Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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
URS PROFESSIONAL SOLUTIONS PENSION PLAN

1b Three-digit plan number (PN) ▶ 011

1c Effective date of plan 10/01/1997

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
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 Plan 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.	10/08/2015	DELOYD CAZIER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2015	DELOYD CAZIER
	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

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	460
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	143
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	146
b	Retired or separated participants receiving benefits	**6b**	128
c	Other retired or separated participants entitled to future benefits	**6c**	170
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	444
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	10
f	Total. Add lines **6d** and **6e**.	**6f**	454
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:
1A 1I 3F 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 funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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) [X] **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)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
URS PROFESSIONAL SOLUTIONS PENSION PLAN

B Three-digit plan number (PN) ▶ 011

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

D Employer Identification Number (EIN)
26-1320627

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014

2 Assets:

a Market value	**2a**	21218016
b Actuarial value	**2b**	20391061

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	149	12956085	12956085
b For terminated vested participants	172	4246666	4246666
c For active participants	143	5658432	5930544
d Total	464	22861183	23133295

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.51%
6 Target normal cost	**6**	240000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/25/2015
Date

LINDA C. ECKHOLM
Type or print name of actuary

14-05358
Most recent enrollment number

TOWERS WATSON DELAWARE INC.
Firm name

206-625-1125
Telephone number (including area code)

600 UNIVERSITY STREET, SUITE 3100
SEATTLE, WA 98101-1176
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	193835
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	193835
10	Interest on line 9 using prior year's actual return of 9.22%	0	17872
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		278
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.35 %		18
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		296
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	211707

Part III Funding Percentages

14	Funding target attainment percentage	14	87.23 %
15	Adjusted funding target attainment percentage	15	87.23 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.36 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/09/2014	81145				
07/11/2014	81145				
10/09/2014	81145				
01/14/2015	81145				
06/01/2015	600000				
			Totals ► 18(b)	924580	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	860269

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	240000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2953941	514133
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	754133

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	754133
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	860269

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	106136
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	0
43 Excess installment acceleration amount to be carried over to future plan years	**43**	0

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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan	**B** Three-digit plan number (PN) ▶
URS PROFESSIONAL SOLUTIONS PENSION PLAN	011

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
URS E&C HOLDINGS, INC.	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).. . . . . ☐ Yes ☒ No

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

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

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(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)

TOWERS WATSON

53-0181291

(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?
11 17 50 70	NONE	126705	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER

30-0282430

(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 51 52	FIDUCIARY	45054	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64	NONE	36501	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BANK OF NEW YORK MELLON

25-0065306

(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?
21 65	TRUSTEE	23778	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
URS PROFESSIONAL SOLUTIONS PENSION PLAN

B Three-digit plan number (PN) ▶ 011

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: URS GOVT. SERV. GROUP MASTER TRUST

b Name of sponsor of entity listed in (a): WEST. GVT. SERV. COMPANY LLC

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)
82-0508469-005	M	21674474

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)

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

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
URS PROFESSIONAL SOLUTIONS PENSION PLAN

B Three-digit plan number (PN) ▶ 011

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)	360516	681145
(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)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	20872529	21674474
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(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	21233045	22355619
Liabilities			
g Benefit claims payable	1g	87500	0
h Operating payables	1h	47384	47250
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	134884	47250
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	21098161	22308369

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)	924580	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		924580
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		2087443
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3012023
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1431815	
(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)		1431815
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)	194965	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	36939	
(4) Other	2i(4)	138096	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		370000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1801815
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1210208
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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: EIDE BAILLY LLP **(2)** EIN: 45-0250958

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	

			Yes	No	Amount
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		75000000
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			
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
URS PROFESSIONAL SOLUTIONS PENSION PLAN

B Three-digit plan number (PN) ▶ 011

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): 25-1926855

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** 1

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 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, 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

URS PROFESSIONAL SOLUTIONS
PENSION PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

URS PROFESSIONAL SOLUTIONS
PENSION PLAN

TABLE OF CONTENTS

Independent Auditor's Report 1

Financial Statements:

Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013 3

Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2014 and 2013 4

Notes to Financial Statements 5

EideBailly
CPAs & BUSINESS ADVISORS

Independent Auditor's Report

Plan Administrator and Participants
URS Professional Solutions Pension Plan
Boise, Idaho

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of URS Professional Solutions Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Plan 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 audit 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 are 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 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 The Bank of New York Mellon, the Trustee of the Plan, except for comparing the 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, 2014 and 2013 and for the years then ended, 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.

877 W. Main St., Ste. 800 | Boise, ID 83702-5858 | T 208.344.7150 | F 208.344.7435 | EOE

Report on Form and Content in Compliance with DOL Rules and Regulations
The form and content of the information included in the financial statements, other than that derived from the information certified by the Trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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.

Boise, Idaho
October 05, 2015

URS PROFESSIONAL SOLUTIONS PENSION PLAN

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

	2014	2013
Assets		
Plan interest in Master Trust, at fair value (Note 7)	$21,674,474	$20,872,529
Employer contributions receivable	681,145	360,516
Total Assets	22,355,619	21,233,045
Liabilities		
Due to participants	--	87,500
Accrued expenses	47,250	47,384
Total Liabilities	47,250	134,884
Net Assets Available for Benefits	$22,308,369	$21,098,161

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

URS PROFESSIONAL SOLUTIONS PENSION PLAN

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

	2014	2013
Investment Gains		
Plan interest in investment gains of Master Trust (Note 7)	$ 2,087,443	$ 1,994,470
Contributions		
Contributions from employer	924,580	360,516
Deductions		
Benefits paid to participants (Note 1 and Note 11)	(1,431,815)	(2,906,955)
Investment expenses	(36,939)	(34,871)
Administrative expenses	(194,965)	(358,181)
PBGC premiums	(138,096)	(58,221)
Total Deductions	(1,801,815)	(3,358,228)
Net Increase (Decrease)	1,210,208	(1,003,242)
Net Assets Available For Benefits		
Beginning of year	21,098,161	22,101,403
End of year	$22,308,369	$21,098,161

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

URS PROFESSIONAL SOLUTIONS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the URS Professional Solutions Pension 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: URS E&C Holdings, Inc. ("the Company"), a subsidiary of AECOM, is the sponsor of the Plan.

The Plan is a frozen noncontributory defined benefit pension plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Prior to the Plan Freeze Date (December 31, 2005), the Plan covered all employees of Washington Safety Management Solutions, LLC (the "Employer") who, on October 1, 1997, were members of the pension plan maintained by Westinghouse Savannah River Company ("WSRC''). Other full-service employees, as defined by the Plan, not meeting the above requirements, were eligible for the Plan as of their first day of employment or reemployment with the Employer. All other employees were eligible for the Plan once they had completed one full year of service in accordance with the Plan. After the Plan Freeze Date, no new participants were allowed into the Plan and pension benefits stopped accruing.

Benefits: The Plan provides for normal retirement at age 65 with completion of 15 years of service and provides 100% cliff vesting upon completion of 5 years of service. Benefits are determined primarily as a function of both the years of service and the highest average compensation over 36 consecutive months at any time during the participants' employment with the Employer. The Plan generally provides for a reduced benefit for early retirement.

Even though the Plan is frozen, a participant, through continued employment with the Employer, continued to earn eligibility credit for vesting and retirement purposes. Pension benefits for active participants in the Plan as of the Plan Freeze Date were based on pay and service earned through December 31, 2005.

Death and Disability Benefits: If an active employee dies, the spouse may be entitled to a spouse survivor benefit. Depending on the employee's age and/or eligibility service at the time of death, the spouse may qualify for an immediate spouse survivor benefit or a deferred spouse survivor benefit. The amount of spouse survival benefit is dependent upon the employee's length of service at time of death.

An active employee who becomes permanently disabled and has at least 15 years of eligible service may qualify for a retirement benefit as long as the disability exists. The disability benefit is a lifetime-unreduced pension equal to the pension benefit earned as of the date of retirement. A supplemental benefit payment from the Plan may be awarded to the disabled participant if he or she doesn't qualify for social security disability benefits or is not old enough to receive social security old age payments at the time the disability retirement benefit begins.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Valuation of investments: The fair value of interest in the Master Trust is based on the beginning of the year value of the Plan's interest in the trust plus actual contributions and allocated investment income (loss) less actual distributions and allocated administrative expenses. Investments are reported at fair value. Fair value is the price that would be received when an asset is sold or paid to transfer a liability in an orderly transaction between market participants at the measurement date. (See Note 6 for a description of fair value measurements under Accounting Standards Codification ("ASC") 820.) Investment income (loss) and realized and unrealized gains or losses are reported as a single amount as plan interest in investment gain (loss) of the Master Trust. (See Note 7 for information about the Master Trust.)

The Master Trust records purchases and sales of securities on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as those held during the year.

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 net assets available for benefits and changes therein, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Risks and uncertainties: The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Administrative expenses: The Plan's expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment-related expenses are included in net appreciation of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Payment of benefits: Benefit payments to participants are recorded upon distribution.

Subsequent events: The Plan has evaluated subsequent events through October 5, 2015, the date the financial statements were available to be issued.

3. FUNDING POLICY

The Employer contributes such amounts as are necessary (calculated on an actuarial basis) to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. For 2014 and 2013, the minimum funding requirements of ERISA, as determined by consulting actuaries, have been met.

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) current employees or their beneficiaries. Because the benefits under the Plan are frozen, the accumulated plan benefits for active employees are based on their accrued benefits as of the December 31, 2005 Plan Freeze Date. Future active employee compensation and credited service increases are no longer applicable after the Plan Freeze Date. Due to the plan freeze, benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included and are fully attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits of the Plan is as follows:

	January 1, 2014	January 1, 2013
Vested benefits:		
Participants and beneficiaries currently receiving benefits	$ 12,293,979	$ 10,580,784
Other participants	9,370,041	10,195,200
Total vested benefits	21,664,020	20,775,984
Non-vested benefits	255,310	381,417
Total actuarial present value of accumulated plan benefits	$ 21,919,330	$ 21,157,401

The changes in the actuarial present value of the Plan's accumulated plan benefits are as follows:

	January 1, 2014	January 1, 2013
Actuarial present value of accumulated plan benefits at beginning of period	$ 21,157,401	$ 20,650,163
Increase (decrease) during the period attributable to:		
Benefits paid	(2,819,455)	(857,056)
Interest due to the decrease in the discount period	1,372,463	1,354,850
Actuarial (gains)/losses	229,882	(24,861)
Change in assumptions	(695,103)	34,305
Plan amendments	2,674,142	--
Net increase	761,929	507,238
Actuarial present value of accumulated plan benefits at end of period	$ 21,919,330	$ 21,157,401

The actuarial present value of accumulated plan benefits is determined by independent actuaries and reflects actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and expected date of payment. The increase in Benefits paid and Plan amendments as of January 1, 2014, is the result of a payout issued in 2013 pursuant to the Savani litigation. See Note 11 for additional information.

Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, the effect of such changes could be material to the Plan’s financial statements.

The significant actuarial assumptions used in the valuations for 2014 and 2013 are shown below:

Investment return	-	2014 – 7.00% 2013 – 6.70%
Rate of pay increases	-	Not applicable
Mortality basis	-	Mortality tables as described under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with blended mortality rates for annuitants and non-annuitants for small plans
Average retirement age	-	Ranging from 1% at age 50 to 100% at age 65

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were terminated, different actuarial assumptions and other factors might be applicable in

determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2014 and 2013. Had the valuations been performed as of December 31, there would be no material difference.

5. FEDERAL INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Plan by a letter dated October 31, 2014, that the Plan, as amended and restated through August 2012, and related trust were designed in accordance with applicable regulations of the Internal Revenue Code ("IRC") and therefore, the related trust is exempt from taxation. The Plan has not been amended since receiving the determination letter; therefore, the Plan and related trust continue to be tax-exempt, and no provision for federal 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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

6. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits.

Financial Accounting Standards Board (FASB) 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 to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Master Trust has the ability to access.
Level 2	Inputs to the valuation methodology include: · Quoted prices for similar assets or liabilities in active markets; · Quoted prices for identical or similar assets or liabilities in inactive markets; · Inputs other than quoted prices that are observable for the asset or liability; · Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The 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 valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Level 1: The master trust in which the Plan's investment assets are held did not have any Level 1 investments.

Level 2: The Plan's investments, which are held in a master trust, consist of common trust funds. The value of the common trust funds are based on the net asset value (NAV) of the underlying assets.

Level 3: The master trust, in which the Plan is invested, did not have any Level 3 investments.

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.

7. INTEREST IN URS GOVERNMENT SERVICES GROUP MASTER TRUST

The Plan's investment assets are held in a trust account at The Bank of New York Mellon ("Trustee") and consist of an undivided interest in an investment account of the URS Government Services Group Master Trust ("Master Trust"), a master trust established by Westinghouse Government Services Company, LLC and Washington Government Environmental Services Company, LLC, subsidiaries of the Company, and administered by the Trustee. Use of the Master Trust permits the commingling of trust assets with the assets of three other pension plans sponsored by subsidiaries of a common parent company, AECOM, for investment and administrative purposes. Although assets of the four pension plans are commingled in the Master Trust, the Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment account to the participating plans. The net investment income (loss) of the investment assets is allocated by the Trustee to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans.

The Plan had a 12% interest in the Master Trust's net assets at December 31, 2014, and 2013. At December 31, 2014 and 2013, the assets of the Master Trust were invested in common trust funds. The fair value of investments was $187,487,772 and $170,137,842 at December 31, 2014 and 2013, respectively.

The net investment earnings for the common trust funds of the Master Trust were $17,404,177 and $13,341,784 for the years ended December 31, 2014, and 2013, respectively.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2014, and 2013:

	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value
As of December 31, 2014				
Common Trust				
MGI AC Active Corp Investment Fund	$ --	$ 40,753,906	$ --	$ 40,753,906
MGI US Large Cap Passive Equity Fund	--	33,136,877	--	33,136,877
MGI Non US Core Equity Fund	--	20,378,374	--	20,378,374
MGI Long Duration Investment Grade Fixed Income Fund	--	15,690,150	--	15,690,150
MGI Long Duration Passive Income Fund	--	12,417,346	--	12,417,346
MGI Long Duration Fixed Income Fund	--	12,073,897	--	12,073,897
MGI Low Volatility Equity Fund	--	11,673,955	--	11,673,955
EB Temporary Investment Fund	--	9,197,626	--	9,197,626
Mercer Opportunistic Fixed Income Fund	--	8,100,859	--	8,100,859
MGI US Core Opportunistic Fixed Income Fund	--	6,769,139	--	6,769,139
Mercer Emerging Markets Fund	--	5,323,630	--	5,323,630
MGI US Small/Mid Cap Growth Equity Fund	--	4,468,089	--	4,468,089
MGI US Small/Mid Cap Value Equity Fund	--	3,983,140	--	3,983,140
MGI US Passive Fixed Income Fund	--	3,489,293	--	3,489,293
Bank of New York Cash Reserve	--	31,491	--	31,491
Total Common Trust	--	187,487,772	--	187,487,772
Total Investments	$ --	$187,487,772	$ --	$187,487,772

	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value
As of December 31, 2013				
Common Trust				
MGI AC Active Corp Investment Fund	$ --	$ 37,687,233	$ --	$ 37,687,233
MGI US Large Cap Passive Equity Fund	--	30,091,549	--	30,091,549
MGI Non US Core Equity Fund	--	20,786,990	--	20,786,990
MGI Long Duration Investment Grade Fixed Income Fund	--	14,525,360	--	14,525,360
MGI Long Duration Fixed Income Fund	--	11,289,425	--	11,289,425
MGI Low Volatility Equity Fund	--	11,066,540	--	11,066,540
MGI Long Duration Passive Income Fund	--	10,900,024	--	10,900,024
Mercer Opportunistic Fixed Income Fund	--	7,807,241	--	7,807,241
MGI US Core Opportunistic Fixed Income Fund	--	6,951,760	--	6,951,760
Mercer Emerging Markets Fund	--	5,493,177	--	5,493,177
MGI US Passive Fixed Income Fund	--	3,888,389	--	3,888,389
MGI US Small/Mid Cap Value Equity Fund	--	4,323,349	--	4,323,349
MGI US Small/Mid Cap Growth Equity Fund	--	4,796,047	--	4,796,047
EB Temporary Investment Fund	--	530,758	--	530,758
Total Common Trust	--	170,137,842	--	170,137,842
Total Investments	$ --	$170,137,842	$ --	$170,137,842

Financial Accounting Standards Board ASU 2009-12, *Fair Value Measurement and Disclosure (Topic 820): Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent)* requires disclosures of certain attributes in entities that calculate a NAV per share (or its equivalent) and do not have a readily determinable fair value. The following table sets forth the disclosure of the attributes at December 31, 2014 and 2013:

	Fair Value [(a)]	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
As of December 31, 2014				
MGI AC Active Corp Investment Fund	$ 40,753,906	--	Daily	None
MGI US Large Cap Passive Equity Fund	33,136,877	--	Daily	None
MGI Non US Core Equity Fund	20,378,374	--	Daily	None
MGI Long Duration Investment Grade Fixed Income Fund	15,690,150	--	Daily	None

As of December 31, 2014 (cont'd)	Fair Value [(a)]	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
MGI Long Duration Passive Income Fund	12,417,346	--	Daily	None
MGI Long Duration Fixed Income Fund	12,073,897	--	Daily	None
MGI Low Volatility Equity Fund	11,673,955	--	Daily	None
EB Temporary Investment Fund	9,197,626	--	Daily	None
Mercer Opportunistic Fixed Income Fund	8,100,859	--	Daily	None
MGI US Core Opportunistic Fixed Income Fund	6,769,139	--	Daily	None
Mercer Emerging Markets Fund	5,323,630	--	Daily	None
MGI US Small/Mid Cap Growth Equity Fund	4,468,089	--	Daily	None
MGI US Small/Mid Cap Value Equity Fund	3,983,140	--	Daily	None
MGI US Passive Fixed Income Fund	3,489,293	--	Daily	None
Bank of New York Cash Reserve	31,491	--	Daily	None
As of December 31, 2013				
MGI AC Active Corp Investment Fund	$ 37,687,233	--	Daily	None
MGI US Large Cap Passive Equity Fund	30,091,549	--	Daily	None
MGI Non US Core Equity Fund	20,786,990	--	Daily	None
MGI Long Duration Investment Grade Fixed Income Fund	14,525,360	--	Daily	None
MGI Long Duration Fixed Income Fund	11,289,425	--	Daily	None
MGI Low Volatility Equity Fund	11,066,540	--	Daily	None
MGI Long Duration Passive Income Fund	10,900,024	--	Daily	None
Mercer Opportunistic Fixed Income Fund	7,807,241	--	Daily	None
MGI US Core Opportunistic Fixed Income Fund	6,951,760	--	Daily	None
Mercer Emerging Markets Fund	5,493,177	--	Daily	None
MGI US Passive Fixed Income Fund	3,888,389	--	Daily	None
MGI US Small/Mid Cap Value Equity Fund	4,323,349	--	Daily	None
MGI US Small/Mid Cap Growth Equity Fund	4,796,047	--	Daily	None
EB Temporary Investment Fund	530,758	--	Daily	None

(a) Investment funds are stated at fair value based on the quoted market prices of the underlying assets, which represent the NAV of shares held by the Master Trust at year-end.

Changes in fair value levels: 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 years ended December 31, 2014 and 2013, there were no significant transfers in or out of Levels 1, 2 or 3.

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 the Employee Retirement Income Security Act of 1974. Accordingly, as permitted under such election, no independent auditing procedures were performed with respect to the information certified by the Trustee, as of December 31, 2014 and 2013.

The information certified by the Trustee was the annual report and accounting for the years ending December 31, 2014 and 2013, which includes beginning and ending balances of assets, and a detailed listing of the transactions in the various funds, including investment gains (losses).

9. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan has certain investments that are managed by the Trustee. The Plan also invests in certain investments managed by Mercer Trust Company ("Mercer"), and Mercer acts as a trustee for those investments. Transactions in such investments qualify as party-in-interest transactions and are exempt from the prohibited transaction rules of ERISA. Fees paid by the Plan for investment management services of the common trust funds were included as a reduction of the return on each fund. Fees paid by the Plan for investment fund services provided to the Master Trust were $36,939 and $34,871 for the years ended December 31, 2014 and 2013, respectively, and reported as a deduction in the Statements of Changes in Net Assets Available for Benefits.

10. PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated as specified by the Plan document in accordance with ERISA and its related regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the form of benefit payment elected by the participant at Plan termination. The ceiling varies depending on the form of benefit payment elected by the participant at the time of termination.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

11. CURRENT LITIGATION

On September 26, 2006, a retired employee filed a class action complaint against the Company, the Plan, and the Plan trustees in the Court of Common Pleas for Aiken, South Carolina. Plaintiff alleged that 2004 and 2005 amendments to the Plan, involving elimination of a monthly supplemental medical benefit for early retirees, constituted breach of contract, fraud, conspiracy, unjust enrichment, and violated ERISA anti-cutback provisions. Plaintiff sought a declaratory judgment, injunction, disgorgement, and compensatory and punitive damages on behalf of himself and other similarly situated retirees. The Company removed the action to the United States District Court for South Carolina. The Company's motion to dismiss for failure to exhaust administrative remedies and dismissal of the breach of contract and common law claims was granted. Plaintiff pursued an administrative hearing through the Plan Administrative Committee and his claim was denied. Plaintiff then re-filed his Complaint in Federal Court seeking only statutory ERISA remedies. The Company again moved for Summary Judgment on the basis that the Company's acts did not violate Federal ERISA statutes. The District Court granted the Company's Motion. A final judgment was entered in favor of the Company and Plaintiff appealed this judgment to the Fourth Circuit Court of Appeals.

On March 20, 2012, the Fourth Circuit Court of Appeals ruled in a narrow, unpublished opinion, that the "plain language" of the Plan established that the supplemental medical benefit was an "accrued benefit" that early retirees who meet Plan criteria are entitled to and that cannot be eliminated. Consistent with the Fourth Circuit ruling, the District Court vacated the grant of summary judgment in the Company's favor and granted Plaintiff's motion for summary judgment. On August 28, 2012, the District Court certified the complaint as a Class Action. Two classes were defined: (1) the Savani Class of individuals who, if they chose to retire early, were eligible for the medical supplement when the Plan was frozen in December 2005; and (2) the Taylor Subclass including individuals that allege that they continued to accrue eligibility for the medical supplement as early retirees after the Plan was frozen in December 2005.

On November 19, 2013, the Federal District Court entered judgment for the Savani Class members and ordered the Company to pay $1.8 million in past due benefits to early retirees eligible for the medical supplement before the Plan was frozen, to continue to pay the benefit monthly to those eligible retirees going forward until they reach normal retirement age, and to pay $475,000 in attorney fees and costs to class counsel Stanley Jackson. AIG, the Company's fiduciary insurance carrier paid $237,500 of the attorney fee and cost award. The remainder of the Savani class judgment was distributed from Plan assets.

On November 19, 2013 the Federal District Court also ruled that Taylor Subclass members who choose early retirement are also eligible for the early retirement medical supplement and could continue to accrue eligibility even though the Plan was frozen in December 2005. The Company has appealed the Taylor Subclass decision to the Fourth Circuit Court of Appeals, but the District

Court ruling was affirmed. The Company was ordered to pay $956,574 in past due benefits to Taylor class members that have chosen early retirement, and to continue to pay the medical supplement monthly to eligible early retirees going forward until they reach normal retirement ages. The Court also awarded attorney fees in the amount of $378,516, costs of $12,924 and a $15,000 incentive award to Mr. Taylor as the class representative, all of which was to be deducted from the past due benefits award before past due benefits were distributed. The Company and AIG agreed to each pay attorney fees of $30,000 each. The litigation is now finished and the case closed. Actuaries will consider the outcome in calculating future contributions to the Plan and the Company will seek reimbursement from their client, the Federal Government, for Plan expenditures associated with this litigation as allowed under government cost accounting principles. Certain actuarial and legal fees incurred in this litigation were paid by AIG.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2014

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2014	2,052,792	7	2,052,792	343,553
2	Shortfall	01/01/2013	1,022,098	6	901,149	170,580
Total					2,953,941	514,133

Plan Name: URS Professional Solutions Pension Plan
EIN / PN: 26-1320627 / 011
Plan Sponsor: URS E&C Holdings, Inc.
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2014

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	3		1		0		0		0		0		0		0		0		0	
35 - 39	1		8		3		0		0		0		0		0		0		0	
40 - 44	2		4		3		0		0		0		0		0		0		0	
45 - 49	1		6		8		0		0		0		0		0		0		0	
50 - 54	5		17		16		0		0		0		0		0		0		0	
55 - 59	5		10		22		0		0		0		0		0		0		0	
60 - 64	4		9		11		0		0		0		0		0		0		0	
65 - 69	1		2		1		0		0		0		0		0		0		0	
70 & Over	0		0		0		0		0		0		0		0		0		0	

Plan Name: URS Professional Solutions Pension Plan
EIN / PN: 26-1320627 / 011
Plan Sponsor: URS E&C Holdings, Inc.
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions and Methods
as of January 1, 2014

Economic Assumptions

Interest rate basis:

- Applicable month: January
- Yield curve basis: Segment rates

	Reflecting Corridors	Not Reflecting Corridors
Interest rates:		
• First segment rate	4.99%	1.25%
• Second segment rate	6.32%	4.06%
• Third segment rate	6.99%	5.08%
• Effective interest rate	6.51%	4.40%

HATFA requires that the rates not reflecting corridors be used for purposes of determining the deductible limit.

- ASC 960 (plan accounting) interest rate: 7.00%

Annual rates of increase:

- Compensation: N/A
- Future Social Security wage bases: N/A
- Statutory limits on compensation: N/A

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion Date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	There are no new entrants after the plan freeze date of December 31, 2005.
Mortality	
• Healthy	The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with blended mortality rates for annuitants and non-annuitants for small plans.
• Disabled	Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
Termination	Rates varying by age:

Percentage leaving during the year	
Attained Age	Males and Females
20	22.02%
25	16.72
30	12.60
35	9.54
40	7.52
45	6.00
50	4.70
55	4.06
60	8.00
65	25.00

Termination rates are multiplied by the following factors for the first three years of employment:

Year	Factor
1	2
2	1 2/3
3	1 1/3

SCHEDULE SB ATTACHMENTS

Disability

Sample annual rates at which participants become disabled by age are shown below:

Percentage becoming disabled during the year	
Attained Age	Males and Females
20	0.00%
25	0.00
30	0.00
35	0.04
40	0.05
45	0.09
50	0.39
55	1.03
60	1.48
65	0.00

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below:

Percentage retiring during the year	
Attained Age	Males and Females
50-54	1%
55	10
56-61	5
62	25
63-64	15
65	100

Average age: 61

Participants with deferred benefits are assumed to commence their benefit payments at age 65.

Benefit commencement date

- In service death benefit
  - Age 65 with 5 years of service
  - Age 60 with 10 years of service
  - Age 55 with 15 years of service
  - Age 58 where age plus service is greater than or equal to 85
- Deferred vested benefit — Age 65
- Disability benefit — Earlier of:
  - Immediately with 15 years of service
  - Age 65
- Retirement benefit — Upon termination of employment

SCHEDULE SB ATTACHMENTS

Form of payment	Participants are assumed to elect the normal form.
Percent married	For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of the participants eligible for spouses' benefits are assumed to be married.
Spouse age	Male spouses are assumed to be three years older than female spouses.
Covered pay	Not applicable. The plan was frozen as of December 31, 2005.
Administrative expenses	Plan related expenses are assumed to be the average of actual plan-related expenses net of PBGC premiums in the prior three years, plus the expected PBGC premium for the current year, rounded to the nearest thousand. The amount included this year for plan-related expenses is $240,000.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year (zero since the plan was frozen) plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.70% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The expected return on assets assumption is 6.70% which is based on expectations from the Plan's investment consultants.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions
as of January 1, 2014

Plan Provisions

The plan was originally effective October 1, 1997 and was frozen as of December 31, 2005. It was amended and restated effective August 10, 2012. This valuation accounts for the plan as amended through the valuation date.

Covered Employees	Eligible employees who were participating in the WSRC plan on September 30, 1997 became participants on the Effective Date. Employees of WSMS who are either a Full Service Employee (working at least 20 hours a week on a regular basis) or a Limited Service Employee (working part-time with less than 1,000 Hours of Service). Employees are no longer eligible to enter the plan as of December 31, 2005.
Participation Date	A Full Service Employee becomes a participant on date of hire. A Limited Service Employee becomes a participant after completing one year of Eligibility Service.

Definitions

Eligibility service	Includes all service with WSMS, WSRC, Westinghouse Electric Corporation, and affiliated entities. For those Employees employed on or before December 31, 1995, at least 1,000 hours of service count as one full year of Eligibility Service. After January 1, 1996, however, Eligibility Service for a Full Service Employee begins on the date the Employee completes an Hour of Service. Eligibility Service for Full Service Employees also includes defined absences.
Credited Service	Full Service Employee: Credited Service begins on completion of an Hour of Service and ends on Severance Date. Limited Service Employee: one year of Credited Service for each year of Eligibility Service when the Employee completes 2,080 Hours of Service. However, if Hours of Service are at least 1,000, but less than 2,080, Credited Service is based on a fraction of Hours of Service over 2,080. Prior to September 30, 1997, all service as an Employee was generally included as Credited Service. Credited Service includes service with WSMS and WSRC. Credited service will no longer be accrued after the plan freeze date of December 31, 2005.
Vesting Date	The date the Participant completes five years of Eligibility Service.
Plan Compensation	Regular compensation paid to a participant including overtime, shift differential, holiday pay, employee certification pay, and 50% of the incentive compensation award. Only incentive compensation awards for the 120 months preceding retirement or termination will be taken into account in computing Average Monthly Pay. Average Monthly Pay is frozen as of December 31, 2005.

Plan Name:	URS Professional Solutions Pension Plan
EIN / PN:	26-1320627 / 011
Plan Sponsor:	URS E&C Holdings, Inc.
Valuation Date:	January 1, 2014

SCHEDULE SB ATTACHMENTS

Normal Retirement Date (NRD)	The first day of the month following the later of: (i) Participant's 65th birthday and (ii) Completion of 15 years of Eligibility Service
WSMS	Washington Safety Management Solutions LLC
WSRC	Westinghouse Savannah River Company/Bechtel Savannah River, Inc.

Eligibility for Benefits

Normal Retirement	Retirement on Normal Retirement Date
Supplemental Retirement Benefit	A monthly supplement is paid to employees who: (i) have one year of service with WSMS prior to 12/31/2005, (ii) transfer from the Controlled Group on or before January 1, 1998 (no date restriction if transferred from WSRC), and (iii) Pre-65 benefit: retire from active service before Normal Retirement Age on or after 10/01/1998, and are eligible for early retirement on or before 12/31/2005. Post-65 benefit: retire from active service or die while eligible for or receiving early retirement, on or after 10/1/1998.
Early Retirement	For Full Service Employees, age 50 with at least 15 years of Eligibility Service.
Optional Retirement	Involuntary termination for reasons other than discharge for dishonesty, insubordination or other misconduct after completion of 15 years of service and attainment of age 50 or completion of 25 years of service and attainment of age 45. The length of benefit service required for eligibility shall be reduced by 2 months for each month which has elapsed since the employee reached age 45.
Incapability Retirement	Full Service Employee with at least 15 years of Eligibility Service.
Vested Termination	Monthly amount based on pay and Credited Service at date of termination.

Years of Eligibility Service At Termination	Age when payments may begin: Reduced	Unreduced
<10	N/A	65
10-14	60-64	65
15-29	50-64	65
30+	50-59	60

Deferred Vested Supplemental Benefit	A monthly supplement is paid to vested employees who: (i) have year of service with WSMS, and (ii) transfer from the Controlled Group before January 1, 1998 (no date restriction if transferred from WSRC), and (iii) terminate from active service prior to becoming eligible for early retirement.

SCHEDULE SB ATTACHMENTS

Employer-Paid Survivor Benefits	Full Service Employee with at least 15 years of Eligibility Service. Employer-Paid Survivor Benefits are paid if employee dies while actively employed, or after the employee retires with a Normal, Early, Optional, or Incapability pension.
Member Paid Pre-Retirement Spouse Benefits	Active Full Service Employee, age 55 or older with 15 or more years of Eligibility Service.
Pre-Payment Spouse Benefits (from a Deferred Vested Pension Benefit)	Paid to employees who are either (i) or (ii): (i) Vested active Full Service Employee with less than 15 years of Eligibility Service (ii) Terminated vested employee who left WSMS with a Deferred Vested Pension Benefit.
Post-Payment Spouse Benefits (from a Deferred Vested Pension Benefit)	A married employee who has commenced their vested pension payments.
Post-Retirement Spouse Benefits	A married employee who has retired with a Normal, Early, Optional or Incapability Benefit.

Benefits Paid Upon Eligibility and Status

Normal Retirement Benefit	A monthly amount equal to the greatest of: (i) 1.2% of Average Monthly Pay multiplied by Credited Service; (ii) 1.5% of Average Monthly Pay multiplied by Credited Service minus 50% of the primary Social Security benefit; or (iii) $9 multiplied by Credited Service plus 10% of Average Monthly Pay. The monthly pension amount is offset by the accrued benefit under the WSRC plan as of September 30, 1997 calculated using Average Monthly Pay based on base pay at retirement.
Supplemental Retirement Benefit	Pre-65 benefit: $700 per month prior to the participant's Normal Retirement Age (last payment as of the first day of the month that preceeds the month that includes the participant's Normal Retirement Age) or death. Post-65 benefit: $200 per month beginning at Normal Retirement Age for the life of the employee, which will continue after the employee's death to the employee's spouse for the spouse's lifetime.

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit	The monthly regular pension is either: (i) a regular pension deferred to age 65 equal to the normal retirement pension accrued to date of retirement; or (ii) an immediate regular pension equal to the deferred pension as follows: • Service at retirement <= 20 years: 5% for each year prior to age 65 that payments commence (50% maximum reduction), • Service at retirement > 20 and < 27: 5% times (85 minus age minus service) up to a maximum of 50%, or • Service at retirement >= 27: 5% for each year prior to age 58 that payments commence. If a participant is at least age 58 with age plus service at least equal to 85, early retirement benefit is unreduced.
Optional Retirement Benefit	The monthly regular pension is either: (i) a regular pension deferred to age 65 equal to the normal retirement pension accrued to date of retirement; or (ii) immediate regular pension equal to the deferred pension reduced 2% - 5% for each year date of retirement precedes the earlier of age 65 or the unreduced early retirement date.
Incapability Retirement Benefit	Equal to the normal retirement pension accrued to date of retirement.
Vested Termination Benefit	For pension payments commencing before age 65, (or age 60 with at least 30 years of Eligibility Service), benefit will be reduced by .004167 (5% on an annual basis) for each month prior to month participant would have been entitled to an unreduced pension benefit (age 60 or 65).
Deferred Vested Supplemental Benefit	$200 multiplied by credited service with WSMS divided by the credited service the employee would have had through early retirement date. Such benefit shall be payable monthly at age 65 and continue after the death of the employee to the spouse, if still alive
Employer-Paid Survivor Benefits	WSMS pays entire cost of benefit, immediate benefit payable to survivor equal to approximately 40% of pension benefit. Employer-Paid Survivor Benefit is greater of: (i) Credited Service x Average Monthly Pay x .5% (ii) Credited Service x $4 + 4% x Average Monthly Pay If Credited Service is less than 15 years, the 4% of Average Monthly Pay is multiplied by Credited Service divided by 15.

SCHEDULE SB ATTACHMENTS

Member Paid Pre-Retirement Spouse Benefits	Immediate benefit payable to spouse equal to 10% of Participant's reduced pension and is combined with the Employer Paid Survivor Benefit. Coverage ends when Participant retires. For pre-December 31, 2005 annuity start dates, participant's pension amount is reduced by: • .015% for each month coverage is in effect beginning at age 55, but before age 65 and • .025% for each month after age 65, if Participant is still actively employed.
Pre-Payment Spouse Benefits (From a Deferred Vested Pension Benefit)	Benefit payable to Participant's spouse is equal to 50% of reduced pension benefit as if employment ended day before death. Coverage ends when Participant completes 15 years of Eligibility Service. For pre-December 31, 2005 annuity start dates, pension is reduced by number of months coverage is in effect:

Age Coverage Commences	Full Service Active Employee	Terminated Vested Employee
Less than 35	.0002%	.004%
35-44	.0006%	.007%
45-54	.0060%	.025%
55-64	.0400%	.055%
65 and over	.1250%	.125%

Post-Payment Spouse Benefits (From a Deferred Vested Pension Benefit)	Immediate benefit payable to spouse equal to actuarially reduced monthly deferred vested pension payments. If death occurs while receiving deferred vested pension payments, with this coverage in effect, spouse will receive monthly payments equal to 50% of the reduced pension benefit.
Post-Retirement Spouse Benefits	Spouse will receive 10% of reduced (actuarially) pension benefit amount combined with Employer-Paid Survivor Benefit.

Other Plan Provisions

Forms of payment

Normal form of payment

Unmarried Participant: Single life annuity.

Married Participant:

- For retirement eligible participants, a single life annuity plus the Employer Paid Survivor Benefit and the Post-retirement Spouse Benefit, but not less than a 50% joint and survivor annuity.

  The Employer Paid Survivor Benefit form reduction is based on the tabular reduction factors in Appendix E of the plan document if applicable.

  The Post-retirement Spouse Benefit form reduction is based on the rounded interest rate in Appendix A*, which is used to look up the tabular reduction factors in Appendix D of the plan document. The benefit is further reduced, if applicable, for the Member Paid Pre-retirement Spouse benefit.

SCHEDULE SB ATTACHMENTS

Forms of payment (continued)	• For participants eligible for a vested pension, a 50% joint and survivor annuity which is a single life annuity plus the Post-payment Spouse Benefit. The 50% joint and survivor benefit form reduction is based on the rounded interest rate in Appendix A*, which is used to look up the tabular reduction factors in Appendix C of the plan document. The benefit is further reduced, if applicable, for the Pre-payment Spouse Benefit. *Optional forms of payment* • Income leveling option if elected Early or Optional retirement before age 62. Benefit adjustment is determined using either (1) the applicable interest rate and mortality table under 417(e) or (2) the rounded interest rate in Appendix A*, which is used to look up the tabular reduction factors in Appendix B of the plan document, whichever produces the higher benefit. • Joint and 75% survivor annuity. The optional benefit form reduction shall be computed using a 5% interest rate and the GAM 71 mortality table. • Joint and survivor annuity (10%, 20%, 30%, 40% maximum J&S annuity based on reduced pension) if age 50 with at least 25 years of Eligibility Service at retirement or eligible for unreduced benefit. Optional benefit form reduction is based on the rounded interest rate in Appendix A*, which is used to look up the tabular reduction factors in Appendix D of the plan document. * The interest rate per Appendix A is based on the average PBGC immediate annuity rates for the preceding quarter but no less than 5% or greater than 15%. *Mandatory lump-sum cashout under $1,000* A lump sum payment of Equivalent Actuarial Value shall be made in lieu of all benefits if the present value of benefits payable is $1,000 or less. For this purpose, the Equivalent Actuarial Value is calculated using the applicable interest rate and mortality table under 417(e).
Pension Increases	None.
Plan Participants' Contributions	None permitted.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.
Benefits Not Valued	All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the plan provisions and, based on that review, is not aware of any significant benefits required to be valued that were not. The plan pays small benefits (with a present value up to $1,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

In late 2013 a settlement was reached in a lawsuit regarding the December 31, 2004 elimination of the pre-65 supplemental retirement benefit. As a result, the pre-65 supplemental retirement benefit was reinstated and participants in the class received back-payments through August 2013 in 2013. They received the remaining back-payments for September-December 2013 and began receiving future payments in January 2014. The remaining back-payments as well as the present value of future payments have been included in the plan's funding target as of January 1, 2014.

There have been no other changes to benefits valued since the prior year, other than the increase in the maximum benefit limit under IRC §415 as of January 1, 2014 which had no impact on the funding target.

Substantive Commitment

No substantive commitments other than the above plan provisions have been included in this valuation.

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	URS E&C Holdings, Inc.
EIN/PN	26-1320627/011
Plan Name	URS Professional Solutions Pension Plan
Valuation Date	January 1, 2014
Enrolled Actuary	Linda C. Eckholm
Enrollment Number	14-05358

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2014

See Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement and then computing the average retirement age for the table.

Age	Rate of Retirement	Number of Retirements	Number of Remaining Participants	Weighted Average Age
			100,000	
50	1.000%	1,000	99,000	50,000
51	1.000%	990	98,010	50,490
52	1.000%	980	97,030	50,960
53	1.000%	970	96,060	51,410
54	1.000%	961	95,099	51,894
55	10.000%	9,510	85,589	523,050
56	5.000%	4,279	81,310	239,624
57	5.000%	4,066	77,244	231,762
58	5.000%	3,862	73,382	223,996
59	5.000%	3,669	69,713	216,471
60	5.000%	3,486	66,227	209,160
61	5.000%	3,311	62,916	201,971
62	25.000%	15,729	47,187	975,198
63	15.000%	7,078	40,109	445,914
64	15.000%	6,016	34,093	385,024
65	100.000%	34,093	0	2,216,045
Weighted Average Age				**61**

Plan Name: URS Professional Solutions Pension Plan
EIN / PN: 26-1320627 / 011
Plan Sponsor: URS E&C Holdings, Inc.
Valuation Date: January 1, 2014

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
URS Professional Solutions Pension Plan

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
URS E&C Holdings, Inc.

D Employer Identification Number (EIN)
26-1320627

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014

2 Assets:

a Market value	**2a**	21218016
b Actuarial value	**2b**	20391061

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	149	12956085	12956085
b For terminated vested participants	172	4246666	4246666
c For active participants	143	5658432	5930544
d Total	464	22861183	23133295

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.51%
6 Target normal cost	**6**	240000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Linda C. Eckholm

Signature of actuary

9/25/2015

Date

Linda C Eckholm

Type or print name of actuary

1405358

Most recent enrollment number

Towers Watson Delaware Inc.

Firm name

206-625-1125

Telephone number (including area code)

600 University Street, Suite 3100

Seattle WA 98101-1176

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	193835
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	193835
10	Interest on line 9 using prior year's actual return of 9.22%	0	17872
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		278
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.35%		18
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		296
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	211707

Part III Funding Percentages

14	Funding target attainment percentage	14	87.23%
15	Adjusted funding target attainment percentage	15	87.23%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.36%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/09/2014	81145				
07/11/2014	81145				
10/09/2014	81145				
01/14/2015	81145				
06/01/2015	600000				
			Totals ▶ 18(b)	924580	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	860269

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.99%	6.32%	6.99%	

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	61

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	240000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2953941	514133
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	754133

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	754133
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	860269

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	106136
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	0
43 Excess installment acceleration amount to be carried over to future plan years	43	0