participants per financial statements	$ 79,293,735	$ 60,743,899
Amounts payable to withdrawing participants as of:		
December 31, 2009	47,499	--
December 31, 2008	(155,105)	155,105
December 31, 2007	--	(61,200)
Distributions to participants per Form 5500	$ 79,186,129	$ 60,837,804

2009 2008

Increase (decrease) in net assets available for benefits per the financial statements	$214,501,962	$(202,334,620)
Amounts payable to withdrawing participants as of:		
December 31, 2009	(47,499)	--
December 31, 2008	155,105	(155,105)
December 31, 2007	--	61,200
Adjustment from fair value to contract value for fully benefit-responsive investment contracts:		
December 31, 2009	2,558,707	--
December 31, 2008	770,841	(770,841)
December 31, 2007	--	(379,620)
Net transfers of assets (to) from this plan	(124,586)	497,581
Increase (decrease) in net assets available for benefits per the Form 5500	$217,814,530	$(203,081,405)

7. TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated October 27, 2008, that the Plan, as amended through December 2006, and related trust were designed in accordance with applicable regulations of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. The Plan administrator believes the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

8. INFORMATION CERTIFIED BY PLAN TRUSTEE

The Plan administrator has elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, no audit procedures were performed with respect to the information certified by T. Rowe Price Trust Company, the trustee, as of and for the years ended December 31, 2009 and 2008, except to compare such information to the information included in the accompanying financial statements and supplemental schedule. Information certified by the trustee includes the fair value of the investments included in the accompanying Statements of Net Assets Available for Benefits; all interest and dividend income and net appreciation (depreciation) in the fair value of investments included in the accompanying Statements of Changes in Net Assets Available; information regarding investments in Note 3; all investments included in Schedule H, Line 4i Schedule of Assets (Held at End of Year).

9. RELATED-PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by T. Rowe Price. T. Rowe Price is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

10. PLAN MERGER

On December 31, 2010, it is the Company's intent that the Plan will merge with the URS 401(k) Retirement Plan, a similar plan sponsored by URS Corporate, the parent company. Upon merger of the Plan, certain plan features will change, such as the vesting schedule, and other plan provisions will remain unchanged. The details of the plan provisions are under consideration; therefore, some plan changes are not known at this time.

In 2011, the fund investments will be transferred from the Trustee to a master trust at Fidelity Management

Trust Company. Fidelity will serve as the trustee and record keeper for the Plan. The master trust, established by URS Corporation, will permit the commingling of trust assets with the assets of two other retirement savings plans sponsored by the parent company for investment and administrative purposes.

WASHINGTON GROUP INTERNATIONAL, INC. **EIN 26-1320627**
401(k) RETIREMENT SAVINGS PLAN **PLAN NUMBER 001**

FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	d) Cost**	(e) Current value
* T. Rowe Price Trust Company			
Capital Appreciation Fund	Mutual Fund		$ 67,365,343
Emerging Markets Stock Fund	Mutual Fund		62,832,339
Equity Income Fund	Mutual Fund		59,549,837
Extended Equity Market Index	Mutual Fund		28,278,267
Growth Stock Fund	Mutual Fund		98,472,091
High Yield Fund	Mutual Fund		19,421,401
ING Global Real Estate Fund A	Mutual Fund		2,055,577
International Equity Index	Mutual Fund		40,555,194
New Horizons Fund	Mutual Fund		43,986,373
New Income Fund	Mutual Fund		48,373,455
Principal Diversified International Inst Fund	Mutual Fund		1,480,233
Retirement 2005 Fund	Mutual Fund		2,108,958
Retirement 2010 Fund	Mutual Fund		16,805,945
Retirement 2015 Fund	Mutual Fund		27,280,748
Retirement 2020 Fund	Mutual Fund		31,077,510
Retirement 2025 Fund	Mutual Fund		17,480,779
Retirement 2030 Fund	Mutual Fund		16,348,189
Retirement 2035 Fund	Mutual Fund		6,939,274
Retirement 2040 Fund	Mutual Fund		9,575,522
Retirement 2045 Fund	Mutual Fund		5,492,659
Retirement 2050 Fund	Mutual Fund		2,085,523
Retirement 2055 Fund	Mutual Fund		825,900
Retirement Income Fund	Mutual Fund		3,409,045
Small-Cap Value Fund	Mutual Fund		48,424,600
U.S. Treasury Long-Term Fund	Mutual Fund		23,216,071
			683,440,833
Equity Index Trust	Collective Trust Fund		38,004,368
Stable Value Fund	Collective Trust Fund		85,205,788
US Treasury Money Market Trust	Collective Trust Fund		49,886,879
			173,097,035
* Participant Loans	4.25% to 10.5%		11,426,995
			$867,964,863

* Known party-in-interest
** Cost information is not required for participant-directed investments and, therefore, is not included.

WASHINGTON GROUP INTERNATIONAL, INC. **EIN 26-1320627**
401(k) RETIREMENT SAVINGS PLAN **PLAN NUMBER 001**

FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	d) Cost**	(e) Current value
* T. Rowe Price Trust Company			
Capital Appreciation Fund	Mutual Fund		$ 67,365,343
Emerging Markets Stock Fund	Mutual Fund		62,832,339
Equity Income Fund	Mutual Fund		59,549,837
Extended Equity Market Index	Mutual Fund		28,278,267
Growth Stock Fund	Mutual Fund		98,472,091
High Yield Fund	Mutual Fund		19,421,401
ING Global Real Estate Fund A	Mutual Fund		2,055,577
International Equity Index	Mutual Fund		40,555,194
New Horizons Fund	Mutual Fund		43,986,373
New Income Fund	Mutual Fund		48,373,455
Principal Diversified International Inst Fund	Mutual Fund		1,480,233
Retirement 2005 Fund	Mutual Fund		2,108,958
Retirement 2010 Fund	Mutual Fund		16,805,945
Retirement 2015 Fund	Mutual Fund		27,280,748
Retirement 2020 Fund	Mutual Fund		31,077,510
Retirement 2025 Fund	Mutual Fund		17,480,779
Retirement 2030 Fund	Mutual Fund		16,348,189
Retirement 2035 Fund	Mutual Fund		6,939,274
Retirement 2040 Fund	Mutual Fund		9,575,522
Retirement 2045 Fund	Mutual Fund		5,492,659
Retirement 2050 Fund	Mutual Fund		2,085,523
Retirement 2055 Fund	Mutual Fund		825,900
Retirement Income Fund	Mutual Fund		3,409,045
Small-Cap Value Fund	Mutual Fund		48,424,600
U.S. Treasury Long-Term Fund	Mutual Fund		23,216,071
			683,440,833
Equity Index Trust	Collective Trust Fund		38,004,368
Stable Value Fund	Collective Trust Fund		85,205,788
US Treasury Money Market Trust	Collective Trust Fund		49,886,879
			173,097,035
* Participant Loans	4.25% to 10.5%		11,426,995
			$867,964,863

* Known party-in-interest
** Cost information is not required for participant-directed investments and, therefore, is not included.